

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>DENVER AREA YOUTH FOR CHRIST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DENVER AREA YOUTH FOR CHRIST</u></p> <p style="margin-top: 20px;"><u>7670 S VAUGHN CT</u> <u>ENGLEWOOD, CO 80112-4120</u></p>	<p>1c Effective date of plan <u>01/01/1980</u></p> <p>2b Employer Identification Number (EIN) <u>84-0481690</u></p> <p>2c Plan Sponsor's telephone number <u>303-843-6799</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2024	PHIL WOLFE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/01/2024	PHIL WOLFE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan DENVER AREA YOUTH FOR CHRIST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DENVER AREA YOUTH FOR CHRIST		D Employer Identification Number (EIN) 84-0481690

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

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE INSURANCE CARRIER

(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
13-5570651	62944	738512	2	01/01/2023	12/31/2023

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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(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	67183
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	11787

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 ▶ **GUARANTEED INTEREST OPTION**

b Balance at the end of the previous year **7b** 70214

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	2088
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 2088

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 72302

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5119
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 5119

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 67183

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
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	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan DENVER AREA YOUTH FOR CHRIST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DENVER AREA YOUTH FOR CHRIST	D Employer Identification Number (EIN) 84-0481690	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AXA EQUITABLE INSURANCE CARRIER

13-5570651

(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?
25 28 59 60 62 63 67 37 58	BOOKKEEPER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	206	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE I (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan DENVER AREA YOUTH FOR CHRIST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DENVER AREA YOUTH FOR CHRIST	D Employer Identification Number (EIN) 84-0481690

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	79672	78970
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	79672	78970
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)		
(2) Participants	2a(2)		
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income	2c	4453	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		4453
e Benefits paid (including direct rollovers)	2e	5125	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h	30	
i Other expenses	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		5155
k Net income (loss) (subtract line 2j from line 2d)	2k		-702
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	
f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II	Compliance Questions
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		Yes	No	Amount
4 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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?.....	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	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		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 _____.

P O BOX 4956

SYRACUSE, NY 13221-4956

DENVER AREA YOUTH CHRIST INC B UNIT NUMBER: 738512 001
 PO BOX 101600
 DENVER
 CO 80250 1600

5500 INFORMATION REPORT

BELOW IS THE INFORMATION FOR COMPLETION OF SCHEDULE A,C,D AND H OR I,
 OF THE IRS 5500 FORM FOR CALENDAR YEAR 2023:

SECTION A: DATA ELEMENTS

AMOUNT

01 TOTAL# OF PARTICIPANTS- BEGINNING OF YEAR	2
02 TOTAL# OF PARTICIPANTS- END OF YEAR	2
03 DECEASED PARTICIPANTS DURING THE REPORTING PERIOD	0
04 SEPARATE ACCOUNT VALUE- BEGINNING OF YEAR	\$ 9,458.30
05 SEPARATE ACCOUNT VALUE- END OF YEAR	\$ 11,787.23
06 FMO VALUE- BEGINNING OF YEAR	\$ 0.00
07 FMO VALUE- END OF YEAR	\$ 0.00
08 GIO VALUE- BEGINNING OF YEAR	\$ 70,213.50
09 GIO VALUE- END OF YEAR	\$ 67,182.56
10 OUTSTANDING LOAN BALANCE- BEGINNING OF YEAR	\$ 0.00
11 OUTSTANDING LOAN BALANCE-END OF YEAR	\$ 0.00
12 BENEFIT CLAIMS PAYABLE	\$ 5,125.07
13 TOTAL EMPLOYEE CONTRIBUTIONS	\$ 0.00
14 TOTAL EMPLOYER CONTRIBUTIONS	\$ 0.00
15 TOTAL CONTRIBUTIONS TO GIO	\$ 0.00
16 INTEREST CREDITED TO GIO	\$ 2,088.17
17 AMOUNT TRANSFERRED TO GIO	\$ 0.00
18 LOAN REPAYMENTS TO GIO	\$ 0.00
19 TOTAL DISBURSED FROM GIO	\$ 5,119.11
20 ADMINISTRATIVE CHARGES FROM GIO	\$ 0.00
21 AMOUNT TRANSFERRED FROM GIO TO SEPARATE ACCTS	\$ 0.00
22 LOAN ISSUED FROM GIO	\$ 0.00
23 LOAN DEFAULTS FROM GIO	\$ 0.00
24 WITHDRAWAL CHARGES FROM GIO	\$ 0.00
25 LOAN SERVICE FEES FROM GIO	\$ 0.00
26 EARNINGS ON LOAN BALANCE	\$ 0.00
27 NET INVESTMENT GAIN (LOSS) FROM FMO	\$ 0.00
28 NET INVESTMENT GAIN (LOSS) FROM SEPARATE ACCOUNT	\$ 2,364.89
29 OTHER INCOME	\$ 2,088.17
30 TOTAL DEEMED DISTRIBUTIONS FROM PARTICIPANT LOANS	\$ 0.00
31 CONTRACT ADMINISTRATIVE FEES	\$ 30.00
32 INDIRECT COMPENSATION/INVESTMENT ADVISORY MANAGEMENT FEES	\$ 206.07
33 ADMINISTRATIVE EXPENSES- OTHER	\$ 0.00
34 TRANSFER OF ASSETS TO THIS PLAN	\$ 0.00
35 TRANSFER OF ASSETS FROM PLAN	\$ 0.00
36 TOTAL DIRECT COMPENSATION	\$ 0.00



SECTION B: SCHEDULE C SERVICE CODES:

NAME OF DIRECT COMPENSATION RECEIVED	SERVICE CODE
LOAN INITIATION AND/OR MAINTENANCE FEE, IF APPLICABLE	37
PRODUCT TERMINATION FEES, IF APPLICABLE	58
NAME OF INDIRECT COMPENSATION RECEIVED	SERVICE CODE
INVESTMENT MANAGEMENT	28
TRUSTEE FEES	25
SHAREHOLDER SERVICING FEES	59
SUB-TRANSFER AGENCY FEES	60
FLOAT REVENUE	62
DISTRIBUTION (12B-1) FEES	63
OTHER INSURANCE WRAP FEES	67

SECTION C: SCHEDULE A DETAILED COMMISSION INFORMATION:

AGENTS OR BROKERS RECEIVING COMMISSIONS:

NAME	AGENT #	ASU	LOCATION	COMMISSION AMT
TOTAL COMMISSIONS FOR 2023:\$				0.00



EQUITABLE

P.O Box 1430
Charlotte, NC 28201-1430

2023 Annual Form 5500 Series Filing

Dear Plan Sponsor:

Thank you for allowing Equitable Financial Life Insurance Company ("Equitable") as a service provider for your plan. As an ERISA Plan Sponsor, you are obligated to provide the Department of Labor (DOL) with the Form 5500 Series filing. We are providing you with the enclosed documents to help complete this annual filing.

- **Guide for Completion of Schedule A (5500) Form**
- **Guide for Completion of Schedule C (5500) Forms**
- **Guide for Completion of Schedule H or I (5500) Forms**
- **2023 5500 Information Report**

What to do next

The information provided on the "2023 5500 Information Report" attached to this letter should be *transferred* onto the approved 2023 Schedule A, C, and H or I (5500) Form(s) and filed with your 2023 Form 5500. Use the enclosed guides to assist in completing the Schedules A, C, and H or I (5500) forms and consult with your third-party administrator or tax advisor to determine whether your plan is required to file Schedule R. Please be sure to keep all the enclosed documents with your retirement plan files for future reference. **All 5500 Series forms and required schedules are due no later than the last day of the *seventh month after the close of your plan year.***

The information contained in the "2023 5500 Information Report" pertains to the total value of your plan's assets invested in the EQUI-VEST® contract/certificate. Your plan is required to file a Schedule H (5500) form or a Schedule I (5500) form depending on the number of eligible participants in your plan.

Please speak to your third-party administrator or tax advisor to determine which Schedule (H or I) Form is appropriate for your plan to file, including whether to file Schedule R, and for more information regarding the completion of the forms and the requirements for filing.

Equitable hereby certifies that the information on the enclosed "2023 5500 Information Report" furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

If you have any questions regarding the information provided, please do not hesitate to contact your

Equitable Advisors financial professional or a licensed Tax Professional.



For inquiries contact:

EQUI-VEST® Administration Office
P.O. Box 1430
Charlotte NC 28201-1430

Sincerely,



Christy Chandler
Head of Service Operations, Group Retirement Operations

EQUI-VEST Administration Office

EQUI-VEST variable annuities are issued by Equitable Financial Life Insurance Company (NY, NY). Co-distributed by Advisors, LLC and Equitable Distributors, LLC (members FINRA, SIPC). Equitable, Equitable Advisors, Equitable Distributors are affiliated companies and do not provide tax or legal advice.

GE-5516075.1 (3/23)(Exp. 3/25)

Please be advised that this document is not intended as legal or tax advice. Accordingly, any tax information provided in this document is not intended or written to be used, and cannot be used, by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer. The tax information was written to support the promotion or marketing of the transaction(s) or matter(s) addressed and you should seek advice based on your particular circumstances from an independent tax advisor.

EQUI-VEST is issued by Equitable Financial Life Insurance Company (NY, NY). Co-distributed by affiliates, Equitable Advisors, and Equitable Distributors, LLC (members FINRA, SIPC). Equitable, Equitable Advisors, and Equitable Distributors do not provide tax or legal advice.

"Equitable" is the brand name of Equitable Holdings, Inc., and its family of companies, including Equitable Financial Life Insurance Company, Equitable Advisors, LLC and Equitable Distributors, LLC. The obligations of Equitable Financial Life Insurance Company are backed solely by their claims-paying ability.

GUIDE FOR COMPLETION OF SCHEDULE A (5500) FORM

The following instructions are provided to help you complete the 2023 Schedule A (5500) Form for plans that invest in certain contracts issued by Equitable Financial Life Insurance Company.

Lines A, B, C, D

This information should be the same as reported in Part II of the 5500 Form to which this Schedule A should be attached.

PART I:

ITEM:

- 1(a) Enter "Equitable Financial Life Insurance Company"
- 1(b) Enter "13-5570651"
- 1(c) Enter "511-62944"
- 1(d) Enter the unit number as it appears on the accompanying "2023 5500 Information Report".
- 1(e) Enter the number of participants under the plan as of December 31, 2023, from the 5500 Information Report, Section A, Number 2.
- 1(f) & 1(g) Enter beginning and end of contract/policy year dates. (This is generally the calendar year.)

From the "2023 5500 Information Report" under Section C: Schedule A detailed commission information:

- 2. Enter the total amount of commissions paid in 2(a). Enter "N/A" for fees paid box 2(b).
- 3(a) Enter each financial professional's (Agent's) name(s) and address(es).
- 3(b) Enter the commission amount shown on the accompanying "2023 5500 Information Report" for each financial professional.
- 3(c) Enter "N/A" (not applicable).
- 3(d) Enter "N/A" (not applicable).
- 3(e) Enter "3".

PART II:

Please refer to the "2023 5500 Information Report" from Section A for the following:

- 4. Enter the Guaranteed Interest Option (GIO) value (if any) at the end of the year from the "2023 5500 Information Report" from Section A, Number 9.
- 5. Combine the Separate Account value (if any) at the end of the year from the "2023 5500 Information Report" from Section A, Number 5 and the FMO value (if any) at the end of the year from Section A, Number 7.
- 6. Enter "N/A - This plan is fully funded with unallocated funds". Note that for 5500 filing purposes, EQUI-VEST® may be considered unallocated.
- 7a. Check box (4) and enter "Guaranteed Interest Option".
- 7b. Enter the amount from Section A, Number 8
- 7c(1) Enter the amount from Section A, Number 15
- 7c(3) Enter the amount from Section A, Number 16
- 7c(4) Enter the amount from Section A, Number 17
- 7c(5) Enter the amount from Section A, Number 18
- 7e(1) Total the amount from Section A, Number 19
- 7e(2) Enter the amount from Section A, Number 20
- 7e(3) Enter the amount from Section A, Number 21
- 7e(4) Total and enter the amount(s) from Section A, Number 24 and Number 25. Specify "Withdrawal Charges" and "Loan Service Fees"

PART III:

Leave blank. This section does not apply to pension or profit-sharing plans.



GUIDE FOR COMPLETION OF SCHEDULE C (5500) FORM

The following instructions are provided to help you complete the 2023 Schedule C (5500) Form for plans that invest in certain contracts issued by Equitable Financial Life Insurance Company.

Lines A, B, C, D

This information should be the same as reported in Part II of the 5500 Form to which this Schedule C should be attached.

PART I:

ITEM:

- 1(a) Check "Yes"
1(b) Enter the name and address of each individual that is listed in the "2023 5500 Information Report" from Section C.
2(a) Enter "Equitable Financial Life Insurance Company - E.I.N - 13-5570651"
- 2(b) Enter all direct and indirect compensation service codes from Section B of the "2023 5500 Information Report".
- 2(c) Enter "Recordkeeper".
- 2(d) Enter the amount of direct compensation paid from Section A, Number 36 of the "2023 5500 Information Report".
- 2(e) Check "Yes"
- 2(f) Check "Yes".
- 2(g) Enter the amount of indirect compensation paid from Section A, Number 32 of the "2023 5500 Information Report".
- 2(h) Check "No" (not applicable).
- 3 Leave blank

PART II:

Complete as applicable

PART III:

Complete as applicable

GUIDE FOR COMPLETION OF SCHEDULE H or I (5500) FORM

The following instructions are provided to help you complete the 2023 Schedule H (5500) Form for plans that invest in certain contracts issued by Equitable Financial Life Insurance Company. Please speak to your third-party administrator or tax advisor to determine which Schedule (H or I) 5500 Form will be required to be completed and filed for your plan.

Lines A, B, C, D:

This information should be the same as reported in Part II of the 5500 form to which this Schedule H or I should be attached. **Please note, Equitable is providing you with the information that we have on file for your plan. The entire Schedule H or I will need to be completed as applicable.**

Schedule H

Refer to the "2023 5500 Information Report" under Section A: Data elements to complete Schedule H as listed below:

PART I:

ITEM:

- 1b(1)(a) Enter "zero"
- 1b(1)(b) Enter any employer contributions due but not yet paid.
- 1b(2)(a) Enter "zero"
- 1b(2)(b) Enter any elective deferral contributions withheld but not yet paid and amounts due directly from participants but have not yet been recorded.
- 1b(3)(a) Enter "zero"
- 1b(3)(b) Enter any investment income earned but not yet received or amounts due from participants as a result of overpayment.
- 1c(8)(a) Enter the amount from Section A, Number 10
- 1c(8)(b) Enter the amount from Section A, Number 11
- 1c(10)(a) Enter the amount from Section A, Number(s) 4 and 6
- 1c(10)(b) Enter the amount from Section A, Number(s) 5 and 7
- 1c(14)(a) Enter the amount from Section A, Number 8
- 1c(14)(b) Enter the amount from Section A, Number 9
- 1c(15)(a) Enter the amount from Section A, Number 6
- 1c(15)(b) Enter the amount from Section A, Number 7
- 1g(a) Enter "zero"
- 1g(b) Enter the amount from Section A, Number 12

PART II:

ITEM:

- 2a(1)(A)(a) Enter the amount from Section A, Number 14
- 2a(1)(B)(a) Enter the amount from Section A, Number 13
- 2b(1)(E)(a) Enter the amount from Section A, Number 26
- 2b(1)(F)(a) Enter the amount from Section A, Number 29
- 2b(7)(b) Enter the amount from Section A, Number 27
- 2b(10)(b) Enter the amount from Section A, Number 28
- 2e(1)(a) Enter the amount from Section A, Number 12
- 2g(b) Enter the amount from Section A, Number 30
- 2i(2)(a) Enter the amount from Section A, Number 31
- 2i(3)(a) Enter the amount from Section A, Number 32
- 2i(4)(a) Enter the amount from Section A, Number 33
- 2i(1)(b) Enter the amount from Section A, Number 34
- 2i(2)(b) Enter the amount from Section A, Number 35

Schedule I

Refer to the "2023 5500 Information Report" under Section A: Data elements to complete Schedule I.



