Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] 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
CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1969

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)
CREDIT UNION OF COLORADO

8959 E. 40TH AVENUE
DENVER, CO 80238

2b Employer Identification Number (EIN) 84-0174408

2c Plan Sponsor's telephone number 303-832-4816

2d Business code (see instructions) 522130

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.	11/18/2024	RACHEL REESE
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address [X] 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**	679
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)**	384
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	409
b	Retired or separated participants receiving benefits	**6b**	133
c	Other retired or separated participants entitled to future benefits	**6c**	144
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	686
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	686
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	624
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	685
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	37
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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **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 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)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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).	**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	**B** Three-digit plan number (PN) ▶
CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CREDIT UNION OF COLORADO	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.

1 Coverage Information:

(a) Name of insurance carrier

EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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	41	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	**(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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	7312387
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.	6d	

Specify nature of costs ▶

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	7684240
c	Additions: (1) Contributions deposited during the year	7c(1)	23820	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	149142	
	(4) Transferred from separate account	7c(4)	826123	
	(5) Other (specify below)	7c(5)	1078	
	▶ LOAN PAYMENTS			
	(6)Total additions		7c(6)	1000163
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	8684403
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	589354	
	(2) Administration charge made by carrier	7e(2)	320	
	(3) Transferred to separate account	7e(3)	782342	
	(4) Other (specify below)	7e(4)		
	▶			
	(5) Total deductions		7e(5)	1372016
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	7312387

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.			**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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2023
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

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

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)

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)

EMPOWER LIFE AND ANNUITY COMPANY

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	16562	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: HOLBEN, HAY, LAKE, BALZER CPAS	**b** EIN: 84-1474365
c Position: AUDITORS	
d Address: 1777 S. HARRISON STREET #1000 DENVER, CO 80210	**e** Telephone: 303-759-2727

Explanation: AUDITOR CHANGE

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)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
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 Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	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)	566255	770224
(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)	39462461	48724376
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7684240	7312387
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	47712956	56806987
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	47712956	56806987

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)	2145763	
(B) Participants	2a(1)(B)	1999714	
(C) Others (including rollovers)	2a(1)(C)	136923	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4282400
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)	36992	
(F) Other	2b(1)(F)	149142	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		186134
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2308908	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2308908
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	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)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		5028911
c Other income	2c		1369
d Total income. Add all **income** amounts in column (b) and enter total	2d		11807722
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2665176	
(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)		2665176
f Corrective distributions (see instructions)	2f		17609
g Certain deemed distributions of participant loans (see instructions)	2g		14344
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	16562	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		16562
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2713691
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9094031
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) [X] 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) [X] 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: SINGER LEWAK LLP **(2)** EIN: 95-2302610

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

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

Part IV Compliance Questions

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

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**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?	**4e**	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?	**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.)	**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 [X] 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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A .

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

FINANCIAL REPORT

DECEMBER 31, 2023

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

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SingerLewak
Accountants & Consultants

INDEPENDENT AUDITOR'S REPORT

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of 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), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2023 and 2022, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management
Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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.

Other Matter - Supplemental Schedules Required by ERISA
The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Singer Lewak LLP

November 6, 2024

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31,

	2023	2022
Assets		
Investments, at fair value		
Registered investment companies	$ 48,395,872	$ 39,354,700
Money market funds	328,505	107,634
Fixed annuity	293,259	309,645
Total investments, at fair value	49,017,636	39,771,979
Investments, at contract value		
Fixed annuities	7,019,128	7,374,595
Total investments	56,036,764	47,146,574
Receivables		
Notes receivable from participants	825,493	635,811
Net assets available for Plan benefits	**$ 56,862,257**	**$ 47,782,385**

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, 2023

Additions to net assets attributed to	
Investment income:	
Net appreciation in fair value of investments	$ 5,028,911
Dividend and interest income	2,458,049
Total investment income	7,486,960
Interest income on notes receivable from participants	38,837
Contributions:	
Participants	1,999,714
Employer	2,147,134
Rollovers	136,923
Total contributions	4,283,771
Total additions	11,809,568
Deductions from net assets attributed to	
Benefits paid to participants	2,714,056
Administrative expenses, net of revenue sharing allocation	15,640
Total deductions	2,729,696
Net increase in net assets	9,079,872
Net assets available for Plan benefits, beginning of year	47,782,385
Net assets available for Plan benefits, end of year	**$ 56,862,257**

See notes to the 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" or "Employer") 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 Empower Annuity Insurance Company of America and Empower Trust Company, LLC to act as the custodians 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 Credit Union 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.

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. For purposes of discretionary non-elective contributions, participants are classified into one of six groups and the Employer determines the uniform percentage of compensation each participant within a specific group will receive. The groups are as follows: Group A) Participants who are the President or Chief Executive Officer of the Employer; Group B) Participants who are managers or vice presidents of the Employer and who are compensated under the Employer's Compensation Package C; Group C) Participants who are managers or vice presidents of the Employer and who are compensated under the Employer's Compensation Package B; Group D) Participants who are managers or vice presidents of the Employer and who are compensated under the Employer's Compensation Package A; Group E) Participants who are managers of the Employer and who are not compensated under any of the Employer's Compensation Packages A through C; Group F) All other Participants. Non-elective contributions made by the Credit Union were 20% of compensation for Group A and 5% of compensation for Groups B, C, D, E and F the year ended December 31, 2023.

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, employer contributions and allocations of the Plan's earnings and administrative expenses. 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 third-party administrator's 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.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Vesting (Continued)
Matching and additional contributions vest as follows:

Years of Vesting Service	Vesting Percentage
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%

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 6-10 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 semimonthly 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. At December 31, 2023, outstanding loans bore interest ranging from 4.25% to 9.50% and mature through 2033. At December 31, 2022, outstanding loans bore interest ranging from 4.25% to 8.00%.

Payment 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 for 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 1 – DESCRIPTION OF THE PLAN (Continued)

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, 2023 and 2022, forfeited non-vested accounts totaled $147,324 and $127, respectively. For the year ended December 31, 2023, $249,269 of forfeitures were used to reduce Credit Union contributions.

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 net assets available for plan benefits and changes therein, and, when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. 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 4 for discussion of fair value measurements. See Note 5 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.

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, 2023 or 2022. 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.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits
Benefit payments to participants are recorded when paid.

Administrative 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, 2023:

Recordkeeping	$	45,329
Revenue sharing		(29,689)
Balance, end of year	**$**	**15,640**

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, 2023 and 2022, 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 November 6, 2024 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 – CERTIFIED INFORMATION

Certified information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule of assets held at year-end, including investments and notes receivable from participants held at December 31, 2023 and 2022, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, LLC (the custodian of the plan).

NOTE 4 – 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.

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.

NOTE 4 – FAIR VALUE MEASUREMENT (Continued)

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, 2023 and 2022.

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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 48,395,872	$ -	$ -	$ 48,395,872
Money market fund	328,505	-	-	328,505
Fixed annuity	-	293,259	-	293,259
Total investments	**$ 48,724,377**	**$ 293,259**	**$ -**	**$ 49,017,636**

	Investments at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 39,354,700	$ -	$ -	$ 39,354,700
Money market fund	107,634	-	-	107,634
Fixed annuity	-	309,645	-	309,645
Total investments	**$ 39,462,334**	**$ 309,645**	**$ -**	**$ 39,771,979**

NOTE 5 – FIXED ANNUITY CONTRACTS

Empower Guaranteed Certificate Fund
The Plan has entered into a non-benefit responsive annuity contract with Empower Annuity Insurance Company of America (Empower) in the form of the Empower Guaranteed Certificate Fund. Because the fund is non-benefit responsive, the investment is reported at fair value. At December 31, 2023 and 2022, the fair value and contract value of the fund were the same.

The maturities of the underlying certificates in the fund range from January 2, 2024 to September 30, 2030. The rates offered as of December 31, 2023 were as follows: 2.20% for a 36 month certificate, 2.35% for a 60 month certificate, and 3.30% for an 84 month certificate. The rates offered as of December 31, 2022 were as follows: 2.20% for a 36 month certificate, 2.35% for a 60 month certificate, and 2.55% 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.

Empower Guaranteed Fixed Fund and Empower Guaranteed Interest Fund
The Plan has entered into fully benefit-responsive deposit annuity contracts with Empower Annuity Insurance Company of America (Empower). The Empower Guaranteed Fixed Fund and the Empower Guaranteed Interest Fund are benefit-responsive investment contracts with Empower. Empower 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. Empower 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 Empower. Such interest rates are reset quarterly. The interest rate for the Empower Guaranteed Fixed Fund was 3.50% at December 31, 2023 and 2022. The interest rate for the Guaranteed Interest Fund was 1.40% at December 31, 2023 and 1.05% at December 31, 2022.

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 Empower, 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 Empower Guaranteed Fixed Fund, participants will always be able to transfer at least 20% of the prior year-end balance. For the Empower 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.

NOTE 5 – FIXED ANNUITY CONTRACTS (Continued)

Certain events limit the ability of the Plan to transact at contract value with Empower. 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.

NOTE 6 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Notes receivable from participants qualify as party-in-interest. Additionally, certain Plan investments are managed by Empower Annuity Insurance Company of America (Empower). Empower 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 7 – PLAN TERMINATION OR MODIFICATION

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 plan benefits would be distributed to the participants based on each participant's interest in the Plan.

NOTE 8 – TAX STATUS

The Plan has adopted a volume submitter plan, sponsored by Empower Retirement, LLC. 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 plan benefits, and the statement of changes in net assets available for plan benefits.

NOTE 10 – FORM 5500 RECONCILIATION

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2023 and 2022 to Form 5500:

	2023	2022
Net assets available for plan benefits per the financial statements	$ 56,862,257	$ 47,782,385
Deemed distributed loans, December 31, 2023	(55,270)	-
Deemed distributed loans, December 31, 2022	-	(69,556)
Forfeiture account balance held separate from Plan assets	-	127
Net assets available for plan benefits per Form 5500	$ 56,806,987	$ 47,712,956

The following is a reconciliation of changes in net assets available for plan benefits per the financial statements for the year ended December 31, 2023 to Form 5500:

Change in net assets available for plan benefits per the financial statements	$ 9,079,872
Deemed distributed loans, December 31, 2023	(55,270)
Deemed distributed loans, December 31, 2022	69,556
Forfeiture account balance held separate from Plan assets	(127)
Change in net assets available for plan benefits per Form 5500	$ 9,094,031

NOTE 11 – OPERATIONAL DEFECTS

During the year ended December 31, 2023, it was discovered that the Plan's provisions were not properly applied in the daily operation of the Plan. The Plan's definition of compensation was not properly applied when calculating contribution amounts. Additionally, the Plan's definition of compensation was not utilized in performing annual discrimination testing. Testing failure corrections were also not made by March 15, 2024. The Plan sponsor is working with the Plan's third-party administrator to correct the operational defects. Any corrections, including any required qualified non-elective contributions, will be made during the year ending December 31, 2024.

NOTE 12 – PROHIBITED TRANSACTIONS

As required by ERISA Section 2510.3-102, the Employer is required to segregate participant contributions from its general assets and remit them to the Plan as soon as administratively feasible. During the Plan year ended December 31, 2023, the Employer failed to remit certain participant contributions totaling $949,478 within the required timeframe as stated by the DOL. The Employer will determine the total amount owed to the affected participants for potential lost earnings due to the delay and will remit the appropriate amounts to the Plan in 2024.

SUPPLEMENTAL INFORMATION

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2023

Plan Sponsor EIN 84-0174408
Plan #001

	Participant contributions transferred late to Plan	Totals that Constitute Nonexempt Prohibited Transactions			
Pay Dates	Check here if late participant loan repayments are included ✓	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
2/28/2023	$ 278,352	$ 278,352	$ -	$ -	$ -
6/15/2023	79,774	79,774	-	-	-
8/15/2023	76,096	76,096	-	-	-
8/31/2023	74,163	74,163	-	-	-
9/15/2023	74,612	74,612	-	-	-
9/29/2023	72,842	72,842	-	-	-
10/13/2023	75,551	75,551	-	-	-
10/15/2023	132	132	-	-	-
10/31/2023	75,355	75,355	-	-	-
11/15/2023	74,220	74,220	-	-	-
11/30/2023	61,962	61,962	-	-	-
11/30/2023	6,419	6,419	-	-	-

See notes to financial statements.

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

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

December 31, 2023

Plan Sponsor EIN 84-0174408
Plan #001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, or par or maturity value	(d) Cost	(e) Current value
	Brown Advisory Small Cap Growth Institutional Fund	Registered investment company	**	$ 1,435,194
	Diamond Hill Small Cap Y Fund	Registered investment company	**	1,004,841
*	Empower Moderate Profile Fund Instititional	Registered investment company	**	3,206,626
*	Empower Moderately Aggressive Profile Fund Institutional	Registered investment company	**	3,004,856
*	Empower Moderately Conservative Profile Fund Institutional	Registered investment company	**	308,759
*	Empower Aggressive Profile Fund Institutional	Registered investment company	**	617,930
*	Empower Conservative Profile Fund Institutional	Registered investment company	**	1,314,795
*	Empower T. Rowe Price Mid Cap Growth Institutional Fund	Registered investment company	**	2,300,442
	Fidelity Total International Index Instl Premium Fund	Registered investment company	**	1,790,528
	Fidelity Total Market Index Fund	Registered investment company	**	6,089,042
	Fidelity US Bond Index	Registered investment company	**	1,043,727
	J Hancock Disciplined Value Mid Cap R6 Fund	Registered investment company	**	881,992
	JPMorgan Smart Retirement Income R5 Fund	Registered investment company	**	1,815
	JPMorgan Smart Retirement 2020 R5 Fund	Registered investment company	**	1,055,833
	JPMorgan Smart Retirement 2025 R5 Fund	Registered investment company	**	1,193,290
	JPMorgan Smart Retirement 2030 R5 Fund	Registered investment company	**	1,149,898
	JPMorgan Smart Retirement 2035 R5 Fund	Registered investment company	**	924,543
	JPMorgan Smart Retirement 2040 R5 Fund	Registered investment company	**	1,103,825
	JPMorgan Smart Retirement 2045 R5 Fund	Registered investment company	**	2,817,272
	JPMorgan Smart Retirement 2050 R5 Fund	Registered investment company	**	1,548,872
	JPMorgan Smart Retirement 2055 R5 Fund	Registered investment company	**	2,771,049
	JPMorgan Smart Retirement 2060 R5 Fund	Registered investment company	**	1,125,772
	JPMorgan Smart Retirement 2065 R5 Fund	Registered investment company	**	146,443
	Mainstay Winslow Large Cap Growth Fund I	Registered investment company	**	2,977,671
	Metropolitan West Total Return Bond Fund I	Registered investment company	**	1,868,023
	MFS International Intrinsic Value R4 Fund	Registered investment company	**	1,886,910
	MFS Value R6 Fund	Registered investment company	**	3,016,479
	Invesco Global Fund	Registered investment company	**	1,809,445
	Vanguard Treasury Money Market Investor Fund	Money market fund	**	328,505
*	Empower Guaranteed Certificate Fund	Fixed annuity	**	293,259
*	Empower Guaranteed Fixed Fund	Fixed annuity	**	2,299,986
*	Guaranteed Interest Fund	Fixed annuity	**	4,719,142
*	Participant loans	Interest rates of 4.25% to 9.50% maturing through 2033	**	825,493
		Total		**$ 56,862,257**

* 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-23 to 31-DEC-23

25-JAN-24 00:37:30

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MXITX			3,147,035.66	3,206,626.25
1MXHRX			3,075,474.33	3,004,856.32
1MXJUX			306,424.94	308,758.65
1MXGTX			595,433.86	617,929.61
1MXKVX			1,326,734.39	1,314,794.59
1JSIIX			2,160.86	1,815.48
1JTTIX			1,230,538.32	1,055,833.39
1JNSIX			1,311,376.14	1,193,290.37
1JSMIX			1,231,772.67	1,149,897.64
1SRJIX			1,050,657.29	924,542.83
1SMTIX			1,130,442.15	1,103,825.46
1JSAIX			2,916,938.42	2,817,272.04
1JTSIX			1,569,392.83	1,548,871.60
1JFFIX			2,697,806.63	2,771,049.05
1JAKIX			1,078,560.48	1,125,771.56
1JSMMX			138,198.92	146,442.73
1FTIHX			1,591,314.11	1,790,527.58
1MINHX			1,975,452.19	1,886,910.09
1OGLYX			1,824,604.18	1,809,445.11
1BAFSX			1,375,881.79	1,435,193.97
1DHSYX			1,244,527.68	1,004,841.29
1MXYKX			2,972,649.13	2,300,442.34
1JVMRX			742,628.41	881,991.57
1FSKAX			4,252,466.44	6,089,041.77
1MLAIX			2,813,539.64	2,977,670.52
1MEIKX			2,678,062.33	3,016,479.03
1FXNAX			1,029,148.33	1,043,727.42
1MWTIX			2,097,685.59	1,868,023.47
1GCF 36	02-JAN-2024	.050	2,291.35	2,294.83
1GCF 36	31-MAR-2024	.050	3,050.74	3,055.05
1GCF 36	30-JUN-2024	.050	1,735.63	1,737.81
1GCF 36	30-SEP-2024	.050	14,771.98	14,788.62
1GCF 36	31-DEC-2024	.050	1,884.03	1,885.92
1GCF 36	31-MAR-2025	.470	2,084.08	2,101.28
1GCF 36	30-JUN-2025	1.950	1,838.37	1,892.56
1GCF 36		2.200	24,613.21	24,933.75
1GCF 60	02-JAN-2024	1.700	1,928.54	2,098.10
1GCF 60	31-MAR-2024	1.500	2,034.95	2,184.06
1GCF 60	30-JUN-2024	1.300	2,032.50	2,154.15
1GCF 60	30-SEP-2024	.600	2,007.80	2,059.51
1GCF 60	31-DEC-2024	.500	1,497.43	1,527.60
1GCF 60	31-MAR-2025	.050	1,483.90	1,486.68
1GCF 60	30-JUN-2025	.050	1,223.60	1,225.75
1GCF 60	30-SEP-2025	.050	1,373.67	1,375.91
1GCF 60	31-DEC-2025	.050	2,287.51	2,291.49
1GCF 60	31-MAR-2026	.050	2,339.12	2,342.35
1GCF 60	30-JUN-2026	.050	2,271.91	2,274.75
1GCF 60	30-SEP-2026	.050	2,387.84	2,390.54
1GCF 60	31-DEC-2026	.050	2,195.64	2,197.84
1GCF 60	31-MAR-2027	.680	2,821.85	2,855.58
1GCF 60	31-MAR-2027	.050	9.90	9.90

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Credit Union of Colorado 401(k) Retirement Plan

01-JAN-23 to 31-DEC-23

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1GCF 60	30-JUN-2027	2.090	3,043.40	3,139.58
1GCF 60	30-JUN-2027	.680	8.96	9.06
1GCF 60		2.350	140,209.39	141,248.15
1GCF 84	02-JAN-2024	.500	372.59	386.04
1GCF 84	02-JAN-2024	1.200	348.76	379.13
1GCF 84	31-MAR-2024	1.300	410.77	448.21
1GCF 84	31-MAR-2024	1.200	336.40	365.17
1GCF 84	30-JUN-2024	.800	289.44	304.84
1GCF 84	30-JUN-2024	1.300	737.84	803.94
1GCF 84	30-SEP-2024	.800	570.37	600.02
1GCF 84	30-SEP-2024	.600	386.29	401.00
1GCF 84	31-DEC-2024	.600	576.44	597.87
1GCF 84	31-DEC-2024	1.000	404.65	429.52
1GCF 84	31-MAR-2025	1.000	755.17	800.33
1GCF 84	31-MAR-2025	1.600	375.49	411.36
1GCF 84	30-JUN-2025	1.600	601.37	657.38
1GCF 84	30-JUN-2025	1.800	487.72	538.69
1GCF 84	30-SEP-2025	1.800	1,571.34	1,727.26
1GCF 84	31-DEC-2025	1.800	2,273.28	2,486.80
1GCF 84	31-MAR-2026	1.800	762.02	830.75
1GCF 84	31-MAR-2026	1.600	5,015.17	5,408.17
1GCF 84	30-JUN-2026	1.400	893.54	951.25
1GCF 84	30-JUN-2026	1.600	659.42	709.49
1GCF 84	30-SEP-2026	1.400	660.35	701.59
1GCF 84	30-SEP-2026	.700	858.73	884.58
1GCF 84	31-DEC-2026	.700	679.03	698.78
1GCF 84	31-DEC-2026	.600	876.75	897.98
1GCF 84	31-MAR-2027	.050	858.13	859.74
1GCF 84	31-MAR-2027	.600	800.75	819.39
1GCF 84	30-JUN-2027	.050	610.98	612.08
1GCF 84	30-JUN-2027	.450	1,242.97	1,262.68
1GCF 84	30-SEP-2027	.450	619.85	629.28
1GCF 84	30-SEP-2027	.050	1,097.11	1,098.88
1GCF 84	31-DEC-2027	.050	1,307.43	1,309.42
1GCF 84	31-MAR-2028	.050	1,443.25	1,445.34
1GCF 84	30-JUN-2028	.050	405.35	405.86
1GCF 84	30-SEP-2028	.050	393.27	393.72
1GCF 84	31-DEC-2028	.050	404.94	405.34
1GCF 84	31-MAR-2029	.980	487.39	495.80
1GCF 84	31-MAR-2029	.050	0.74	0.74
1GCF 84	30-JUN-2029	2.300	30,031.01	31,075.92
1GCF 84	30-JUN-2029	.980	0.03	0.03
1GCF 84	30-SEP-2029	2.550	826.74	853.22
1GCF 84	31-DEC-2029	3.050	851.85	877.65
1GCF 84	31-MAR-2030	3.050	975.22	997.56
1GCF 84	30-JUN-2030	3.050	867.13	880.38
1GCF 84	30-SEP-2030	3.300	848.25	855.09
1GTDFIX		3.500	1,457,576.68	2,299,985.59
1GIFGFF		1.400	4,540,000.47	4,719,142.07
1VUSXX			181,180.54	181,180.54
			53,874,068.02	**55,889,439.02**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	769,313.27	770,223.75

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Credit Union of Colorado 401(k) Retirement Plan

01-JAN-23 to 31-DEC-23

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
FORFEITURES			147,324.12	147,324.12

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 84-0174408

LEGEND

INVESTMENT OPTION:

1MXITX	Empower Mod Profile Fund Inst
1MXJUX	Empower Mod Con Profile Fund Inst
1MXKVX	Empower Con Profile Fund Inst
1JTTIX	JPMorgan SmartRetirement 2020 R5
1JSMIX	JPMorgan SmartRetirement 2030 R5
1SMTIX	JPMorgan SmartRetirement 2040 R5
1JTSIX	JPMorgan SmartRetirement 2050 R5
1JAKIX	JPMorgan SmartRetirement 2060 R5
1FTIHX	Fidelity Total Intl Index Instl Premium
1OGLYX	Invesco Global Y
1DHSYX	Diamond Hill Small Cap Y
1JVMRX	JHancock Disciplined Value Mid Cap R6
1MLAIX	Mainstay Winslow Large Cap Growth I
1FXNAX	Fidelity US Bond Index
1GCF 36	Empower Guaranteed Certificate Fund
1GCF 84	Empower Guaranteed Certificate Fund
1GIFGFF	Guaranteed Interest Fund
1MXHRX	Empower Mod Agg Profile Fund Inst
1MXGTX	Empower Agg Profile Fund Inst
1JSIIX	JPMorgan SmartRetirement Income R5
1JNSIX	JPMorgan SmartRetirement 2025 R5
1SRJIX	JPMorgan SmartRetirement 2035 R5
1JSAIX	JPMorgan SmartRetirement 2045 R5
1JFFIX	JPMorgan SmartRetirement 2055 R5
1JSMMX	JPMorgan SmartRetirement 2065 R5
1MINHX	MFS International Intrinsic Value R4
1BAFSX	Brown Advisory Small Cap Growth Inst
1MXYKX	Empower T.Rowe Price Mid Cap Gr Inst
1FSKAX	Fidelity Total Market Index
1MEIKX	MFS Value R6
1MWTIX	Metropolitan West Total Return Bond I
1GCF 60	Empower Guaranteed Certificate Fund
1GTDFIX	Empower Guaranteed Fixed Fund
1VUSXX	Vanguard Treasury Money Market Inv

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