

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: ENT CREDIT UNION
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 7250 CAMPUS DRIVE
 City or town, state or province, country, and ZIP or foreign postal code: COLORADO SPRINGS, CO 809206517

D Employer identification number: 84-0470451
E Telephone number: (719) 574-1100
G Gross receipts \$ 335,323,746

F Name and address of principal officer:
 CHAD GRAVES
 7250 CAMPUS DRIVE
 COLORADO SPRINGS, CO 809206517

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) (14) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ ENT.COM

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1991 **M** State of legal domicile: CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE MISSION OF ENT CREDIT UNION IS TO IMPROVE MEMBERS' QUALITY OF LIFE THROUGH EDUCATION, UNBIASED FINANCIAL ADVICE, AND ACCESS TO THE HIGHEST QUALITY FINANCIAL PRODUCTS AND SERVICES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,148
6 Total number of volunteers (estimate if necessary)	6	13
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,612,323
7b Net unrelated business taxable income from Form 990-T, line 39	7b	-1,561,242

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	211,130,761	250,338,468
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,436,285	15,704,412
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,189,569	19,528,663
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	244,756,615	285,571,543
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,092,159	2,778,939
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	73,072,582	86,233,924
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	112,265,347	127,140,602
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	186,430,088	216,153,465
19 Revenue less expenses. Subtract line 18 from line 12	58,326,527	69,418,078

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,567,859,600	6,685,914,011
21 Total liabilities (Part X, line 26)	4,847,885,811	5,891,682,848
22 Net assets or fund balances. Subtract line 21 from line 20	719,973,789	794,231,163

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *****
 Date: 2020-07-08

CHAD GRAVES PRESIDENT/CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-07-08
 Check if self-employed PTIN: P01218925

Firm's name ▶ MOSS ADAMS LLP Firm's EIN ▶ 91-0189318

Firm's address ▶ 6565 AMERICAS PARKWAY NE STE 600 ALBUQUERQUE, NM 87110 Phone no. (505) 878-7200

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE MISSION OF ENT CREDIT UNION IS TO IMPROVE MEMBERS' QUALITY OF LIFE THROUGH EDUCATION, UNBIASED FINANCIAL ADVICE, AND ACCESS TO THE HIGHEST QUALITY FINANCIAL PRODUCTS AND SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 216,153,465 including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 216,153,465

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 columns: Question/Section, Answer, and Yes/No. Rows include 2a (1,148 employees), 2b-3b (filing requirements), 4a-4b (foreign accounts), 5a-5c (prohibited transactions), 6a-6b (charitable contributions), 7 (organizations receiving deductible contributions), 8-9 (sponsoring organizations), 10-11 (Section 501(c)(7) and (12) organizations), 12a-12b (Section 4947(a)(1) trusts), 13 (Section 501(c)(29) health insurers), 14a-14b (indoor tanning), 15 (parachute payments), and 16 (excise tax on net investment income).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							11,109,694	0	554,766	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 150

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GE JOHNSON CONSTRUCTION COMPNAY INC 25 N CASCADE AVE 400 COLORADO SPRINGS, CO 80903	CONSTRUCTION OF CENTERS AND HQ	7,071,895
INLINE BILLING SERVICES INC 1600 STOUT ST STE 800 DENVER, CO 80202	PURCHASE TIME SLOTS FOR ADS TO AIR	4,476,474
HOWELL CONSTRUCTION 8085 E HARVARD AVE DENVER, CO 80231	CONSTRUCTION OF VARIOUS SERVICE CENTERS	3,030,653
DAVIS PARTNERSHIP ARCHITECTS 2901 BLAKE ST 100 DENVER, CO 80205	ARCHITECTS FOR EXTERIOR BUILD - HQ	1,930,104
SYNERGY APPRAISAL SERVICES 6551 S REVERE PKWY SUITE 270 CENTENNIAL, CO 80111	APPRAISALS FOR HOME EQUITY AND MORTGAGE	1,914,615

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 121

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$	1g			
	h Total. Add lines 1a-1f				

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a INTEREST ON LOANS		522100	195,206,105	195,206,105		
b FEES/CHARGE/OTHER		522100	55,132,363	55,132,363		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			250,338,468			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,538,540	14,538,540			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real	62,784			
			(ii) Personal				
		b Less: rental expenses	6b	0			
		c Rental income or (loss)	6c	62,784			
	d Net rental income or (loss)			62,784	62,784		
	7a Gross amount from sales of assets other than inventory		(i) Securities	50,918,075			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	49,735,159	17,044		
		c Gain or (loss)	7c	1,182,916	-17,044		
	d Net gain or (loss)			1,165,872	1,165,872		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a GAIN ON SALE OF LOANS	522100		16,239,476	16,239,476			
b NON-OPERATING INCOME	900099		1,614,080	1,614,080			
c NON-MEMBER ATM	900099		670,503		670,503		
d All other revenue			941,820		941,820		
e Total. Add lines 11a-11d			19,465,879				
12 Total revenue. See instructions			285,571,543	283,959,220	1,612,323	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,778,939			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,161,432			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	56,313,957			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,961,585			
9 Other employee benefits	7,841,663			
10 Payroll taxes	4,955,287			
11 Fees for services (non-employees):				
a Management				
b Legal	100,926			
c Accounting	300,000			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	117,385			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,657,086			
12 Advertising and promotion	8,376,587			
13 Office expenses	10,207,110			
14 Information technology	5,665,038			
15 Royalties				
16 Occupancy	4,818,059			
17 Travel	936,072			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	42,577,150			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,520,182			
23 Insurance	431,497			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBER GIVEBACK	12,312,122			
b DEBIT CARD SERVICES	8,821,325			
c PROVISION FOR LOAN LOSS	6,224,075			
d LOAN SERVICING EXPENSE	6,030,866			
e All other expenses	10,045,122			
25 Total functional expenses. Add lines 1 through 24e	216,153,465			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	33,846,776	1	33,169,839
	2 Savings and temporary cash investments	385,128,790	2	225,246,128
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,629,776	4	3,324,351
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	4,550,652,196	7	4,862,776,132
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,145,071	9	7,595,980
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 159,348,361		
	b Less: accumulated depreciation	10b 38,305,313	74,822,197	10c 121,043,048
	11 Investments—publicly traded securities	254,729,788	11	712,981,426
	12 Investments—other securities. See Part IV, line 11	3,251,800	12	26,357,600
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	9,666,667	14	9,333,333
	15 Other assets. See Part IV, line 11	248,986,539	15	684,086,174
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,567,859,600	16	6,685,914,011	
Liabilities	17 Accounts payable and accrued expenses	204,898,157	17	106,339,599
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	28,115,276
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	583,475,243
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,642,987,654	25	5,173,752,730
	26 Total liabilities. Add lines 17 through 25	4,847,885,811	26	5,891,682,848
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	719,973,789	31	794,231,163
32 Total net assets or fund balances	719,973,789	32	794,231,163	
33 Total liabilities and net assets/fund balances	5,567,859,600	33	6,685,914,011	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	285,571,543
2	Total expenses (must equal Part IX, column (A), line 25)	2	216,153,465
3	Revenue less expenses. Subtract line 2 from line 1	3	69,418,078
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	719,973,789
5	Net unrealized gains (losses) on investments	5	3,968,394
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	870,902
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	794,231,163

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 84-0470451

Name: ENT CREDIT UNION

Form 990 (2019)

Form 990, Part III, Line 4a:

ENT CREDIT UNION SERVES ADAMS, ARAPAHOE, BOULDER, BROOMFIELD, DENVER, DOUGLAS, ELBERT, EL PASO, FREMONT, JEFFERSON, LARIMAR, PUEBLO, TELLER AND WELD COUNTIES. THE CREDIT UNION IMPROVES OUR MEMBERS' QUALITY OF LIFE BY OFFERING A FULL ARRAY OF PRODUCTS AND SERVICES, INCLUDING DEPOSITORY AND LOAN PRODUCTS, ATM/DEBIT PROGRAM, FINANCIAL EDUCATION, INSURANCE, AND INVESTMENT SALES. WE ENDED THE YEAR WITH 374,386 MEMBERS AND 413,688 SHARE ACCOUNTS. THERE WERE 87,352 LOANS GRANTED TOTALING \$2,652,714,755. ENT CREDIT UNION CURRENT OFFERS 37 BRANCH LOCATIONS WITH A WIDE ARRAY OF REMOTE OPTIONS THROUGH OUR COOPERATION WITH THE COOP ATM NETWORK, SHARED BRANCH NETWORK, AND ONLINE/MOBILE BANKING SOLUTIONS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTINEZ RON CFA / CHAIRMAN	1.00	X						36,759	0	0
AYEN WILLIAM BOARD TREASURER	1.00	X						25,657	0	0
NICHOLSON PAM VICE CHAIRMAN	1.00	X						21,955	0	0
VADALA CHRIS BOARD SECRETARY	1.00	X						18,936	0	0
CHANDLER DEBBIE BOARD MEMBER	1.00	X						23,083	0	0
GLOVER WALTER BOARD MEMBER	1.00	X						27,607	0	0
KALLETTA RICHARD BOARD MEMBER	1.00	X						27,468	0	0
VAUGHAN MEREDITH BOARD MEMBER	1.00	X						16,051	0	0
DRUMMER TIM BOARD MEMBER	1.00	X						23,578	0	0
FUSCHER STEVEN R BOARD MEMBER (THROUGH 4/1/19)	1.00	X						3,525	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GRAVES CHAD M PRESIDENT / CEO	40.00			X				1,426,363	0	34,743
COON MARY J CHIEF FINANCIAL OFFICER	40.00			X				891,404	0	48,055
VOGENEY WILLIAM D CHIEF REVENUE OFFICER	40.00				X			905,202	0	50,044
GENDRON MATTHEW J CHIEF ENGAGEMENT OFFICER	40.00				X			835,381	0	50,514
PAUKOVICH JON A CHIEF LENDING OFFICER	40.00				X			793,264	0	34,323
SCHOLES RICHARD A CHIEF EXPERIENCE OFFICER	40.00				X			736,866	0	34,743
MARSHALL CHRISTOPHER J CHIEF TECHNOLOGY OFFICER	40.00				X			657,305	0	45,510
BELL MOLLIE B CHIEF DEVELOPMENT OFFICER	40.00				X			651,668	0	6,563
SCHNEIDER CLINTON C CHIEF RISK OFFICER (THROUGH 11/1/19)	40.00				X			559,746	0	48,126
FLANAGAN SHARIE K SVP HUMAN RESOURCES	40.00				X			527,272	0	47,855

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WINTER BARBARA J CHIEF COMMUNITY OFFICER (THROUGH 1/4/19)	40.00				X			272,203	0	13,650
SUSSMAN JENNIFER S CHIEF MARKETING OFFICER	40.00				X			264,147	0	1,869
DOMBROWSKI STEPHANIE S MLO	40.00					X		790,902	0	31,623
STANGE SHIRLEY D MLO	40.00					X		449,545	0	25,335
BECHTEL THOMAS MLO	40.00					X		403,994	0	27,139
GREENWOOD MARY A MLO	40.00					X		376,443	0	25,602
CALLENS JOSHUA M MLO	40.00					X		343,370	0	29,072

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
ENT CREDIT UNION

Employer identification number
84-0470451

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,612,632		25,612,632
b Buildings		97,970,622	15,640,777	82,329,845
c Leasehold improvements		6,344,714	3,830,148	2,514,566
d Equipment		29,420,393	18,834,388	10,586,005
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				121,043,048

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	684,086,174

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	5,173,752,730

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 84-0470451

Name: ENT CREDIT UNION

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
ACCRUED INTEREST ON LOANS	13,494,206
ACCRUED INTEREST ON INVESTMENTS	1,788,843
NCUSIF	44,869,341
CUSO INVESTMENT	3,864,808
LOANS HELD FOR SALE	406,630,332
LOAN SERVICE RIGHTS	7,323,079
DERIVATIVES	20,455,544
DEFERRED COMPENSATION	567,840
REPURCHASE AGREEMENTS	184,000,000
OTHER	1,092,181

Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B:	ENT CREDIT UNION SERVICES LOANS FOR THIRD-PARTY ENTITIES THAT ARE NOT SHOWN ON FORM 990, PART X. THE LOANS ARE SERVICED FOR THE FEDERAL NATIONAL MORTGAGE ASSOCIATION (FNMA); THE FEDERAL HOME LOAN BANK (FHLB); AND THE GOVERNMENT NATIONAL MORTGAGE ASSOCIATION (GNMA).

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	AN ESCROW ACCOUNT IS MAINTAINED FOR THE TAXES AND INSURANCE PAYABLE ON THE REAL ESTATE SECURING THE CREDIT UNION'S MORTGAGE LOANS. THE ESCROWS MAINTAINED AT THE CREDIT UNION FOR TAXES AND INSURANCE PAYABLE INCLUDE LOANS TO THE FEDERAL NATIONAL MORTGAGE ASSOCIATION (FNMA), THE FEDERAL HOME LOAN BANK (FHLB), AND THE GOVERNMENT NATIONAL MORTGAGE ASSOCIATION (GNMA) FOR WHICH ENT CREDIT UNION RETAINS SERVICING.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>THE CREDIT UNION IS EXEMPT FROM MOST FEDERAL AND STATE INCOME TAXES; HOWEVER, THE CREDIT UNION'S WHOLLY OWNED CUSO IS SUBJECT TO FEDERAL AND STATE INCOME TAXES. THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) CLARIFIES ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE INTERPRETATION PROVIDES CRITERIA FOR ASSESSMENT OF INDIVIDUAL TAX POSITIONS AND A PROCESS FOR RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. TAX POSITIONS ARE EVALUATED ON WHETHER THEY MEET THE "MORE LIKELY THAN NOT" STANDARD FOR SUSTAINABILITY UPON EXAMINATION BY TAX AUTHORITIES. THE CREDIT UNION IS A STATE-CHARTERED CREDIT UNION AS DEFINED IN THE INTERNAL REVENUE CODE (IRC) SECTION 501(C)(14). AS SUCH, THE CREDIT UNION IS EXEMPT FROM FEDERAL TAXATION OF INCOME DERIVED FROM THE PERFORMANCE OF ACTIVITIES DIRECTLY RELATED TO ITS EXEMPT PURPOSES. HOWEVER, IRC SECTION 511 IMPOSES A TAX ON THE UNRELATED BUSINESS INCOME (UBI) DERIVED BY STATE-CHARTERED CREDIT UNIONS. UBI MAY ALSO BE SUBJECT TO TAX IN CERTAIN STATES. MANAGEMENT HAS ASSESSED THE CREDIT UNION'S ACTIVITIES AND ANY POTENTIAL FEDERAL OR STATE INCOME TAX LIABILITY AND DETERMINED THAT THE CREDIT UNION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. ADDITIONALLY, NO INTEREST AND PENALTIES HAVE BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service
Name of the organization
ENT CREDIT UNION

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number
84-0470451

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	28
3	Enter total number of other organizations listed in the line 1 table	2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	ENT TRACKS ALL GRANTS VIA AN EXCEL SPREADSHEET MANAGED BY OUR ADMINISTRATIVE DEPARTMENT. THIS IS UPDATED BIMONTHLY. ENT MAKES CONTRIBUTIONS TO ORGANIZATIONS, AGENCIES AND ACTIVITIES SERVING THE FOLLOWING PURPOSES: EDUCATION, HEALTH, HUMAN SERVICES, COMMUNITY (INCLUDING CULTURAL) DEVELOPMENT, ECONOMIC DEVELOPMENT AND MILITARY RECOGNITION AND MORALE. ALL CONTRIBUTIONS ARE TO ORGANIZATIONS HERE IN THE COMMUNITIES WE SERVE.

Additional Data

Software ID:
Software Version:
EIN: 84-0470451
Name: ENT CREDIT UNION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATIONAL MUSEUM OF WORLD WAR II AVIATION 755 AVIATION WAY COLORADO SPRINGS, CO 80916	01-0859843	501(C)(3)	10,000				PROGRAM SUPPORT
DOWNTOWN DENVER EVENTS INC 1515 ARAPAHOE ST TOWER 3 NO 100 DENVER, CO 80202	20-1168758	501(C)(3)	93,923				PARADE OF LIGHTS SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECORCARES (ENT DONOR FUND) 17151 PINE LANE PARKER, CO 80134	20-4226894	501(C)(3)	7,000				DONATION ENT DONOR FUND FOR PROGRAM SUPPORT
COLORADO SPRINGS UTILITIES FOUNDATION (ENT DONOR FUND) PO BOX 1103 COLORADO SPRINGS, CO 80947	20-8643063	501(C)(3)	20,000				PROJECT COPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREDIT UNION NATIONAL ASSOCIATION 5710 MINERAL POINT ROAD MADISON, WI 53705	23-7065623	501(C)(6)	333,333				2 OF 3 MULTI-YEAR PLEDGE PYMT
ARAPAHOE COMMUNITY COLLEGE FOUNDATION 5900 S SANTA FE DR PO BOX 9002 LITTLETON, CO 80160	23-7093127	501(C)(3)	25,000				ENT SCHOLARSHIP FOR ARAPAHOE COMMUNITY COLLEGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLICE FOUNDATION OF COLORADO SPRINGS 10 LAKE CIRCLE COLORADO SPRINGS, CO 80906	27-0926740	501(C)(3)	12,500				2019 MEDAL OF VALOR LUNCHEON
THE NATIONAL CREDIT UNION FOUNDATION 5710 MINERAL POINT ROAD MADISON, WI 537054454	39-1383650	501(C)(3)	12,000				CORPORATE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 1040 S 8TH STREET COLORADO SPRINGS, CO 80905	53-0196605	501(C)(3)	12,500				2020 HOMETOWN HEROES PUEBLO AND COS
NASCUS (NATIONAL VOICE OF THE STATE CREDIT UNION SYSTEM) 1655 N FT MYER DRIVE SUITE 650 ARLINGTON, VA 22209	54-1167527	501(C)(6)	20,000				NATIONAL INSTITUTE FOR STATE CREDIT UNION EXAMINER TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIKES PEAK COMMUNITY COLLEGE FOUNDATION 5675 S ACADEMY BLVD C68 COLORADO SPRINGS, CO 80906	74-2182257	501(C)(3)	50,000				2020-2021 ENT SCHOLARSHIP FOUNDATION
MOUNTAIN WEST CREDIT UNION FOUNDATION 2020 N CENTRAL AVENUE STE 530 PHOENIX, AZ 85004	74-2232424	501(C)(3)	22,540				GOLF SPONSORSHIP 2019 ANNUAL CONVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDYGIVE 235 S NEVADA AVENUE COLORADO SPRINGS, CO 80903	81-2029897	501(C)(3)	6,500				YOUTH IN ACTION CATEGORY
YMCA PIKES PEAK REGION 316 N TEJON STREET COLORADO SPRINGS, CO 80903	84-0404266	501(C)(3)	250,000				CAPITAL CAMPAIGN 2 OF 2

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIKES PEAK UNITED WAY 518 N NEVADA AVE COLORADO SPRINGS, CO 80903	84-0511799	501(C)(3)	73,500				TITLE SPONSOR COMMUNITY CELEBRATION LUNCHEON
CATHOLIC CHARITIES 228 N CASCADE AVE COLORADO SPRINGS, CO 80903	84-0586169	501(C)(3)	7,500				2020 ST. PATRICK'S DAY GALA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS 12450 E ARAPAHOE ROAD SUITE C CENTENNIAL, CO 80112	84-0713739	501(C)(3)	25,000				2020 ATHLETE LEADERSHIP PROGRAM UNIVERSITY
LEADERSHIP PIKES PEAK PO BOX 128 COLORADO SPRINGS, CO 80901	84-0719440	501(C)(3)	15,000				SPONSORSHIP 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE AND SHARE INC 2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	15,000				2020 RECIPE FOR HOPE EVENTS IN PIKES PEAK AND PUEBLO
CHILDREN'S HOSPITAL COLORADO FOUNDATION 111 S TEJON STREET COLORADO SPRINGS, CO 80903	84-0813462	501(C)(3)	670,000				BALLOON BALL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUEBLO COMMUNITY COLLEGE FOUNDATION 900 W ORMAN AVENUE PUEBLO, CO 81004	84-0834567	501(C)(3)	25,000				2020-2021 ENT SCHOLARSHIP FOUNDATION
RONALD MCDONALD HOUSE CHARITIES SOUTHERN COLORADO 723 NORTH WEBER STREET 101 COLORADO SPRINGS, CO 80903	84-1013843	501(C)(3)	20,000				CAPITAL CAMPAIGN (SPONSOR OF TWO BEDROOMS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGS RESCUE MISSION 5 W LAS VEGAS STREET COLORADO SPRINGS, CO 80903	84-1340824	501(C)(3)	100,000				CAPITAL CAMPAIGN 1 OF 3
COLORADO SPRINGS CONSERVATORY FOUNDATION 415 S SAHWATCH STREET COLORADO SPRINGS, CO 80903	84-1502211	501(C)(3)	28,873				2020 EARLY CHILDHOOD PICCOLO MUSIC & LITERACY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO FOUNDATION 1420 AUSTIN BLUFFS PARKWAY COLORADO SPRINGS, CO 80918	84-6000555	501(C)(3)	140,000				AGREEMENT 2016-2031
JUNIOR ACHIEVEMENT OF SOUTHERN COLORADO (ENT DONOR FUND) 2320 W COLORADO COLORADO AVENUE COLORADO SPRINGS, CO 80904	84-6009223	501(C)(3)	12,000				COS/PUEBLO PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY (ENT DONOR FUND) 910 YUMA STREET COLORADO SPRINGS, CO 80909	94-1156347	501(C)(3)	10,000				DONATION ENT DONOR FUND FOR PROGRAM SUPPORT
OLYMPIC CITY USA COLORADO SPRINGS (CITY OF COLORADO SPRINGS) PO BOX 61122 COLORADO SPRINGS, CO 80960	84-6000573	115	10,000				NORTH I-25 ENTRYWAY SIGN PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUEBLO POLICE DEPARTMENT 200 SOUTH MAIN STREET PUEBLO, CO 81003	84-6000615	115	7,500				ANNUAL AWARDS
DISCOVER GOODWILL 1460 GARDEN OF THE GODS ROAD COLORADO SPRINGS, CO 80907	84-0513404	501(C)(3)	15,000				ENCHANTED WEEKEND + ANNUAL DINNER

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ENT CREDIT UNION

Employer identification number

84-0470451

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	BOARD MEMBERS ARE PROVIDED A TRAVEL AND TRAINING BUDGET. THESE FUNDS ARE USED AS EACH BOARD MEMBER DECIDED WHICH TRAINING TO ATTEND. SPOUSE/GUEST TRAVEL EXPENSES COME OUT OF THIS BUDGET. EACH YEAR, SPOUSE/GUEST TRAVEL IS REPORTED AS INCOME ON FORM 1099-MISC. THE AMOUNT OF INCREASED TAX LIABILITY FROM THOSE PAYMENTS IS PAID TO THE BOARD MEMBER AS REIMBURSEMENT FOR THE INCREASED TAX LIABILITY. THE AMOUNT OF THAT PAYMENT IS THEN REPORTED AS INCOME ON THE 1099-MISC FOR THE TAX YEAR IN WHICH IT IS PAID.
PART I, LINE 4B	THE CREDIT UNION MAINTAINS THREE DEFERRED COMPENSATION PLANS COVERING CERTAIN MEMBERS OF MANAGEMENT. DURING 2019, THE FOLLOWING BENEFITS WERE ACCRUED: CHAD A. GRAVES - 457(F): \$317,270 JON A. PAUKOVICH - 457(F): \$68,831 RICHARD A. SCHOLLES - 457(F): \$43,375 MOLLIE B. BELL - 457(F): \$44,078

Additional Data

Software ID:
Software Version:
EIN: 84-0470451
Name: ENT CREDIT UNION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1GRAVES CHAD M PRESIDENT / CEO	(i)	538,534	163,053	724,776	25,200	9,543	1,461,106	0
	(ii)	0	0	0	0	0	0	0
1COON MARY J CHIEF FINANCIAL OFFICER	(i)	362,848	110,891	417,665	44,200	3,855	939,459	0
	(ii)	0	0	0	0	0	0	0
2VOGENEY WILLIAM D CHIEF REVENUE OFFICER	(i)	383,198	117,024	404,980	44,200	5,844	955,246	0
	(ii)	0	0	0	0	0	0	0
3GENDRON MATTHEW J CHIEF ENGAGEMENT OFFICER	(i)	383,129	117,768	334,484	44,200	6,314	885,895	0
	(ii)	0	0	0	0	0	0	0
4PAUKOVICH JON A CHIEF LENDING OFFICER	(i)	276,388	84,303	432,573	25,200	9,123	827,587	0
	(ii)	0	0	0	0	0	0	0
5SCHOLLES RICHARD A CHIEF EXPERIENCE OFFICER	(i)	379,899	117,768	239,199	25,200	9,543	771,609	0
	(ii)	0	0	0	0	0	0	0
6 MARSHALL CHRISTOPHER J CHIEF TECHNOLOGY OFFICER	(i)	318,842	96,814	241,649	44,200	1,310	702,815	0
	(ii)	0	0	0	0	0	0	0
7BELL MOLLIE B CHIEF DEVELOPMENT OFFICER	(i)	380,643	100,000	171,025	5,744	819	658,231	0
	(ii)	0	0	0	0	0	0	0
8SCHNEIDER CLINTON C CHIEF RISK OFFICER (THROUGH 11/1/19)	(i)	215,036	76,473	268,237	42,008	6,118	607,872	0
	(ii)	0	0	0	0	0	0	0
9FLANAGAN SHARIE K SVP HUMAN RESOURCES	(i)	282,566	66,299	178,407	44,200	3,655	575,127	0
	(ii)	0	0	0	0	0	0	0
10WINTER BARBARA J CHIEF COMMUNITY OFFICER (THROUGH 1/4)	(i)	2,851	79,654	189,698	13,304	346	285,853	0
	(ii)	0	0	0	0	0	0	0
11SUSSMAN JENNIFER S CHIEF MARKETING OFFICER	(i)	202,500	20,000	41,647	1,869	0	266,016	0
	(ii)	0	0	0	0	0	0	0
12 DOMBROWSKI STEPHANIE S MLO	(i)	37,691	4,686	748,525	25,200	6,423	822,525	0
	(ii)	0	0	0	0	0	0	0
13STANGE SHIRLEY D MLO	(i)	18,512	5,636	425,397	18,912	6,423	474,880	0
	(ii)	0	0	0	0	0	0	0
14BECHTEL THOMAS MLO	(i)	30,590	4,213	369,191	25,200	1,939	431,133	0
	(ii)	0	0	0	0	0	0	0
15GREENWOOD MARY A MLO	(i)	22,176	4,866	349,401	20,108	5,494	402,045	0
	(ii)	0	0	0	0	0	0	0
16CALLENS JOSHUA M MLO	(i)	30,289	4,299	308,782	22,884	6,188	372,442	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization
MOUNTAIN BELL CREDIT UNION

Employer identification number

84-0470451

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS AND THE FIELD OF MEMBERSHIP OF THIS CREDIT UNION SHALL BE LIMITED TO THOSE HAVING THE FOLLOWING COMMON BOND: A. PERSONS WHO LIVE, WORK, WORSHIP WITHIN ADAMS, ARAPAHOE, BOULDER, BROOMFIELD, DENVER, DOUGLAS, ELBERT, EL PASO, FREMONT, JEFFERSON, LARIMER, PUEBLO, TELLER AND WELD COUNTIES, COLORADO; B. MEMBERS OF RECORD OF THIS CREDIT UNION AS OF THE DATE OF ITS CONVERSION TO A COMMUNITY CHARTER; C. EMPLOYEES OF THIS CREDIT UNION; D. MEMBER OF THEIR IMMEDIATE FAMILIES OR HOUSEHOLDS; AND E. ORGANIZATIONS OF SUCH PERSONS. F. AS A RESULT OF MERGERS: FORMER MEMBERS OF MOUNTAIN BELL CREDIT UNION, BUCKLEY FEDERAL CREDIT UNION, FIRST CHARTER FEDERAL CREDIT UNION, DECIBEL COMMUNITY CREDIT UNION, AND US ALLIANCE FEDERAL CREDIT UNION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	OUR 374,386 MEMBERS EACH ARE ALLOWED ONE VOTE DURING EACH BOARD ELECTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO APPROVE THE GOVERNING BODY'S ELECTION AND REMOVAL OF MEMBERS OF THE GOVERNING BODY, AS WELL AS OTHER MATTERS THAT ARE SUBJECT TO THE APPROVAL OF MEMBERS OF THE CREDIT UNION AS THEY OCCUR, SUCH AS CERTAIN MERGER OPPORTUNITIES AND POTENTIAL CHARTER CONVERSIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM HIRED FOR SUCH PURPOSE. DATA AND OTHER INFORMATION IS SUPPLIED TO THAT FIRM TO USE IN PREPARATION OF THE DOCUMENT. A COPY OF FORM 990 WILL BE PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AFTER FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE INTERNAL AUDIT DEPARTMENT PERFORMS ANNUAL TESTING ON EMPLOYEE AND OFFICIAL ACCOUNTS FOR RATES, TERMS & CONDITIONS CONSISTENT WITH WHAT WOULD BE OFFERED TO THE GENERAL MEMBERSHIP OUTSIDE OF THE ALLOWED EMPLOYEE DISCOUNT. ANNUALLY A BOARD MONITORING REPORT IS COMPLETE TO ATTEST FOR PURCHASES WHERE NORMALLY PRUDENT PROTECTIONS HAVE BEEN GIVEN AGAINST CONFLICT OF INTEREST. THIS WAS LAST COMPLETED IN 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ENT CREDIT UNION PARTICIPATES IN MULTIPLE, PERIODIC (TYPICALLY ANNUAL) INDUSTRY SALARY SURVEYS, FOR ALL LEVELS OF THE ORGANIZATION, IN ORDER TO ASSESS MARKET PAY PRACTICES AND PROVIDE SUPPORTING DATA FOR INTERNAL RECOMMENDATIONS AND DECISIONS REGARDING PAY STRUCTURES AND INCREASES BASED ON STRATEGIC GOALS AND INITIATIVES. THE LAST COMPENSATION REVIEW WAS DONE IN 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE FORM 990 IS AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CREDIT UNION'S GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC. THE CREDIT UNION'S CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC. THE CREDIT UNION'S FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON NCUA.GOV VIA THE QUARTERLY 5300 FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	RECLASSIFICATION ADJUSTMENT FOR NET HEDGING LOSSES 1,025,571. NET CHANGE IN POST RETIREMENT BENEFITS -154,669.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ENT CREDIT UNION

Employer identification number

84-0470451

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ENTERPRISE FIRST FINANCIAL SERVICES LLC 7350 CAMPUS DR STE 200 COLORADO SPRINGS, CO 80920 84-1514066	INSURANCE PRODUCTS	CO	0	50,000	ENT CREDIT UNION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation