DLN: 93493287015790

2019

OMB No. 1545-0047

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.

Open to Public Inspection

A Fo	or the	e 2019 c	alendar year, or tax year begi	nning 01-01-2019 , and ending 12-	31-2019			
3 Che	ck if a _l	pplicable:	C Name of organization NAVIGANT CREDIT UNION			D Emplo	yer ident	ification number
		change	NAVIGANT CREDIT ONION			05-012	25860	
	me cha tial ret	_	Doing business as					
		n/terminated						
		d return	1005 DOLIGIAS BIVE	mail is not delivered to street address) Room/s	suite	E Telepho		
□ Арі	plicatio	on pending				(401)	233-430	4
			City or town, state or province, con SMITHFIELD, RI 029171206	untry, and ZIP or foreign postal code				
			E Name and address of main sin	- 1 - <i>GG</i> :	1 >			185,226,194
			F Name and address of princip JASON M JOLIN	oal officer:	H(a)	Is this a group r	eturn for	
			1005 DOUGLAS PIKE		H(b)	subordinates? Are all subordina	ites	□Yes ☑No
r Tax	r-exen	npt status:	SMITHFIELD, RI 029171206		⊢ `´	included?		☐ Yes ☐No
			□ 501(c)(3) □ 501(c) (14)	◀ (insert no.)		If "No," attach a	•	•
J W	ebsit	: e:▶ N/A	4		"(c)	Group exemption	n numbe	er 🕨
/			: 🗹 Corporation 🗌 Trust 🔲 Ass		L Year o	of formation: 1915	M Stat	e of legal domicile: RI
∖ Forn	n or or	rganization	: 🖭 Corporation 🗀 Trust 🗀 Ass	sociation				J
Pa	ırt I	Sum	mary					
			scribe the organization's mission					
မ	1	THE MISS	SION OF NAVIGANT CREDIT UNIO	N IS TO IMPROVE THE FINANCIAL LIVES	OF ITS M	IEMBERS.		
Ĕ								
e III	-							
Q.				iscontinued its operations or disposed of				1 44
ر الا	l		of voting members of the govern				3	
န်မ	l			of the governing body (Part VI, line 1b)			5	
	l		, ,	alendar year 2019 (Part V, line 2a) .			6	
Activities & Governance	l		mber of volunteers (estimate if no	, ,			78	
•	l			rt VIII, column (C), line 12			71	
	ь	Net unie	lated business taxable income inc	on Form 990-1, line 39		Prior Year		Current Year
	Q	Contribut	tions and grants (Part VIII, line 1h			Piloi Teal	0	Current real
랼	l		• •	1)		84,553		97,931,68
Ravenue	l	_	ent income (Part VIII, column (A),	•				
æ	l		venue (Part VIII, column (A), lines	•		· · · · · · · · · · · · · · · · · · ·	,564	8,340,64 615,13
	l			ust equal Part VIII, column (A), line 12)		91,588		106,887,466
	_		<u> </u>	column (A), lines 1–3)		,	0	2,714,37
	l		, , ,	column (A), line 4)			0	2,721,37
S	l			penefits (Part IX, column (A), lines 5-10)		27,696		30,800,610
Expenses	l		onal fundraising fees (Part IX, colu	, , , , , , , , , , , , , , , , , , , ,			(
D G	١		raising expenses (Part IX, column (D)	, ,,				
ವ	l		penses (Part IX, column (A), lines	· -		43,831	.201	53,090,198
	l		penses. Add lines 13–17 (must ed	•		71,527	-	86,605,18
	19	Revenue	less expenses. Subtract line 18 f	rom line 12		20,060	,980	20,282,28
ত ত			·		Begi	inning of Current	Year	End of Year
Net Assets or Fund Balances								
Bal	l		sets (Part X, line 16)			2,187,804	-	2,345,509,86
	l		pilities (Part X, line 26)			1,957,627		2,094,716,10
			ts or fund balances. Subtract line	21 from line 20		230,176	,419	250,793,76
	rt II		ature Block	mined this return, including accompanyin	a schodul	oc and statemen	ts and t	o the best of my
				e. Declaration of preparer (other than of				
any k	nowle	edge.						
		****	*			2020-10-13		
Sign		Signat	ture of officer			Date		
Here		JASON	IM JOLIN EVP/CFO					
			or print name and title					
		F	Print/Type preparer's name	Preparer's signature	Date 2020-10- 1	3 Check I if	PTIN P004642	96
Paid	t	L			_020-10 - 1	self-employed		
-	oare	ا	Firm's name WOLF & COMPANY PO			Firm's EIN ► 04	1-268988	3
Use	On	ly	Firm's address ▶ 99 HIGH STREET 21S	T FLOOR		Phone no. (617)	439-970	0
			BOSTON, MA 02110					
VI 3 V +	ha ID		this return with the preparer sho			1		Ves No

orm	990 (2019)				Page 2
Pa	rt III Statemer	nt of Program Service Acc	complishments		
	Check if Sch	nedule O contains a response or	note to any line in this Part III		🗹
		organization's mission:	·		
F IT	S MEMBERS. IT DOER THE SECOND	ES SO BY RESPONDING TO THE MPLISHED BY PROVIDING COM	RATED. THE MISSION OF NAVIGANT MEMBERS WITH THE VALUE THEY N PETITIVE LOAN AND DEPOSIT RATES KNOWLEDGEABLE AND FRIENDLY ST	EED AND THE CARING PERSONA AS WELL AS OTHER SERVICES	AL SERVICE THEY
	Did the organizatio	n undertake anv significant pro	gram services during the year which	were not listed on	
	_	or 990-EZ?	'		☐ Yes ☑ No
		hese new services on Schedule			
	•		gnificant changes in how it conducts,	any program	
	services?	=-	- · ·		🗌 Yes 🗹 No
	If "Yes," describe t	hese changes on Schedule O.			
ı	Section 501(c)(3) a	ization's program service accon and 501(c)(4) organizations are enue, if any, for each program s	nplishments for each of its three large required to report the amount of gra ervice reported.	est program services, as measu ants and allocations to others, th	red by expenses. ne total
a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
d	Other program ser (Expenses \$	vices (Describe in Schedule 0.) including	grants of \$	(Revenue \$)
le.	Total program se	rvice expenses >			

15

16

17

18

19

			Page 3
Checklist of Required Schedules			
		Yes	No
Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
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	5		No
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? <i>If "Yes," complete Schedule D.</i> Part 2	6		No
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	7		No
Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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	9	Yes	
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	10		No
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	11b		No
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 2	11c		No
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 🕏	11d		No
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	11f	Yes	
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	12b		No
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 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 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 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 II 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization in a manual tin 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 VI If the organization, directly	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 II Section 501(c)(3) organizations. 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If "Yes," complete Schedule D, Part III 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 V 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 III Did the organization report an amount for investments—program related in Part X, line 10 If "Yes," complete Schedule D, Part V I	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 II 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 III 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 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV The organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV The organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV The organization maintain collections of works of art, historical treasures, or other liability; serve as a custodian for amounts not listed in Part X, line 19 If "Yes," complete Schedule D, Part IV The organization's answer to any of t

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

13

14a

14b

15

16

17

18

19

20a

20b

21

	P90 (2019) IV Checklist of Required Schedules (continued)			Page
eli	Checklist of Required Schedules (continued)		Yes	No
	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	22	163	No
	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	23	Yes	
	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	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		
	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
	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	26	Yes	
	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	27		No
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		N:
•	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N-
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	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	33	Yes	
	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	34	Yes	
ı	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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	35b	Yes	
	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	36		
	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	37		N
	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	38	Yes	
	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 86,859		Yes	N

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

0

1c

Yes

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by			
L	this return	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: ►			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c 6a		No No
	solicit any contributions that were not tax deductible as charitable contributions?	- Oa		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
۵	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	76		
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

	,			9 -
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" resp	onse to	lines 🗹
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.51		
e-		16b		
<u>5e</u> 17	ction C. Disclosure 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.			
	Own website Another's website Upon request Other (explain in Schedule O)			
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: JASON M JOLIN 1005 DOUGLAS PIKE SMITHFIELD, RI 029171206 (401) 233-4304			
		-	orm 99	0.7201

Part VII

(15) JASON M JOLIN

(16) LISA G DANDENEAU

(17) JONATHAN ROBERTS

EVP/CFO

EVP/COO

SVP - CIO

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 $\mbox{VII}\,\,$. 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

- 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

List all of the organization's former officers, of reportable compensation from the organization List all of the organization's former directo organization, more than \$10,000 of reportable constructions for the order in which to list the	n and any relate rs or trustees ompensation fro persons above.	that reom the	nizati ceive organ	ons. d, in iizati	the	capa and a	city ny r	as a former directo	or or trustee of the s.	
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) o not e bo both	t che x, u n an		ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) ALFRED P DEGEN VICE CHAIRMAN	1.00	х						15,525	0	0
(2) PETER BAZIOTIS DIRECTOR	1.00	х						15,000	0	0
(3) JAMES K SALOME DIRECTOR	1.00	х						19,750	0	0
(4) ROLAND R LACHAPELLE DIRECTOR/VICE CHAIRMAN	1.00	х						45,907	0	0
(5) ROBERT MURRAY DIRECTOR	1.00	х						15,375	0	0
(6) GARY E FURTADO PRESIDENT/TREASURER	40.00	х		х				2,140,467	0	233,106
(7) CHARLES H DEBLOIS DIRECTOR	1.00	х						36,782	0	0
(8) JOSEPH BERETTA DIRECTOR	1.00	х						15,375	0	0
(9) ANN M KASHMANIAN DIRECTOR/SECRETARY	1.00							22,425	0	0
(10) MICHAEL RYAN DIRECTOR	1.00	X						15,075	0	0
(11) PAUL BEAUDOIN DIRECTOR	1.00	х						15,525	0	0
(12) BRIAN A AZAR SVP/CLO	40.00				x			317,500	0	70,494
(13) H CHRIS DER VARTANIAN SVP/CRO	40.00				x			315,445	0	47,433
(14) KATHLEEN OROVITZ SVP-CRBO	40.00				х			256,250	0	66,690

40.00

40.00

40.00

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Χ

260,750

388,809

230,500

0

0

0

62,214

93,159

55,667

Form 990 (2019)											Page 8
Part VII Section A. Officers, Directors (A) Name and title	(B) Average hours per week (list any hours	Position than of is b	on (do	(C) o not ox, u) t che unles ficer	eck mess pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount comper from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organiza rela organiz	ted
(18) ROSS SILVA AVP-BUS. DEV/REGIONAL LOAN OFFICIER	40.00					Х		174,901	C		30,045
(19) DAVID DECUBELLIS VP - RESIDENTIAL MORTGAGE	40.00					Х		178,941	C		28,068
(20) LEONARDA CONTI AVP - MORTGAGE LOAN OFFICER						Х		198,187	C		20,728
(21) JEFFREY P CASCIONE						X		213,509	C		28,009
VP-COMMERCIAL LENDING (22) FREDDIE C ALMEIDA AVP - MORTGAGE LOAN OFFICER						Х		222,650	C		33,780
1b Sub-Total					•	<u>. T</u>		<u> </u>			
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	/II, Section A				•	$\cdot \Box$		5,114,648	0		769,393
Total number of individuals (including but of reportable compensation from the organization)	t not limited to t				e) v	/ho re	ceive	ed more than \$100	,000		
3 Did the organization list any former offic	er, director or t	rustee,	key e	empl	loye	e, or h	nighe	est compensated er	mployee on	Yes	No
 line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the organization and related organizations graindividual 	sum of reporta	ble com	npens	atio	n an	d othe	er co	mpensation from t	he		No
 Did any person listed on line 1a receive o services rendered to the organization? If " 										1	NI_
Section B. Independent Contractors					_						No
Complete this table for your five highest of from the organization. Report compensations.										nsation	
Name and b	(A) ousiness address								(B) tion of services	Compe	sation
FISERV SOLUTIONS INC PO BOX 99924 CDADEVINE TX 70000								DATA PROCESS	SING	3	,179,354
GRAPEVINE, TX 76099 NCR CORPORATION FKA INTUIT FINANCIAL SER								DATA PROCESS	SING	1	,839,018
14181 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693											r
DUFFY UNITED 10 CHARLES STREET								ADVERTISING	SERVICES		970,397
PROVIDENCE, RI 02904 BOWERMAN & ASSOCIATES								ARCHITECTUR	AL		901,799
ONE RICHMOND SQUARE SUITE 220E PROVIDENCE, RI 02906 D3 LOGIC INC								DATA PROCES	SING - STATEMENT		831,026
89 COMMERCIAL WAY EAST PROVIDENCE, RI 02914								RENDERING	51NG - 51/112		001,022
2 Total number of independent contractors (in compensation from the organization ► 48	ncluding but not	t limited	d to t	hose	list	ed abo	ove)	who received more	e than \$100,000 of	=	

		(2019)								Page 9
Part	VIII				recno	onse or note to any	line in this Part VIII			\square
		Check ii Schec	uie	O CONCAINS A	respo	inse of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	16	a Federated campa	igns	s	1a			revenue		312 - 314
Grants Amounts		b Membership dues	5.	. [1 b					
6r3	,	c Fundraising even	ts .	[1c					
Gifts, nilar A	'	d Related organizat	tions	5	1 d					
, <u>G</u>		e Government grants			1e					
ions	1	f All other contributio and similar amounts	ns, g s not	jifts, grants, included	1f					
Contributions, Gifts, Grants and Other Similar Amounts	١,	above g Noncash contributio	ns in	L cluded in						
a di		lines 1a - 1f:\$			1 g					
Cont		h Total. Add lines :	1a-1	f		•				
						Business Code	85,159,995	85,159,995		
e	2a	INTEREST ON LOANS				522291	85,159,995	85,159,995		
venu	b	MISCELLANEOUS FEE	S			525990	6,468,714	6,468,714		
e Re	c	MEMBER SERVICE FE	E			525990	5,812,093	5,605,643	206,450	
Program Service Revenue	J.	NCU FINANCIAL					490,886	483,267	7,619	
S LUE	4					524298				
ogra	е	•								
₫.	f	All other program	serv	rice revenue.						
		Total. Add lines 2			>	97,931,688				
	3	Investment income	(inc	luding divide	nds, i		6,131,690			6,131,690
		similar amounts). Income from invest		it of tax-exer		ond proceeds >				3,232,653
					-					
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a		10,800)				
	b	Less: rental expenses	6b		()				
	С	Rental income	_							
		or (loss) I Net rental income	6c		10,800		10,800	10,800		
		- Net rental income		(i) Securit		(ii) Other		10,000		
	7a	Gross amount from sales of	7a	78,3	50,662	2,197,02	2			
		assets other than inventory		, 0,000,0						
	b	Less: cost or other basis and 7b 78,338,728			3	0				
		sales expenses								
		Gain or (loss)	7 c		11,934	2,197,02	<u> </u>			
		Net gain or (loss)Gross income from fu			· ·	•	2,208,950			2,208,956
an e	-	(not including \$ contributions reported		of						
≥ve		See Part IV, line 18	•	• • •	8a					
r R		Less: direct expen			8b					
Other Revenue	C	: Net income or (los	s) fr	om fundraisi	ng ev	ents 🕨	1			
	9a	Gross income from g See Part IV, line 19								
	ŀ	Less: direct expen			9a 9b		-			
		: Net income or (los				ies	_			
	40.			m. laaa						
	10	aGross sales of inve returns and allowa			10a					
	b	Less: cost of good	s so	ld	10 b					
	c	Net income or (los Miscellaneo			nvent		Т			
	11	MISCEIIANEOI OTHER REVENUE	us K	evenue.		Business Code 90009	9 606,83	606,835		
	b	LOSS ON LAWSUI	T SE	TTLEMENT		90009	-2,50	-2,503		
	C	•								
	c	All other revenue	•							
	€	Total. Add lines 1	1a-:	11d		•	604,333	2		
	12	Total revenue. Se	ee ir	nstructions .			106,887,466		214,069	8,340,646
							, ,	,,		Form 990 (2019)

Part IX Statement of Functional Expenses				Page 10
Section 501(c)(3) and 501(c)(4) organizations must co		_	ons must complete col	umn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX		(6)	<u>U</u>
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
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,714,377			
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	4,126,461			
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	17,492,314			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,521,763			
9 Other employee benefits	4,765,855			
10 Payroll taxes	1,894,217			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17			-	
f Investment management fees	4 400 245			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,180,315			
12 Advertising and promotion	2,326,406			
13 Office expenses	530,150			
14 Information technology	4,935,309			
15 Royalties				
16 Occupancy	3,601,166			
17 Travel	113,158			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	399,983			
20 Interest	26,863,109			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,389,153			
23 Insurance				
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 CORRESPONDENT SERVICES	4,134,518			
b PROVISION FOR LOAN LOSS	2,550,303			
c COMMISSIONS AND LOAN SE	1,186,711			
d STATE DEPOSIT TAX	1,186,608			
e All other expenses	1,693,309			
25 Total functional expenses. Add lines 1 through 24e	86,605,185			
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 ► ☐ if following SOP 98-2 (ASC 958-720).				

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Liabilities 22

Fund Balances

ō 29

Assets

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

18,646,686

66,197,199

441,287

2.001.158.682

1,929,658

32,458,663

185,604,994

39,072,698

23,761,951

1,550,492

2,069,403,663

2.094.716.106

0

0

250.793.761

250,793,761

2,345,509,867

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2,345,509,867

(B)

End of year

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

Cash-non-interest-bearing		•							
Savings and temporary cash	inv	estn	nent	S	•		•		

Pledges and grants receivable, net . . Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net Assets Inventories for sale or use . .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> <a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

10a 10b Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 . . .

Investments—program-related. See Part IV, line 11

56,612,969

Total assets. Add lines 1 through 15 (must equal line 34) .

24,154,306

Beginning of year

18,983,731

39,551,957

401,170

1.861.504.961

1,770,220

32,522,930

195,511,110

37,558,016

19,383,863

1,575,893

1,936,667,920

1.957.627.676

2,187,804,095

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230.176.419

230,176,419

2,187,804,095

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

Name: NAVIGANT CREDIT UNION

EIN: 05-0125860

Form 990 (2019)

Form 990, Part III, Line 4a: THE CREDIT UNION IS A COOPERATIVE OWNED AND DIRECTED BY AND DEDICATED TO SERVING ITS MEMBERS. THE CREDIT UNION HAS 37,724 LOANS TOTALING \$2,006,207,293 DUE FROM MEMBERS AND \$1,933,266,121 IN 208,267 DEPOSIT ACCOUNTS FROM MEMBERS. ALSO \$191,615 OF FEES WERE RECEIVED FROM MEMBERS RENTING 6,730 SAFE DEPOSIT BOXES.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493287015790

OMB No. 1545-0047

2010

Supplemental Financial Statements

▶ 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.

Department of the Treasury Internal Revenue Service

(Form 990)

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

2019
Open to Public Inspection

	me of the organization /IGANT CREDIT UNION				Emple	oyer identificati	ion number	
NAV	MIGANT CREDIT UNION				05-01	25860		
Pa	Organizations Maintaining Donor Advis	sed Funds or Ot	ner Simila	ar Funds or	Acco	unts.		_
	Complete if the organization answered "Ye		art IV, IIn advised fun			b) Funds and oth	or accounts	_
1	Total number at end of year	(a) Donor	auviseu iuii	ius		b) Fullus allu otil	ier accounts	_
<u>.</u> 2	Aggregate value of contributions to (during year)							_
2 3	, , , , , , , , , , , , , , , , , , ,							
3 4	Aggregate value of grants from (during year) Aggregate value at end of year							_
5	Did the organization inform all donors and donor adviso							
6	organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	onor advisors in writi or donor advisor, or	ng that grai for any oth	nt funds can b ner purpose co	e used	only for	∐ Yes ∐ No	
Pa	rt II Conservation Easements.						∐ Yes ∐ No	-
	Complete if the organization answered "Ye	s" on Form 990, F	art IV, lin	e 7.				
1	Purpose(s) of conservation easements held by the organ	nization (check all th	at apply).					
	\square Preservation of land for public use (e.g., recreation	n or education)	Prese	rvation of an l	historic	ally important lar	nd area	
	☐ Protection of natural habitat		☐ Presei	rvation of a ce	ertified	historic structure	<u></u>	
	☐ Preservation of open space							
2	Complete lines 2a through 2d if the organization held a	gualified conservation	n contribut	ion in the form	n of a c	concentation		
_	easement on the last day of the tax year.	qualified conservation	or contribut	ion in the lon	Г	Held at the En	d of the Year	٦
а	Total number of conservation easements				2a			٦
b	Total acreage restricted by conservation easements			[2b			٦
c	Number of conservation easements on a certified historic	c structure included	in (a)		2c			٦
d	Number of conservation easements included in (c) acqui structure listed in the National Register	ired after 7/25/06, a	nd not on a	historic	2d]
3	Number of conservation easements modified, transferre tax year ▶	d, released, extingu	shed, or te	rminated by t	he orga	nization during t	he	
4	Number of states where property subject to conservation	on easement is locate	ed ▶					
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			on, handling o	f violat	ions, Yes	s □ No	
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of vio	lations, and	l enforcing co	nservat	ion easements du	uring the year	
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	s, and enfo	rcing conserv	ation e	asements during	the year	
8	Does each conservation easement reported on line 2(d)	above satisfy the re	auirements	of section 17	0(h)(4))(B)(i)		
	and section $170(h)(4)(B)(ii)$?				- (-) (-)	☐ Yes	. □ No	
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the orga						
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica			er Sim	ilar Assets.		_
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, ed	ucation, or	research in fu				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ 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, historic following amounts required to be reported under SFAS 1	cal treasures, or oth	er similar as	ssets for finan				
а	Revenue included on Form 990, Part VIII, line 1					> \$		
b	Assets included in Form 990, Part X					▶ \$		
or l	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Cat. No. 5	52283D	Schedule D	(Form 990) 20	1

d Equipment .

Sch	edule D (Form 990) 2019								Page 2
Pai	rt IIII Organizations Maintaining Co	llections of Art,	Histori	cal Tre	easures,	or Other	Similar As	sets (continued)
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other records	, check a	any of t	he following	that are a	significant u	se of its	s collection
а	Public exhibition		d		Loan or exc	hange prog	grams		
b	Scholarly research		е		Other				
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIII.	llections and explain	how the	y furthe	er the orgar	nization's e	xempt purpo	se in	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to		,					☐ Ye	es 🗆 No
Pa	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		rm 990	, Part I	V, line 9,	or reporte	ed an amou	nt on F	Form 990, Part
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?							☐ Ye	es 🗹 No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	allowing	table			Λ.	mount	
C	· ·	·	-			1c		Hount	
d						1d			
e						1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo						shilitu 2		es 🗆 No
									es 🗆 NO
b		Check here if the e	explanati	on nas	been provid	ied in Part .	XIII		
- 2	Endowment Funds. Complete if the organization answers	wered "Yes" on Fo	rm 990	. Part I	V. line 10				
		(a) Current year		rior year		years back	(d) Three yea	ars back	(e) Four years back
1 a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, colum	n (a)) held	as:			
а	Board designated or quasi-endowment								
b	Permanent endowment ►								
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.							
3а	organization by:	ssion of the organiza	tion that	t are he	ld and adm	inistered fo	r the	_	Yes No
	(i) unrelated organizations					•			a(i)
h	(ii) related organizations		on Scho	 dulo P2					a(ii) 3b
ь 4	If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the							Г,	30
	rt VI Land, Buildings, and Equipme		Willelie	unus.					
نات	Complete if the organization answ		rm 990	, Part I	V, line 11	a. See Fo	rm 990, Pa	rt X, lir	ne 10.
	Description of property (a) Cost or ot	her basis (b) Cos	t or other			ccumulated o			(d) Book value
	(investm	enc)							
1 a	Land			9,347	,216				9,347,216
b	Buildings			34,058	3,259		13,671,628		20,386,631
c	Leasehold improvements								

8,775,904

4,431,590

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

2,139,113

585,703

6,636,791

3,845,887

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV ir	ne 11h See Form 990	Part X line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	od of valuation: -year market valu	e
-	l derivatives				
	held equity interests				
(A)					
В)					
C)					
D)					
(E)					
F)					
(G)					
(H)					
		•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, lir	(b) Book value	(c) Method of Cost or end-of-value	year market
(1)					
(2)					
(3)					
(4)					
5)					
6)					
7)					
8)					
9)					
otal. (Colum.	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		>		
	Complete if the organization answered 'Yes' on Form 990, F (a) Description	art IV, lin	e 11d. See Form 990, Pa		ok value
(1)					
2)					
3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
otal. (Colu Part X	Other Liabilities.				25
1.	Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability	are IV, IIII	C IIC OI III.DEE FUIIII	(b) Book value	- <i>-</i> J
(1) Federal (2) DEPOSIT	income taxes TS			1,931,920,372	
	D INTEREST PAYABLE			1,357,054	
(4) BORROW	/INGS			136,126,237	
6)					
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			2 060 402 662	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the footnot		ganization's financial state		s the organiza
uncertain ta:	x positions under FIN 48 (ASC 740). Check here if the text of the fool	note has b	een provided in Part XIII	✓	

Part XI

2

5

1

2

b

d

b

Part XIII

5

3

Part XII

Schedule D (Form 990) 2019

Page 4

534

0

106,887,466

106,887,466

86,605,000

-185

86,605,185

86.605.185

Schedule D (Form 990) 2019

d	Other (Describe in Part XIII.)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, lin
а	Investment expenses not included on Form

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII.) Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Donated services and use of facilities .

c	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line
а	Investment expenses not included on Form 990, Part VIII, line 70
b	Other (Describe in Part XIII.)

Net unrealized gains (losses) on investments . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Other (Describe in Part XIII.)
Add lines 2a through 2d
Subtract line $\mathbf{2e}$ from line 1
Amounts included on Form 990, Part VIII, line 12, but not on line 1:
Investment expenses not included on Form 990, Part VIII, line 7b .
Other (Describe in Part XIII.)
Add lines 4a and 4b

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII.)

Supplemental Information

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

•	•	•		٠	•	٠	٠	٠	•
				٠	•				
VIII	, line	e 12,	but	not d	on lir	ne 1	:		
n For	m 9	90, F	art V	ΊΙΙ,	line	7b			
									ı
-	_	-	-	-	-	_	_		L

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

2a

2b 2c 2d

2a 2b

2c 2d

4a 4b

Explanation

ct line 2e from line 1						3	
ts included on Form 990, Part VIII, line 12, but not on line 1:							T
ment expenses not included on Form 990, Part VIII, line 7b .	4a						
(Describe in Part XIII.)	4b						
es 4a and 4b						4c	
evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						5	Ī
Reconciliation of Expenses per Audited Financial Statem			pen	ses	per	Retur	'n

1

2e

3

4c

5

-185

2e

534

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 05-0125860

Name: NAVIGANT CREDIT UNION

PART IV, LINE 2B:

Supplemental Information Return Reference Explanation

AS PART OF THE MORTGAGE AGREEMENT, AN ESCROW ACCOUNT IS MAINTAINED FOR EACH MORTGAGE WHERE ESCROW OF REAL ESTATE TAXES & HOME OWNERS INSURANCE IS REQUIRED. THE CREDIT UNION COMPLIE S WITH ALL FEDERAL & STATE LAWS REGARDING DISCLOSURES AND OPERATION OF THESE ACCOUNTS.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE CREDIT UNION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(14) OF THE INTERNAL REVENUE CODE (THE "CODE") AND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES PURS UANT TO SECTION 501(A) OF THE CODE. HOWEVER, STATE-CHARTERED CREDIT UNIONS ARE SUBJECT TO FEDERAL AND STATE TAXES ON UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED DECEMBER 31, 201 9 AND 2018, THE CREDIT UNION DID NOT HAVE ANY INCOME TAX EXPENSE FOR UNRELATED BUSINESS IN COME. TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN, INCLUDING THE POSITION THAT THE CREDIT UNION QUALIFIES AS A TAX EXEMPT ENTITY, ARE REQUIRED TO BE EVALUATED TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" TO BE UPHELD UNDER REGULATORY REVIEW. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE ACCRUED AND DISCLOSE D IN THE FINANCIAL STATEMENTS. THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ACCRUAL OR DISCLOSURE AT DECEMBER 31, 2019 AND 2018. THE CREDIT UNION'S UNRELATED BUSINESS INCOME TAX RETURNS FOR FISCAL YEARS ENDED DECEMBER 31, 2016 TO PRESENT ARE SUBJECT TO REVIEW BY FE DERAL AND STATE TAXING AUTHORITIES.

_ _ _

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	ROUNDING 534.

upplemental Information								
Return Reference	Explanation							
PART XII, LINE 2D - OTHER ADJUSTMENTS:	ROUNDING -185.							

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Treasury

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

Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493287015790

Open to Public Inspection

Internal Revenue Service Name of the organization						Employer identifi	cation number
NAVIGANT CREDIT UNION						05-0125860	
Part I General Inform	nation on Grants	and Assistance					
1 Does the organization mai the selection criteria used	ntain records to sub	stantiate the amount of	the grants or assistance,	the grantees' eligibility	for the grants or assistan	ce, and	
2 Describe in Part IV the org							☐ Yes ☑ N
Part II Grants and Other that received more	Assistance to Don than \$5,000, Part II	nestic Organizations a	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, lin	e 21, for any recipient
(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 sect3 Enter total number of other							57 3
For Paperwork Reduction Act Noti				Cat. No. 50055			hedule I (Form 990) 2019

Schedule I (Form 990) 2019 Part III Grants and Other Assistance Part III can be duplicated if addi		. Complete if the orga	nization answered "Yes"	on Form 9	990, Part IV, line 22.	Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount cash gran			e) Method of valuation (FMV, appraisal, other	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Schedule I (Form 990) 2019

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

Return Reference

Explanation

Additional Data

ASSOCIATION

PO BOX 41659 PROVIDENCE, RI 02940

7272GREENVILLE AVENUE DALLAS, TX 752314596 AMERICAN PARKINSON'S

DISEASE RI CHAPTER GOLF

Software ID: Software Version:

EIN: 05-0125860

Name: NAVIGANT CREDIT UNION

5,000

(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)	no
AMERICAN HEART		501(C)(3)	5,000			

501(C)(3)

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

(g) Description of non-cash assistance

(h) Purpose of grant

or assistance

CHARITABLE

CHARITABLE

CONTRIBUTIONS

CONTRIBUTIONS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BICHOD EEEHAN LICH E01(C)(3) 5 0001 I CHADITABLE

ICONTRIBUTIONS

SCHOOL 70 HOLCOTT DR ATTLEBORO, MA 02703	301(0)(3)	3,000		CONTRIBUTIONS
BLACKSTONE RIVER THEATRE	501(C)(3)	5,000		CHARITABLE

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

549 BROAD ST

CUMBERLAND, RI 02864

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) BLACKSTONE VALLEY 501(C)(3) 25.000l CHARITABLE

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

175 MAIN STREET PAWTUCKET, RI 02860

COMMUNITY HEALTH CARE 39 EAST AVE PAWTUCKET, RI 02860	551(5)(6)	23,000		CONTRIBUTIONS
BLACKSTONE VALLEY TOURISM COUNCIL POLAR EXPRESS	501(C)(3)	10,000		CHARITABLE CONTRIBUTIONS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **BOYS & GIRLS CLUB OF** 501(C)(3) 8.150 CHARITABLE PAWTUCKET ICONTRIBUTIONS 1 MOFILER PLACE

CHARITABLE

ICONTRIBUTIONS

1 MOELLER PLACE
PAWTUCKET, RI 02860

BOYS AND GIRLS CLUB OF
NORTHERN RI

501(C)(3) 8,500

PO BOX 7505

CUMBERLAND, RI 02684

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BOYS TOWN NEW ENGLAND 501(0)(3) 5 0001 CHARITABLE BUTIONS

294 W EXCHANGE ST PROVIDENCE, RI 02903	301(0)(3)	3,000		CONTRIBU
BRAIN INJURY ASSOCIATION OF RI	501(C)(3)	5,000		CHARITAE

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

EAST PROVIDENCE, RI 02914

ABLE BUTIONS 1017 WATERMAN AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

BRISTOL 4TH OF JULY PARADE 501(C)(3) 5.000 CHARITABLE PO BOX 561 BRISTOL, RI 02809

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

1150 DOUGLAS PIKE SMITHFIELD, RI 02917

ICONTRIBUTIONS BRYANT ATHLETICS 501(C)(3) 10.000 CHARITABLE

ICONTRIBUTIONS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BRYANT UNIVERSITY 501(C)(3) 6.000 CHARITABLE BUTIONS

WOMEN'S SUMMIT 1150 DOUGLAS PIKE BOX 40 SMITHFIELD, RI 02917	, , , ,			CONTRIBU
CHTI DRENIC MICHEC	E01(C)(2)	7 500		CHARITARI

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

WARWICK, RI 02886

ICHARITABLE CHILDREN 2 WISHES 201(C)(3) 7,5001 2348 POST RD **ICONTRIBUTIONS**

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ΓABLE BUTIONS

ICONTRIBUTIONS

COLLEGE LEADERSHIP RI 1570 WESTMINSTER STREET	501(C)(3)	7,500		CHARITAI CONTRIB
PROVIDENCE, RI 02909				

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

371 TUTTLE ROAD 2 CUMBERLAND, ME 04021

CUMBERLAND LAND TRUST 501(C)(3) 5.000 ICHARITABLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government ABLE

DAY ONE 525 MAIN STREET SOUTH PORTLAND, ME 04106	501(C)(3)	5,000		CHARITAB CONTRIBU
EVEDEL EINANGTAL LITERAGY	E04(6)(2)	25.00		CUARTEAR

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

WASHINGTON DC, DC 20037

BUTIONS ICHARITABLE EVERFI FINANCIAL LITERACY 501(C)(3)| 25,0001 **ICONTRIBUTIONS** 2300 N STREET NW SUITE 500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 501(C)(3) 5.000 CHARITABLE FIERCE FOR SHANNON FOUNDATION ICONTRIBUTIONS

PO BOX 305 HARRISVILLE, RI 02830 FIRST WORKS-FIRST WORKS 501(C)(3) 5.000

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

PROVIDENCE, RI 02903

CHARITABLE ART LEARNING **ICONTRIBUTIONS** 275 WESTMINSTER ST 501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

CLIABITABLE

CONTRIBUTIONS

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

E04(6)(3)

HOPSITAL

593 EDDY ST

PROVIDENCE, RI 02903

CANCER RESOURCE FOUNDATION 249 ROOSEVELT AVE STE 201 PAWTUCKET, RI 02860	501(C)(3)	5,000		CONTRIBUTIONS
HASBRO CHILDREN'S	501(C)(3)	5,000		CHARITABLE

- ---

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government BLE

ICONTRIBUTIONS

HEARTHSIDE 757 GREAT ROAD LINCOLN, RI 02865	501(C)(3)	5,500		CHARITABLE CONTRIBUTIONS
HOUSE OF HOPE CDC	501(C)(3)	5,000		CHARITABLE

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

3188 POST RD WARWICK, RI 02886

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 501(C)(3) 5.000 CHARITABLE IZZY FOUNDATION PO BOX 2326 ICONTRIBUTIONS PROVIDENCE, RI 02906

501(C)(3) 5.0001 CHARITABLE ICONTRIBUTIONS

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

KENT HOSPITAL AUXILIARY-GOLF TOURNAMENT 455 TOLL GATE RD WARWICK, RI 02886

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) LEARFIELD IMG COLLEGE 501(C)(3) 125,000 CHARITABLE CONTRIBUTIONS

500 PLANO, TX 75093				CONTRIBUTIONS
LIGHT FOUNDATION 440 GREENVILLE NASHVILLE	501(C)(3)	7,500		CHARITABLE CONTRIBUTIONS

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

ROAD

GREENVILLE, OH 45331

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

LITTLE SISTERS OF THE POOR 964 MAIN STREET PAWTUCKET, RI 02860	501(C)(3)	15,000		CHARITABLE CONTRIBUTIONS

MERCYMOUNT 501(C)(3) 5.000 CHARITABLE 35 WRENTHAM RD **ICONTRIBUTIONS**

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

CUMBERLAND, RI 02684

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MUSEUM OF WORK AND E01/C)/3) 5 0001 I CHADITABLE

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

10 RISHO AVE

EAST PROVIDENCE, RI 02914

CULTURE	501(C)(3)	3,000		CONTRIBUTIONS
42 S MAIN ST WOONSOCKET, RI 02895				
NARRAGANSETT COUNCIL BSA	501(C)(3)	5,000		CHARITABLE

ICONTRIBUTIONS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government NOWELL LEADERSHIP 501(0)(3) 7 5001 CHARITABLE UTIONS

ICONTRIBUTIONS

ACADEMY 133 DELAINE ST PROVIDENCE, RI 02909	331(3)(3)	,,,,,,		CONTRIBUTION
PACE ORGANIZATION OF RI	501(C)(3)	5,000		CHARITABLE

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

PACE ORGANIZATION OF RI 225 CHAPMAN STREET

PROVIDENCE, RI 02905

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government ΓABLE

PAWT CF DEVELOPMENT 204 BROAD STREET PAWTUCKET, RI 02860	501(C)(3)	10,000		CHARITA CONTRIB

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

PAWTUCKET, RI 02860

BUTIONS PAWTUCKET YMCA 501(C)(3) 5.000 CHARITABLE 20 SUMMER ST **ICONTRIBUTIONS**

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DRNI DECT DI ACEC TO MODIZ 7 500 LEVENT COONCORCUID

DD4.C	E04(6)(2)	12.500		CUARTE A DUE
600 PROVIDENCE, RI 02903				
400 WESTMINSTER ST SUITE				
PON DEST PLACES TO WORK		/,500		LEVELLI SPONSOKSHIP

PPAC 501(C)(3) 12.5001 ICHARITABLE 221 WEYBOSSET ST **ICONTRIBUTIONS**

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

PROVIDENCE, RI 02903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

CHARITABLE

ICONTRIBUTIONS

PPAC-A BRONX TALE 220 WEYBOSSET ST PROVIDENCE, RI 02903	501(C)(3)	25,000		CHARITABLE CONTRIBUTIONS

5.000

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

501(C)(3)

PROJECT GOAL INC

EAST PROVIDENCE, RI 02906

79 SAVOY ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government RI HISPANIC CHAMBER 10.000 CHARITABLE IONS

DI COCIETY OF CD40				
PROVIDENCE, RI 02909				
FLOOR				
1955 WESTMINISTERST 2ND		i i		CONTRIBUTION

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

CRANSTON, RI 02920

RI SOCIETY OF CPAS 8.0001 IANNUAL SPONSORSHIP 40 SHARPE DR 5

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 501(C)(3) 5.000 CHARITABLE ROCK-N-JOCK CHARITIES P O BOX 17324 ICONTRIBUTIONS

CHARITABLE

ICONTRIBUTIONS

5.0001

SMITHFIELD, RI 02917

ROGER WILLIAMS PARK
CAMPAIGN

501(C)(3)

1000 ELMWOOD AVENUE PROVIDENCE, RI 02907

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 501(C)(3) 5.000 CHARITABLE RONALD MCDONALD HOUSE 45 GAY ST ICONTRIBUTIONS

PROVIDENCE, RI 02905 ROSEMARY'S WISH KIDS 501(C)(3) 5.0001 -PROJECT PLAYHOUSE

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

TIVERTON, RI 02878

CHARITABLE ICONTRIBUTIONS 161 FUREY AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ROTARY CLUB OF 501(C)(3) 5 100 CHARITABLE RIBUTIONS

ICONTRIBUTIONS

PAWTUCKET-100 YR ANNIVERSARY PO BOX 1095 PAWTUCKET, RI 02862	===(=)(=)	3,2-1		CONTRIBUTION
RUMFORD LITTLE LEAGUE	501(C)(3)	5,000		CHARITABLE

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

PO BOX 4953

RUMFORD, RI 02916

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

RUNWAY FOR MOM 8205 LAPPING BROOK CT LAUREL, MD 20723	501(C)(3)	5,000		CHARITABLE CONTRIBUTIONS

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

NEWPORT, RI 02840

SALVE REGINA UNIVERSITY 501(C)(3) 5.000 CHARITABLE **ICONTRIBUTIONS** 100 OCHRE POINT AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 501(C)(3) 8.500 CHARITABLE SAVE THE BAY 50TH ANNIVERSARY CAMPAIGN **ICONTRIBUTIONS**

100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905

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

CUMBERLAND, RI 02864

SISTERS OF MERCY 501(C)(3) 5.000 CHARITABLE 15 HIGHLAND VIEW RD **ICONTRIBUTIONS**

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other)

SOPHIA ACADEMY 582 ELMWOOD AVE PROVIDENCE, RI 02907	501(C)(3)	5,000		CHARITABLE CONTRIBUTIONS
SPECIAL OLYMPICS	501(C)(3)	10,000		CHARITABLE

CONTRIBUTIONS 370 GEORGE WASHINGTON HWY1

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

SMITHFIELD, RI 02917

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government CHARITABLE

THE GAMM THEATRE 501(C)(3) 5.000 1245 JEFFERSON BLVD ICONTRIBUTIONS WARWICK, RI 02886

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

CENTAL FALLS, RI 02863

THE LEARNING COMMUNITY 501(C)(3) 6.500 CHARITABLE **ICONTRIBUTIONS** 21 LINCOLN AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 501(C)(3) 5.500 CHARITABLE TOWN OF LINCOLN LIMEROCK ICONTRIBUTIONS

FIRE DEPARTMENT
1085 GREAT ROAD
LINCOLN, RI 02865

TOWN OF SMITHERE D ANNA

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

SMITHFIELD, RI 02917

LINCOLN, RI 02865

TOWN OF SMITHFIELD-ANNA
MCCABE
100 PLEASANT VIEW AVE

CONTRIBUTIONS

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) TRINITY REP PELL AWARDS 501(C)(3) 5,000 CHARITABLE

SUPPORTER SPONSOR 201 WASHINGTON STREET PROVIDENCE, RI 02903				CONTRIBUTIONS
YMCA OF GREATER PROVIDENCE	501(C)(3)	5,000		CHARITABLE CONTRIBUTIONS

SOUTH KINGSTOWN, RI 02879

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

efil	le GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	9328	37015	790	
Sch	nedule J	C	ompensat	tion Information	OM	IB No.	1545-0	0047	
(Form 990)		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.					2019		
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	r instructions and the latest inform	nation.		to Pub ectio		
	me of the organiza	Iation			Employer identificat				
NAV	/IGANT CREDIT UNIC	NC			05-0125860				
Pa	rt I Questi	ons Regarding Compensa	ntion		03 0123000				
	C	<u>-</u>					Yes	No	
1a				of the following to or for a person listed ny relevant information regarding thes					
		s or charter travel	닏	Housing allowance or residence for p					
		companions		Payments for business use of persor					
		nification and gross-up payment	ts 🔽	Health or social club dues or initiatio					
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauff	eur, cnet)				
b				n follow a written policy regarding payr ove? If "No," complete Part III to expla		1 b	Yes		
2				or allowing expenses incurred by all	- 4-2	2	Yes		
	directors, truste	es, officers, including the CEO/I	executive Directo	or, regarding the items checked on Lin	elar				
3	organization's C	EO/Executive Director. Check a	Il that apply. Do	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain ir					
	☑ Compensa	ation committee		Written employment contract					
		ent compensation consultant	✓	Compensation survey or study					
	☐ Form 990	of other organizations	✓	Approval by the board or compensat	ion committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fil	ing organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No	
b	Participate in, o	r receive payment from, a supp	lemental nonqual	llified retirement plan?		4b	Yes		
C				ensation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-0					
5			-	the organization pay or accrue any					
•		ontingent on the revenues of:	on , o, mic 1a, aid	the organization pay or accrae any					
а	The organization	n?				5a			
b	-	anization?				5b			
	If "Yes," on line	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any					
а	The organization	n?				6a			
b						6b			
	If "Yes," on line	6a or 6b, describe in Part III.							
7				the organization provide any nonfixed art III		7			
8	subject to the in	nitial contract exception describe	ed in Regulations	ured pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8			
9				e presumption procedure described in I		9			
For I	Danerwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990 Cat No. 5	0053T Schedule 1	(Form	990)	2019	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	((B) Breakdown of W-2 and/or 1099-MISC compensation			and other	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Schedule J (Form 990) 2019 Page 3							
Part III Supplemental Information							
Provide the information, explanation, or	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	TRAVEL FOR COMPANIONS THE CREDIT UNION DOES PERMIT SPOUSES TO TRAVEL WITH MEMBERS OF SENIOR MANAGEMENT FOR CERTAIN TRIPS. NO REIMBURSEMENT IS REQUIRED BY THE EMPLOYEE. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - THE CREDIT UNION DOES MAINTAIN MEMBERSHIPS FOR THE CREDIT UNION'S OFFICERS AT LOCAL COUNTRY CLUBS.						
PART I, LINE 4B	DURING 2019, SEVEN MEMBERS OF SENIOR MANAGEMENT PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ADMINISTERED BY ANGELL PENSION GROUP AND RELIANCE TRUST COMPANY. LISA G. DANDENEAU - \$54,900 BRIAN AZAR - \$37,500 KATHY OROVITZ - \$30,375 JONATHAN ROBERTS - \$26,188 H CHRIS DER VARTANIAN - \$24,813 GARY FURTADO - \$205,065 JASON JOLIN - \$25,000						
•	TWO EMPLOYEES RECEIVED DEFERRED COMPENSATION PAYOUT IN 2019. GARY E. FURTADO RECEIVED \$1,512,960 AND H CHRIS DER VARTANIAN RECEIVED \$113,195. THESE AMOUNTS ALSO REPORTED ON SCHEDULE J, COLUMN F.						

Schedule 1 (Form 990) 2019

EVP/CFO

EVP/COO

SVP - CIO

OFFICER

OFFICER

7ROSS SILVA

5LISA G DANDENEAU

6JONATHAN ROBERTS

AVP-BUS. DEV/REGIONAL LOAN OFFICIER

8DAVID DECUBELLIS

AVP - MORTGAGE LOAN

10JEFFREY P CASCIONE

11FREDDIE C ALMEIDA

AVP - MORTGAGE LOAN

VP-COMMERCIAL LENDING

VP - RESIDENTIAL MORTGAGE 9LEONARDA CONTI **Software ID:**

Software Version:

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

73,260

36,750

10,000

40,000

8,000

38,000

8,000

309,050

193,750

164,901

138,941

190,187

173,600

214,650

EIN: 05-0125860

Name: NAVIGANT CREDIT UNION

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1GARY E FURTADO PRESIDENT/TREASURER	(i)	496,500	124,740	1,519,227	227,465	5,641	2,373,573	1,512,960	
	(ii)	o	0	J o	0	0	0	0	
1 BRIAN A AZAR SVP/CLO	(i)	261,250	56,250	o	55,692	14,802	387,994	0	
	(ii)	o	0	0	0	0	0	0	
2H CHRIS DER VARTANIAN SVP/CRO	(i)	168,125	34,125	113,195	40,552	6,881	362,878	113,195	
	(ii)	o	0		o	0	0	0	
3 KATHLEEN OROVITZ SVP-CRBO	(i)	211,250	45,000	o	50,699	15,991	322,940	0	
	(ii)	o	0	0	0	o	0	0	
4JASON M JOLIN	(i)	218,750	42,000	0	45,860	16,354	322,964	0	

6,499

1,909

77,300

39,058

13,992

12,011

13,277

13,063

17,812

15,859

16,609

16,053

16,057

7,451

14,946

15,968

481,968

286,167

204,946

207,009

218,915

241,518

256,430

0

0

0

0

, Department of the Trea	isury >G	te if the orga 27, 28a,	nization a	ns with li	ntereste	d Person	15			0	MB No. 1	545-004	
Department of the Trea Internal Revenue Servi Name of the org.	isury >G	te if the orga 27, 28a,	nization a										
	isury >0	27, 28a,		(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26,						5,	2019		
Internal Revenue Servi Name of the org	ce	in to www.ii		27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.							ZU	IJ	
Internal Revenue Servi Name of the org	ce			th to Form 99		10-EZ. the latest inf	orma	tion.			Open to	Public	
	anization	to <u></u>	3.g01/101	101 mst	i decions and	the latest iii	Oillia				Inspe		
NAVIGANT CREDIT							Er	nplo	yer ide	ntific	ation nu		
	UNION						١	5-012	E060				
Part I Exce	ss Benefit Trar	sactions (ection 501	(c)(3) section	501(c)(4) and	d section 501/c				sc only	`		
	ete if the organiza							_					
	Name of disquali					lified person ar			escript			Correcte	
				1	organization			tr	ansacti	on	Yes	No	
							_						
							+						
							+						
2 Fatantha -													
4958	mount of tax incur	rea by the org	janization n	nanagers or dis	qualified perso	ons during the	year u	ınaer 	_	ո \$ ——			
3 Enter the ar	nount of tax, if an	y, on line 2, a	bove, reiml	oursed by the o	organization .					š			
repo (a) Name of	nplete if the organ orted an amount o (b) Relationship with organization	n Form 990, F	Part X, line (d) Loan	5, 6, or 22	· ·	(f) Balance due	(g)	(g) In default? Ap		(h) Approved by board or committee?		(i) Written agreement?	
			То	From	1		Yes	No	Yes	No	Yes	No	
(1) CIDALIA C ROCHA		SPLIT DOLLAR LOAN		Х		441,287		No	Yes		Yes		
Total .				I	\$	441,287		•					
Part III Gra	nts or Assistar	nce Benefit	ing Inter	ested Perso	ns.								
	plete if the orga					, line 27.							
(a) Name of inter	ested person (b) Relationship erested perso organizat	n and the	(c) Amount	of assistance	(d) Type (of assi	stanc	e	(e) Pu	rpose of	assistand	
						1							
Ear Danarmark P	uction Act Notice, s	oo the Taster	tions for F	000 000 l	E7 0-	at. No. 50056A					1 990 or 9	00 F=\ -	

		, ,	,,		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JEFFREY P CASCIONE	BROTHER OF LAW FIRM PARTNER		LEGAL SERVICES		No
					1

Explanation

THE CREDIT UNION GRANTS LOANS TO INTERESTED PERSONS (OFFICERS, DIRECTORS, TRUSTEES, KEY

EMPLOYEES AND THE FIVE HIGHEST COMPENSATED EMPLOYEES) ON THE SAME TERMS AND CONDITIONS AS OFFERED TO OTHER MEMBERS OF THE CREDIT UNION. ACCORDINGLY, THERE ARE NO REPORTABLE

Schedule L (Form 990 or 990-EZ) 2019

D	Supplemental	Too for some or be

Return Reference

LOANS TO/FROM INTERESTED

BUSINESS RELATIONSHIP

PERSONS

TRANSACTIONS.

Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93493287015790
CCHEDIII	- - -			. =		OMB No. 1545-0047
SCHEDUL (Form 990 or EZ)		Supplemental Information to Form 990 or 990-EZ 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.			2019	
Department of the T	Treasury				Open to Public Inspection	
Namel Betherofe					Employer	identification number
NAVIGANT CREDIT UNION 05-0125860					0	
990 Schedul	e O, Supp	lemental Informatio	n			
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 6	NAVIGAN [*]	T CREDIT UNION IS OW	NED AND OPERATED	D BY ITS MEMBERS.		

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation

LINE 7B

FORM 990, PART VI, SECTION A,

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 AND FORM 990-T ARE PREPARED BY THE CREDIT UNION'S EXTERNAL AUDIT FIRM, WOLF & COM PANY. THE FORMS ARE COMPLETED BASED UPON FINANCIAL DATA SUBJECT TO AUDIT BY WOLF & COMPANY AS WELL AS DETAIL INFORMATION PROVIDED BY THE CREDIT UNION. DETAILED REVIEWS OF FORM 990 AND 990-T ARE COMPLETED BY THE CREDIT UNION'S CFO TO INSURE THAT ALL INFORMATION PROVIDED IS ACCURATE AND THAT THE FINANCIAL INFORMATION AGREES TO THE AUDITED FINANCIAL STATEMENTS. A REPORT OF THE RESULTS OF THE ANNUAL FINANCIAL AUDIT CONDUCTED BY WOLF & COMPANY IS MADE BY THE SUPERVISORY COMMITTEE TO THE BOARD OF DIRECTORS. THE REPORT INCLUDES THE STATEMENT THAT THE FORMS 990 AND 990-T HAVE BEEN REVIEWED IN DETAIL BY THE CFO AND CEO OF THE CREDIT UNION PRIOR TO BEING FILED.

UALLY TO THE BOARD.

Return

Reference	p
FORM 990,	THE CREDIT UNION'S CORPORATE GOVERNANCE COMMITTEE MEETS PERIODICALLY DURING THE YEAR. THE
PART VI,	MAIN FOCUS OF THE COMMITTEE IS THE CONDUCT OF BOARD AND COMMITTEE MEETINGS. TO THAT EXTENT
SECTION B,	, ANNUAL SELF ASSESSMENTS ARE PROVIDED FOR EACH MAJOR COMMITTEE AND THE BOARD OF DIRECTORS
LINE 12C	COMMENTS SUGGESTING IMPROVEMENTS OR OTHER ISSUES RELATING TO THE OPERATION OF COMMITTEES
	ARE REVIEWED. STATEMENTS OF CHANGES THE COMMITTEE PLANS, IF ANY, TO ADDRESS OR REMEDIATE
	THE COMMENTS MADE ARE SOUGHT FROM THE RESPECTIVE COMMITTEES. FINDINGS OF THE COMMITTEE AND
	BOARD SELF ASSESSMENTS AND RESULTING CORRECTIVE ACTION TAKEN, IF NEEDED, ARE REPORTED ANN

Explanation

Reference	·
FORM 990, PART VI, SECTION B, LINE 15	THE CREDIT UNION HAS A COMPENSATION COMMITTEE MADE UP OF MEMBERS OF THE CREDIT UNION'S BOA RD OF DIRECTORS. ANNUALLY, THE COMMITTEE MEETS TO REVIEW SALARY INFORMATION PROVIDED BY A NUMBER OF CREDIT UNION AND BANKING SOURCES. IN ADDITION, THE COMMITTEE CONDUCTS THE ANNUAL EVALUATION OF THE CEO. THE CEO'S EVALUATION IS DISCUSSED AMONGST BOARD MEMBERS IN EXECUTI VE SESSION. THE CEO CONDUCTS ANNUAL REVIEWS OF THE SENIOR MANAGEMENT STAFF. RESULTS OF THE PERFORMANCE EVALUATIONS ARE REPORTED TO THE COMPENSATION COMMITTEE. NO ACTION IS TAKEN BY THE COMPENSATION COMMITTEE RELATIVE TO THE SENIOR MANAGEMENT STAFF.

Return

COMMITTEE MADE UP OF MEMBERS OF THE CREDIT UNION'S BOA ITEE MEETS TO REVIEW SALARY INFORMATION PROVIDED BY A OURCES. IN ADDITION, THE COMMITTEE CONDUCTS THE ANNUAL. JATION IS DISCUSSED AMONGST BOARD MEMBERS IN EXECUTI REVIEWS OF THE SENIOR MANAGEMENT STAFE RESULTS OF THE

Explanation

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CREDIT UNION'S BYLAWS ARE AVAILABLE UPON REQUEST OF ANY MEMBER OF THE CREDIT UNION. A COPY OF OUR BYLAWS IS ALSO MAINTAINED BY THE RI DEPARTMENT OF BUSINESS REGULATION AND WOUL D BE AVAILABLE FOR INSPECTION FROM THE BANKING DIVISION IF REQUESTED. QUARTERLY, A STATEME NT OF CONDITION, CERTIFIED BY THE CREDIT UNION'S CFO AND SUPERVISORY COMMITTEE, IS MADE AV AILABLE WITHIN 45 DAYS FOLLOWING QUARTER END AS REQUIRED BY RI GENERAL LAW. THE STATEMENT OF CONDITION IS POSTED IN A CONSPICUOUS PLACE WITHIN EACH CREDIT UNION BRANCH AND THE CORP ORATE OFFICE. WE CURRENTLY DO NOT MAKE OUR CODE OF BUSINESS CONDUCT AND ETHICS AVAILABLE TO MEMBERS. ALL OFFICERS AND DIRECTORS ARE PROVIDED A COPY AND REQUIRED TO ACKNOWLEDGE RECE IPT OF A COPY OF THE POLICY AND A REVIEW OF ITS PROVISIONS ANNUALLY.

Return Explanation Reference

FORM 990. FAS 158 PENSION LIABILITIES & POST RETIREMENT HEALTH BENEFITS -3.329.825. PART XI.

LINE 9:

990 Schedule O, Supplemental Information

Return Explanation

Reference

THERE WAS NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR 2019.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related

(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► 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.

2019

DLN: 93493287015790 OMB No. 1545-0047

> Open to Public Inspection

Name of the organization **Employer identification number** NAVIGANT CREDIT UNION 05-0125860 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (e) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state End-of-year assets Primary activity Total income or foreign country) entity (1) NCU WEALTH MANAGEMENT LLC FINANCIAL SVC RI 0 0 NCU 1005 DOUGLAS PIKE SMITHFIELD, RI 02917 43-1968891 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. (f) (b) (c) (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) NAVIGANT CREDIT UNION CHARITABLE FOUNDATION GRANT MAKING RI 501(C)(3) LINE 7 No 1005 DOUGLAS PIKE N/A SMITHFIELD, RI 02917 81-5171277 Schedule R (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe	(k) ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
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"Yes" on Form 990, Part IV, line 34, 35b, or 36.	Part V Transactions With Related Organizations. Complete if the organization answered "Yes"
Yes No	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
lated organizations listed in Parts II-IV?	1 During the tax year, did the organization engage in any of the following transactions with one or more related organization
	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
1b Yes	b Gift, grant, or capital contribution to related organization(s)
	c Gift, grant, or capital contribution from related organization(s)
	d Loans or loan guarantees to or for related organization(s)
	e Loans or loan guarantees by related organization(s)
	f Dividends from related organization(s)
	g Sale of assets to related organization(s)
1h No	h Purchase of assets from related organization(s)

d Loans or loan guarantees to or for related organization(s)	144	1 1	l NO
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No

g Sale of assets to related organization(s)	1 g	No	
h Purchase of assets from related organization(s)	1h	No	
i Exchange of assets with related organization(s)	1i	No	
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	No	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No	
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No	
o Sharing of paid employees with related organization(s)	10	No	
p Reimbursement paid to related organization(s) for expenses	1 p	No	
q Reimbursement paid by related organization(s) for expenses	1 q	No	
r Other transfer of cash or property to related organization(s)	1r	No	
s Other transfer of cash or property from related organization(s)	1s	No	
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.		_	
	(d) Method of determining amount involved		
(1) NAVIGANT CREDIT UNION CHARITABLE FOUNDATION B 1,700,000 FMV			

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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that

was not a related organization. See instructions regarding exc	clusion for certain inv	estment p	artnerships.							•			
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	0	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations:	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	e V-UBI General int in box managin 20 partner		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
				L						Schedul	e R (Forn	n 99	0) 2019

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Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	ırn Reference	Explanation	