

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
NAVIGANT CREDIT UNION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1005 DOUGLAS PIKE

City or town, state or province, country, and ZIP or foreign postal code
SMITHFIELD, RI 029171206

D Employer identification number
05-0125860

E Telephone number
(401) 233-4304

G Gross receipts \$ 185,226,194

F Name and address of principal officer:
JASON M JOLIN
1005 DOUGLAS PIKE
SMITHFIELD, RI 029171206

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1915

M State of legal domicile: RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF NAVIGANT CREDIT UNION IS TO IMPROVE THE FINANCIAL LIVES OF ITS MEMBERS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	388
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	214,069
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	84,553,021	97,931,688
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,400,605	8,340,646
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	634,564	615,132
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,588,190	106,887,466

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	2,714,377
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,696,009	30,800,610
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	43,831,201	53,090,198
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	71,527,210	86,605,185
19 Revenue less expenses. Subtract line 18 from line 12	20,060,980	20,282,281

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,187,804,095	2,345,509,867
21 Total liabilities (Part X, line 26)	1,957,627,676	2,094,716,106
22 Net assets or fund balances. Subtract line 21 from line 20	230,176,419	250,793,761

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-10-13
Type or print name and title: JASON M JOLIN EVP/CFO

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-10-13
Check if self-employed PTIN: P00464296
Firm's name: ▶ WOLF & COMPANY PC Firm's EIN: ▶ 04-2689883
Firm's address: ▶ 99 HIGH STREET 21ST FLOOR Phone no. (617) 439-9700
BOSTON, MA 02110

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

NAVIGANT CREDIT UNION IS MEMBER OWNED AND OPERATED. THE MISSION OF NAVIGANT CREDIT UNION IS TO IMPROVE THE FINANCIAL LIVES OF ITS MEMBERS. IT DOES SO BY RESPONDING TO THE MEMBERS WITH THE VALUE THEY NEED AND THE CARING PERSONAL SERVICE THEY DESERVE. THIS IS ACCOMPLISHED BY PROVIDING COMPETITIVE LOAN AND DEPOSIT RATES AS WELL AS OTHER SERVICES TO OUR MEMBERS SEEK IN MANAGING THEIR FINANCES, DELIVERED BY A KNOWLEDGEABLE AND FRIENDLY STAFF.

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

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

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

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

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

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

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

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

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a through f for items 10, 11, and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (0), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JASON M JOLIN 1005 DOUGLAS PIKE SMITHFIELD, RI 029171206 (401) 233-4304

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALFRED P DEGEN VICE CHAIRMAN	1.00	X					15,525	0	0	
(2) PETER BAZIOTIS DIRECTOR	1.00	X					15,000	0	0	
(3) JAMES K SALOME DIRECTOR	1.00	X					19,750	0	0	
(4) ROLAND R LACHAPELLE DIRECTOR/VICE CHAIRMAN	1.00	X					45,907	0	0	
(5) ROBERT MURRAY DIRECTOR	1.00	X					15,375	0	0	
(6) GARY E FURTADO PRESIDENT/TREASURER	40.00	X		X			2,140,467	0	233,106	
(7) CHARLES H DEBLOIS DIRECTOR	1.00	X					36,782	0	0	
(8) JOSEPH BERETTA DIRECTOR	1.00	X					15,375	0	0	
(9) ANN M KASHMANIAN DIRECTOR/SECRETARY	1.00	X					22,425	0	0	
(10) MICHAEL RYAN DIRECTOR	1.00	X					15,075	0	0	
(11) PAUL BEAUDOIN DIRECTOR	1.00	X					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				X		256,250	0	66,690	
(15) JASON M JOLIN EVP/CFO	40.00				X		260,750	0	62,214	
(16) LISA G DANDENEAU EVP/COO	40.00				X		388,809	0	93,159	
(17) JONATHAN ROBERTS SVP - CIO	40.00				X		230,500	0	55,667	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROSS SILVA AVP-BUS. DEV/REGIONAL LOAN OFFICIER	40.00					X		174,901	0	30,045
(19) DAVID DECUBELLIS VP - RESIDENTIAL MORTGAGE	40.00					X		178,941	0	28,068
(20) LEONARDA CONTI AVP - MORTGAGE LOAN OFFICER	40.00					X		198,187	0	20,728
(21) JEFFREY P CASCIONE VP-COMMERCIAL LENDING	40.00					X		213,509	0	28,009
(22) FREDDIE C ALMEIDA AVP - MORTGAGE LOAN OFFICER	40.00					X		222,650	0	33,780
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,114,648	0	769,393

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 28

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FISERV SOLUTIONS INC PO BOX 99924 GRAPEVINE, TX 76099	DATA PROCESSING	3,179,354
NCR CORPORATION FKA INTUIT FINANCIAL SER 14181 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	DATA PROCESSING	1,839,018
DUFFY UNITED 10 CHARLES STREET PROVIDENCE, RI 02904	ADVERTISING SERVICES	970,397
BOWERMAN & ASSOCIATES ONE RICHMOND SQUARE SUITE 220E PROVIDENCE, RI 02906	ARCHITECTURAL	901,799
D3 LOGIC INC 89 COMMERCIAL WAY EAST PROVIDENCE, RI 02914	DATA PROCESSING - STATEMENT RENDERING	831,026

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 48

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f: \$	1g				
	h Total. Add lines 1a-1f ▶					
Program Service Revenue		Business Code				
	2a INTEREST ON LOANS	522291	85,159,995	85,159,995		
	b MISCELLANEOUS FEES	525990	6,468,714	6,468,714		
	c MEMBER SERVICE FEE	525990	5,812,093	5,605,643	206,450	
	d NCU FINANCIAL	524298	490,886	483,267	7,619	
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f. ▶		97,931,688				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		6,131,690			6,131,690
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	6a	10,800			
	b Less: rental expenses	6b	0			
	c Rental income or (loss)	6c	10,800			
	d Net rental income or (loss) ▶			10,800	10,800	
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	78,350,662	2,197,022		
	b Less: cost or other basis and sales expenses	7b	78,338,728	0		
	c Gain or (loss)	7c	11,934	2,197,022		
	d Net gain or (loss) ▶			2,208,956		2,208,956
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a OTHER REVENUE	900099	606,835	606,835			
b LOSS ON LAWSUIT SETTLEMENT	900099	-2,503	-2,503			
c						
d All other revenue						
e Total. Add lines 11a-11d ▶		604,332				
12 Total revenue. See instructions ▶		106,887,466	98,332,751	214,069	8,340,646	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,714,377			
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				
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			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	18,983,731	1	18,646,686
	2 Savings and temporary cash investments	39,551,957	2	66,197,199
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	401,170	5	441,287
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,861,504,961	7	2,001,158,682
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,770,220	9	1,929,658
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 56,612,969		
	b Less: accumulated depreciation	10b 24,154,306	32,522,930	10c 32,458,663
	11 Investments—publicly traded securities	195,511,110	11	185,604,994
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	37,558,016	15	39,072,698
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,187,804,095	16	2,345,509,867	
Liabilities	17 Accounts payable and accrued expenses	19,383,863	17	23,761,951
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,575,893	21	1,550,492
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,936,667,920	25	2,069,403,663
	26 Total liabilities. Add lines 17 through 25	1,957,627,676	26	2,094,716,106
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	230,176,419	31	250,793,761
32 Total net assets or fund balances	230,176,419	32	250,793,761	
33 Total liabilities and net assets/fund balances	2,187,804,095	33	2,345,509,867	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	106,887,466
2	Total expenses (must equal Part IX, column (A), line 25)	2	86,605,185
3	Revenue less expenses. Subtract line 2 from line 1	3	20,282,281
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	230,176,419
5	Net unrealized gains (losses) on investments	5	3,664,888
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,329,825
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	250,793,761

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 05-0125860

Name: NAVIGANT CREDIT UNION

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
NAVIGANT CREDIT UNION

Employer identification number
05-0125860

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,347,216		9,347,216
b Buildings		34,058,259	13,671,628	20,386,631
c Leasehold improvements				
d Equipment		8,775,904	6,636,791	2,139,113
e Other		4,431,590	3,845,887	585,703
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				32,458,663

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	1,931,920,372
(3) ACCRUED INTEREST PAYABLE	1,357,054
(4) BORROWINGS	136,126,237
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 2,069,403,663

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	106,888,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	534	
e	Add lines 2a through 2d		2e	534
3	Subtract line 2e from line 1		3	106,887,466
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	106,887,466

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

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

1	Total expenses and losses per audited financial statements		1	86,605,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-185	
e	Add lines 2a through 2d		2e	-185
3	Subtract line 2e from line 1		3	86,605,185
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	86,605,185

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 05-0125860

Name: NAVIGANT CREDIT UNION

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	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 COMPLIES WITH ALL FEDERAL & STATE LAWS REGARDING DISCLOSURES AND OPERATION OF THESE ACCOUNTS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>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 PURSUANT 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, 2019 AND 2018, THE CREDIT UNION DID NOT HAVE ANY INCOME TAX EXPENSE FOR UNRELATED BUSINESS INCOME. 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 UPHOLD UNDER REGULATORY REVIEW. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE ACCRUED AND DISCLOSED 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 FEDERAL AND STATE TAXING AUTHORITIES.</p>

Supplemental Information

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

Supplemental Information

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

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization NAVIGANT CREDIT UNION

Employer identification number

05-0125860

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 57
3 Enter total number of other organizations listed in the line 1 table 3

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 05-0125860
Name: NAVIGANT CREDIT UNION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272GREENVILLE AVENUE DALLAS, TX 752314596		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
AMERICAN PARKINSON'S DISEASE RI CHAPTER GOLF PO BOX 41659 PROVIDENCE, RI 02940		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISHOP FEEHAN HIGH SCHOOL 70 HOLCOTT DR ATTLEBORO, MA 02703		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
BLACKSTONE RIVER THEATRE 549 BROAD ST CUMBERLAND, RI 02864		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACKSTONE VALLEY COMMUNITY HEALTH CARE 39 EAST AVE PAWTUCKET, RI 02860		501(C)(3)	25,000				CHARITABLE CONTRIBUTIONS
BLACKSTONE VALLEY TOURISM COUNCIL POLAR EXPRESS 175 MAIN STREET PAWTUCKET, RI 02860		501(C)(3)	10,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF PAWTUCKET 1 MOELLER PLACE PAWTUCKET, RI 02860		501(C)(3)	8,150				CHARITABLE CONTRIBUTIONS
BOYS AND GIRLS CLUB OF NORTHERN RI PO BOX 7505 CUMBERLAND, RI 02684		501(C)(3)	8,500				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS TOWN NEW ENGLAND 294 W EXCHANGE ST PROVIDENCE, RI 02903		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
BRAIN INJURY ASSOCIATION OF RI 1017 WATERMAN AVE EAST PROVIDENCE, RI 02914		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRISTOL 4TH OF JULY PARADE PO BOX 561 BRISTOL, RI 02809		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
BRYANT ATHLETICS 1150 DOUGLAS PIKE SMITHFIELD, RI 02917		501(C)(3)	10,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRYANT UNIVERSITY WOMEN'S SUMMIT 1150 DOUGLAS PIKE BOX 40 SMITHFIELD, RI 02917		501(C)(3)	6,000				CHARITABLE CONTRIBUTIONS
CHILDREN'S WISHES 2348 POST RD WARWICK, RI 02886		501(C)(3)	7,500				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE LEADERSHIP RI 1570 WESTMINSTER STREET PROVIDENCE, RI 02909		501(C)(3)	7,500				CHARITABLE CONTRIBUTIONS
CUMBERLAND LAND TRUST 371 TUTTLE ROAD 2 CUMBERLAND, ME 04021		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAY ONE 525 MAIN STREET SOUTH PORTLAND, ME 04106		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
EVERFI FINANCIAL LITERACY 2300 N STREET NW SUITE 500 WASHINGTON DC, DC 20037		501(C)(3)	25,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIERCE FOR SHANNON FOUNDATION PO BOX 305 HARRISVILLE, RI 02830		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
FIRST WORKS-FIRST WORKS ART LEARNING 275 WESTMINSTER ST 501 PROVIDENCE, RI 02903		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLORIA GEMMA BREAST CANCER RESOURCE FOUNDATION 249 ROOSEVELT AVE STE 201 PAWTUCKET, RI 02860		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
HASBRO CHILDREN'S HOPSITAL 593 EDDY ST PROVIDENCE, RI 02903		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTHSIDE 757 GREAT ROAD LINCOLN, RI 02865		501(C)(3)	5,500				CHARITABLE CONTRIBUTIONS
HOUSE OF HOPE CDC 3188 POST RD WARWICK, RI 02886		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IZZY FOUNDATION PO BOX 2326 PROVIDENCE, RI 02906		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
KENT HOSPITAL AUXILIARY- GOLF TOURNAMENT 455 TOLL GATE RD WARWICK, RI 02886		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEARFIELD IMG COLLEGE 2400 DALLAS PARKWAY SUITE 500 PLANO, TX 75093		501(C)(3)	125,000				CHARITABLE CONTRIBUTIONS
LIGHT FOUNDATION 440 GREENVILLE NASHVILLE ROAD GREENVILLE, OH 45331		501(C)(3)	7,500				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE SISTERS OF THE POOR 964 MAIN STREET PAWTUCKET, RI 02860		501(C)(3)	15,000				CHARITABLE CONTRIBUTIONS
MERCYMOUNT 35 WRENTHAM RD CUMBERLAND, RI 02684		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF WORK AND CULTURE 42 S MAIN ST WOONSOCKET, RI 02895		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
NARRAGANSETT COUNCIL BSA 10 RISHO AVE EAST PROVIDENCE, RI 02914		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOWELL LEADERSHIP ACADEMY 133 DELAINE ST PROVIDENCE, RI 02909		501(C)(3)	7,500				CHARITABLE CONTRIBUTIONS
PACE ORGANIZATION OF RI 225 CHAPMAN STREET PROVIDENCE, RI 02905		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAWT CF DEVELOPMENT 204 BROAD STREET PAWTUCKET, RI 02860		501(C)(3)	10,000				CHARITABLE CONTRIBUTIONS
PAWTUCKET YMCA 20 SUMMER ST PAWTUCKET, RI 02860		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PBN BEST PLACES TO WORK 400 WESTMINSTER ST SUITE 600 PROVIDENCE, RI 02903			7,500				EVENT SPONSORSHIP
PPAC 221 WEYBOSSET ST PROVIDENCE, RI 02903		501(C)(3)	12,500				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PPAC-A BRONX TALE 220 WEYBOSSET ST PROVIDENCE, RI 02903		501(C)(3)	25,000				CHARITABLE CONTRIBUTIONS
PROJECT GOAL INC 79 SAVOY ST EAST PROVIDENCE, RI 02906		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RI HISPANIC CHAMBER 1955 WESTMINISTERST 2ND FLOOR PROVIDENCE, RI 02909			10,000				CHARITABLE CONTRIBUTIONS
RI SOCIETY OF CPAS 40 SHARPE DR 5 CRANSTON, RI 02920			8,000				ANNUAL SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK-N-JOCK CHARITIES P O BOX 17324 SMITHFIELD, RI 02917		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
ROGER WILLIAMS PARK CAMPAIGN 1000 ELMWOOD AVENUE PROVIDENCE, RI 02907		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE 45 GAY ST PROVIDENCE, RI 02905		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
ROSEMARY'S WISH KIDS -PROJECT PLAYHOUSE 161 FUREY AVE TIVERTON, RI 02878		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY CLUB OF PAWTUCKET-100 YR ANNIVERSARY PO BOX 1095 PAWTUCKET, RI 02862		501(C)(3)	5,100				CHARITABLE CONTRIBUTIONS
RUMFORD LITTLE LEAGUE PO BOX 4953 RUMFORD, RI 02916		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUNWAY FOR MOM 8205 LAPPING BROOK CT LAUREL, MD 20723		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
SALVE REGINA UNIVERSITY 100 OCHRE POINT AVE NEWPORT, RI 02840		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE BAY 50TH ANNIVERSARY CAMPAIGN 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905		501(C)(3)	8,500				CHARITABLE CONTRIBUTIONS
SISTERS OF MERCY 15 HIGHLAND VIEW RD CUMBERLAND, RI 02864		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOPHIA ACADEMY 582 ELMWOOD AVE PROVIDENCE, RI 02907		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
SPECIAL OLYMPICS 370 GEORGE WASHINGTON HWY1 SMITHFIELD, RI 02917		501(C)(3)	10,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GAMM THEATRE 1245 JEFFERSON BLVD WARWICK, RI 02886		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
THE LEARNING COMMUNITY 21 LINCOLN AVE CENTAL FALLS, RI 02863		501(C)(3)	6,500				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF LINCOLN LIMEROCK FIRE DEPARTMENT 1085 GREAT ROAD LINCOLN, RI 02865		501(C)(3)	5,500				CHARITABLE CONTRIBUTIONS
TOWN OF SMITHFIELD-ANNA MCCABE 100 PLEASANT VIEW AVE SMITHFIELD, RI 02917		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY REP PELL AWARDS SUPPORTER SPONSOR 201 WASHINGTON STREET PROVIDENCE, RI 02903		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS
YMCA OF GREATER PROVIDENCE 165 BROAD ROCK RD SOUTH KINGSTOWN, RI 02879		501(C)(3)	5,000				CHARITABLE CONTRIBUTIONS

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NAVIGANT CREDIT UNION

Employer identification number
05-0125860

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b Yes								
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	5b								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	6b								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	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
SCHEDULE J, PART II, COLUMN F:	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 L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NAVIGANT CREDIT UNION

Employer identification number
05-0125860

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) CIDALIA C ROCHA		SPLIT DOLLAR LOAN		X		441,287		No	Yes		Yes	
Total						▶ \$	441,287					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(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

Part V Supplemental Information

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

Return Reference	Explanation
LOANS TO/FROM INTERESTED PERSONS	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 TRANSACTIONS.
BUSINESS RELATIONSHIP	

SCHEDULE O
(Form 990 or 990-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.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
NAVIGANT CREDIT UNION

Employer identification number

05-0125860

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	NAVIGANT CREDIT UNION IS OWNED AND OPERATED BY ITS MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERSHIP VOTE FOR THE GOVERNING BODY AND APPROVE ALL MAJOR ACTIONS OF THE GOVERNING BODY AT THE ANNUAL MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERSHIP VOTE FOR THE GOVERNING BODY AND APPROVE ALL MAJOR ACTIONS OF THE GOVERNING BODY AT THE ANNUAL MEETING.

990 Schedule O, Supplemental Information

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 & COMPANY. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CREDIT UNION'S CORPORATE GOVERNANCE COMMITTEE MEETS PERIODICALLY DURING THE YEAR. THE MAIN FOCUS OF THE COMMITTEE IS THE CONDUCT OF BOARD AND COMMITTEE MEETINGS. TO THAT EXTENT , ANNUAL SELF ASSESSMENTS ARE PROVIDED FOR EACH MAJOR COMMITTEE AND THE BOARD OF DIRECTORS . 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 UALLY TO THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CREDIT UNION HAS A COMPENSATION COMMITTEE MADE UP OF MEMBERS OF THE CREDIT UNION'S BOARD 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 EXECUTIVE 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.

990 Schedule O, Supplemental Information

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 WOULD BE AVAILABLE FOR INSPECTION FROM THE BANKING DIVISION IF REQUESTED. QUARTERLY, A STATEMENT OF CONDITION, CERTIFIED BY THE CREDIT UNION'S CFO AND SUPERVISORY COMMITTEE, IS MADE AVAILABLE 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 CORPORATE 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 RECEIPT OF A COPY OF THE POLICY AND A REVIEW OF ITS PROVISIONS ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	FAS 158 PENSION LIABILITIES & POST RETIREMENT HEALTH BENEFITS -3,329,825.

990 Schedule O, Supplemental Information

Return Reference	Explanation
2C	THERE WAS NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR 2019.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NAVIGANT CREDIT UNION

Employer identification number

05-0125860

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NCU WEALTH MANAGEMENT LLC 1005 DOUGLAS PIKE SMITHFIELD, RI 02917 43-1968891	FINANCIAL SVC	RI	0	0	NCU

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1) NAVIGANT CREDIT UNION CHARITABLE FOUNDATION 1005 DOUGLAS PIKE SMITHFIELD, RI 02917 81-5171277	GRANT MAKING	RI	501(C)(3)	LINE 7	N/A		No

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NAVIGANT CREDIT UNION CHARITABLE FOUNDATION	B	1,700,000	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation