

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 black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
NAVY LEAGUE OF THE UNITED STATES
Doing Business As
Number and street (or P O box if mail is not delivered to street address) Room/suite
2300 WILSON BOULEVARD NO 200
City or town, state or country, and ZIP + 4
ARLINGTON, VA 222013308

D Employer identification number
53-0116710

E Telephone number
(703) 528-1775

G Gross receipts \$ 15,116,149

F Name and address of principal officer
DANIEL BRANCH JR
2300 WILSON BOULEVARD NO 200
ARLINGTON, VA 222013308

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

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

H(c) Group exemption number

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

J Website: WWW.NAVYLEAGUE.ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1902

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE NAVY LEAGUE OF THE UNITED STATES IS A PROFESSIONAL ORGANIZATION WHOSE PRIMARY OBJECTIVE IS TO BE A SOURCE OF INFORMATION TO THE GENERAL PUBLIC, PROVIDE DIRECT ASSISTANCE TO MEN AND WOMEN IN THE SEA SERVICES AND SPONSOR A NUMBER OF SCHOLARSHIPS, PUBLIC RECOGNITION, AND YOUTH PROGRAMS WHICH ARE GEARED TOWARDS THE SEA SERVICES FINALLY, THE NAVY LEAGUE SERVES AS AN ADVOCATE FOR THE SEA SERVICES IN VARIOUS PUBLIC FORUMS

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)	236
4 Number of independent voting members of the governing body (Part VI, line 1b)	213
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	41
6 Total number of volunteers (estimate if necessary)	50,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	444,918
7b Net unrelated business taxable income from Form 990-T, line 34	-1,304,776

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	380,961	2,523,222
9 Program service revenue (Part VIII, line 2g)	7,262,349	5,289,818
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	205,681	175,821
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-569,230	-655,942
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,279,761	7,332,919
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	584,927	602,128
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)	2,316,276	2,112,766
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	33,437
b Total fundraising expenses (Part IX, column (D), line 25) 230,761		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,236,266	5,110,598
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,137,469	7,858,929
19 Revenue less expenses Subtract line 18 from line 12	-857,708	-526,010

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	60,425,349	60,576,866
21 Total liabilities (Part X, line 26)	59,811,753	59,262,075
22 Net assets or fund balances Subtract line 21 from line 20	613,596	1,314,791

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: 2011-08-22
HOWARD SIEGEL SENIOR DIRECTOR OF FINANCE
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: JAMES P SWEENEY CPA
Preparer's signature: JAMES P SWEENEY CPA
Date: _____
Check if self-employed:
PTIN: _____
Firm's name: RSM MCGLADREY INC
Firm's EIN: _____
Firm's address: 8000 TOWERS CRESCENT DR STE 500
VIENNA, VA 221826205
Phone no: (703) 336-6400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

THE NAVY LEAGUE OF THE UNITED STATES IS A PROFESSIONAL ORGANIZATION WHOSE PRIMARY OBJECTIVE IS TO BE A SOURCE OF INFORMATION TO THE GENERAL PUBLIC, PROVIDE DIRECT ASSISTANCE TO MEN AND WOMEN IN THE SEA SERVICES AND SPONSOR A NUMBER OF SCHOLARSHIPS, PUBLIC RECOGNITION, AND YOUTH PROGRAMS WHICH ARE GEARED TOWARDS THE SEA SERVICES FINALLY, THE NAVY LEAGUE SERVES AS AN ADVOCATE FOR THE SEA SERVICES IN VARIOUS PUBLIC FORUMS

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,098,118 including grants of \$) (Revenue \$ 3,540,124)
SEA-AIR-SPACE - AN ANNUAL SERIES OF SEMINARS & EXHIBITS CONCERNING THE STATUS OF THE U S ARMED FORCES, MILITARY TECHNOLOGY & OTHER NATIONAL SECURITY ISSUES MILITARY & GOVERNMENT PERSONNEL ATTEND THE PROGRAM

4b (Code) (Expenses \$ 1,922,932 including grants of \$) (Revenue \$ 1,749,694)
SEA POWER MAGAZINE & ALMANAC ARE INTERNATIONAL PUBLICATONS RELATING TO NAVAL ACTIVITIES, THE NAVY LEAGUER IS A NEWSPAPER DOCUMENTING THE ACTIVITIES OF THE NAVY LEAGUE HEADQUARTERS & ITS COUNCILS

4c (Code) (Expenses \$ 852,057 including grants of \$) (Revenue \$ 2,045,539)
COUNCIL DEVELOPMENT MEMBERSHIP - MAINTAINS MEMBERSHIP RECORDS & ISSUES CERTIFICATES, PINS, ETC

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 904,186 including grants of \$ 602,128) (Revenue \$)

4e Total program service expenses \$ 5,777,293

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b 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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d 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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f 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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> <input checked="" type="checkbox"/>	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	29		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	41		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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)?		No
4b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (236); 1b Enter the number of voting members included in line 1a, above, who are independent (213); 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? (Yes); 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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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? If "Yes," provide the names and addresses in Schedule O (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 Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NC, ND, NJ, NH, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MO
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MR HOWARD SIEGEL SR DIR OF FINAN, 2300 WILSON BLVD STE 200, ARLINGTON, VA 22201, (703) 528-1775

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, and 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) CHARLES T ALAIMO NATIONAL DIRECTOR	1 00	X						0	0	0
(2) USN RET JOHN W ALGER NATIONAL DIRECTOR	1 00	X						0	0	0
(3) PAMELA K AMMERMAN NATIONAL DIRECTOR	1 00	X						0	0	0
(4) RICHARD F ASHBEY NATIONAL DIRECTOR	1 00	X						0	0	0
(5) LINDA L ASHBEY NATIONAL DIRECTOR	1 00	X						0	0	0
(6) BARBARA F BAILEY NATIONAL DIRECTOR	1 00	X						0	0	0
(7) THOMAS W BAKER NATIONAL DIRECTOR	1 00	X						0	0	0
(8) P PASHA BAKER NATIONAL DIRECTOR	1 00	X						0	0	0
(9) EVAN S BAKER NATIONAL DIRECTOR	1 00	X						0	0	0
(10) MARYELLEN BALDWIN NATIONAL DIRECTOR	1 00	X						0	0	0
(11) CAREY G BARNECUT NATIONAL DIRECTOR	1 00	X						0	0	0
(12) CURTIS L BARRETT NATIONAL DIRECTOR	1 00	X						0	0	0
(13) CHARLES G BAUMBACH NATIONAL DIRECTOR	1 00	X						0	0	0
(14) JAMES M BEATY NATIONAL DIRECTOR	1 00	X						0	0	0
(15) BERNARD BENNETT NATIONAL DIRECTOR	1 00	X						0	0	0
(16) USN RET BRENT M BENNITT NATIONAL DIRECTOR	1 00	X						0	0	0

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

Table with 7 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows list individuals from (17) DANIEL J BENNY to (235) JOHN T TOZZI.

Summary row: 1b Sub-Total (add lines 1b and 1c) Total (add lines 1b and 1c) 276,878 0 34,338

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

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

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows include CHARLES A HULL (ADVERTISING, 227,898) and BLACK ROCK MEDIA (ADVERTISING SALES REP, 112,773).

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b	2,045,539				
	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	477,683				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▼		2,523,222			
	Program Service Revenue	2a SEA-AIR SPACE EXPO	611710	3,540,124	3,540,124	
b PUBLICATIONS		541800	1,749,694		1,749,694	
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▼			5,289,818			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts) ▼		175,821		175,821
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼		4,845		4,845	
	6a Gross Rents	(i) Real	6,390,805			
		(ii) Personal				
		b Less rental expenses	7,695,581			
		c Rental income or (loss)	-1,304,776			
	d Net rental income or (loss) ▼		-1,304,776		-1,304,776	
	7a Gross amount from sales of assets other than inventory	(i) Securities	87,649			
		(ii) Other				
		b Less cost or other basis and sales expenses	87,649			
		c Gain or (loss)	0			
	d Net gain or (loss) ▼		0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b Less direct expenses b						
c Net income or (loss) from fundraising events ▼						
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▼					
11a OTHER REVENUE	Miscellaneous Revenue	900099	643,989		643,989	
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d ▼		643,989			
	12 Total revenue. See Instructions ▼		7,332,919	3,540,124	444,918	824,655

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	602,128	602,128		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	312,711	168,413	133,718	10,580
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	1,424,927	767,406	609,312	48,209
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	79,853	43,006	34,146	2,701
9	Other employee benefits	178,034	95,881	76,130	6,023
10	Payroll taxes	117,241	63,141	50,133	3,967
a	Fees for services (non-employees)				
	Management	223,424		223,424	
b	Legal	11,758		11,758	
c	Accounting	39,958	36,617	3,341	
d	Lobbying	32,883	32,883		
e	Professional fundraising services See Part IV, line 17	33,437			33,437
f	Investment management fees	43,196	23,264	18,471	1,461
g	Other	1,492,038	1,406,606	83,891	1,541
12	Advertising and promotion	67,287	5,437	1,268	60,582
13	Office expenses	691,536	590,158	94,683	6,695
14	Information technology	125,539	73,702	48,036	3,801
15	Royalties				
16	Occupancy	1,320,809	338,827	960,697	21,285
17	Travel	47,450	45,087	730	1,633
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,195,235	1,009,284	185,951	
20	Interest	3,114,046	14,917	3,098,192	937
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,563,779	194,681	2,356,868	12,230
23	Insurance	6,000	6,000		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CONDO FEES	1,451,401		1,451,401	
b	MEMBERSHIP	75,759	51,752	23,438	569
c	FREELANCE	70,781	70,781		
d	PRESIDENT'S EXPENSE	51,373		51,373	
e	RENTAL EXP ON LINE 6B	-7,695,581		-7,695,581	
f	All other expenses	181,927	137,322	29,495	15,110
25	Total functional expenses. Add lines 1 through 24f	7,858,929	5,777,293	1,850,875	230,761
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	150	1	150
	2 Savings and temporary cash investments	1,781,376	2	1,964,541
	3 Pledges and grants receivable, net	5,000	3	51,745
	4 Accounts receivable, net	168,301	4	31,184
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	703,253	9	851,949
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	48,859,490		
	10b Less accumulated depreciation	12,940,670	37,431,765	10c 35,918,820
	11 Investments—publicly traded securities	7,777,995	11	9,264,708
	12 Investments—other securities. See Part IV, line 11	7,642,827	12	7,613,501
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	2,730,049	14	2,481,380
	15 Other assets. See Part IV, line 11	2,184,633	15	2,398,888
16 Total assets. Add lines 1 through 15 (must equal line 34)	60,425,349	16	60,576,866	
Liabilities	17 Accounts payable and accrued expenses	1,723,181	17	1,798,160
	18 Grants payable		18	
	19 Deferred revenue	3,494,505	19	3,598,282
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	54,594,067	23	53,865,633
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	59,811,753	26	59,262,075
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	179,554	27	817,607
	28 Temporarily restricted net assets	230,313	28	293,455
	29 Permanently restricted net assets	203,729	29	203,729
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	613,596	33	1,314,791	
34 Total liabilities and net assets/fund balances	60,425,349	34	60,576,866	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,332,919
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,858,929
3	Revenue less expenses Subtract line 2 from line 1	3	-526,010
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	613,596
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,227,205
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,314,791

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
NAVY LEAGUE OF THE UNITED STATES

Employer identification number

53-0116710

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,154,234	3,168,671	3,253,859	2,469,283	2,523,222	14,569,269
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,154,234	3,168,671	3,253,859	2,469,283	2,523,222	14,569,269
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						237,145
6 Public Support. Subtract line 5 from line 4						14,332,124

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,154,234	3,168,671	3,253,859	2,469,283	2,523,222	14,569,269
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	374,490	389,199	252,549	175,627	180,666	1,372,531
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	215,818	459,317	1,441,010	690,817	643,989	3,450,951
11 Total support (Add lines 7 through 10)						19,392,751
12 Gross receipts from related activities, etc (See instructions)					12	14,594,025

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	73.900%
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	77.110%

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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Additional Data

Software ID:
Software Version:
EIN: 53-0116710
Name: NAVY LEAGUE OF THE UNITED STATES

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CHARLES T ALAIMO NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET JOHN WALGER NATIONAL DIRECTOR	1 00	X						0	0	0
PAMELA K AMMERMAN NATIONAL DIRECTOR	1 00	X						0	0	0
RICHARD F ASHBEY NATIONAL DIRECTOR	1 00	X						0	0	0
LINDA L ASHBEY NATIONAL DIRECTOR	1 00	X						0	0	0
BARBARA F BAILEY NATIONAL DIRECTOR	1 00	X						0	0	0
THOMAS W BAKER NATIONAL DIRECTOR	1 00	X						0	0	0
P PASHA BAKER NATIONAL DIRECTOR	1 00	X						0	0	0
EVAN S BAKER NATIONAL DIRECTOR	1 00	X						0	0	0
MARYELLEN BALDWIN NATIONAL DIRECTOR	1 00	X						0	0	0
CAREY G BARNECUT NATIONAL DIRECTOR	1 00	X						0	0	0
CURTIS L BARRETT NATIONAL DIRECTOR	1 00	X						0	0	0
CHARLES G BAUMBACH NATIONAL DIRECTOR	1 00	X						0	0	0
JAMES M BEATY NATIONAL DIRECTOR	1 00	X						0	0	0
BERNARD BENNETT NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET BRENT M BENNITT NATIONAL DIRECTOR	1 00	X						0	0	0
DANIEL J BENNY NATIONAL DIRECTOR	1 00	X						0	0	0
USCGRET AL J BERNARD NATIONAL DIRECTOR	1 00	X						0	0	0
USCG RET ROGER W BING NATIONAL DIRECTOR	1 00	X						0	0	0
CHARLES A BLACK NATIONAL DIRECTOR	1 00	X						0	0	0
ELIZABETH Y BLANCHARD NATIONAL DIRECTOR	1 00	X						0	0	0
JEWELL H BONNER NATIONAL DIRECTOR	1 00	X						0	0	0
JAMES T BONNER JR NATIONAL DIRECTOR	1 00	X						0	0	0
PAULA BOZDECH-VEATER NATIONAL DIRECTOR	1 00	X						0	0	0
DANIEL B BRANCH JR NATIONAL DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JAMES P BRAS NATIONAL DIRECTOR	1 00	X						0	0	0
WILLIAM G BRAUND NATIONAL DIRECTOR	1 00	X						0	0	0
JEFFREY R BROWN NATIONAL DIRECTOR	1 00	X						0	0	0
THOMAS J BROWN NATIONAL DIRECTOR	1 00	X						0	0	0
ROGER BURKE NATIONAL DIRECTOR	1 00	X						0	0	0
ROBERT D BYTHEWOOD SR NATIONAL DIRECTOR	1 00	X						0	0	0
ROBERT L CARLISLE NATIONAL DIRECTOR	1 00	X						0	0	0
JAMES L CHAPMAN IV NATIONAL DIRECTOR	1 00	X						0	0	0
CALVIN H COBB JR NATIONAL DIRECTOR	1 00	X						0	0	0
WARD W COOK NATIONAL DIRECTOR	1 00	X						0	0	0
J ROBERT COOK NATIONAL DIRECTOR	1 00	X						0	0	0
USNR RET RICHARD M COOPER NATIONAL DIRECTOR	1 00	X						0	0	0
STUART M COWAN NATIONAL DIRECTOR	1 00	X						0	0	0
DEBORAH J COZZONE NATIONAL DIRECTOR	1 00	X						0	0	0
KAREN CRAWFORD NATIONAL DIRECTOR	1 00	X						0	0	0
WILLIAM L CREEDON NATIONAL DIRECTOR	1 00	X						0	0	0
WL BABE CROUCH NATIONAL DIRECTOR	1 00	X						0	0	0
JOSEPH J DAIGNEAULT JR NATIONAL DIRECTOR	1 00	X						0	0	0
EDWARD DANGLER NATIONAL DIRECTOR	1 00	X						0	0	0
USNR RET WARREN H DANLEY NATIONAL DIRECTOR	1 00	X						0	0	0
GARY C DECAVAGE NATIONAL DIRECTOR	1 00	X						0	0	0
RICHARD W DEVLIN NATIONAL DIRECTOR	1 00	X						0	0	0
DENNIS A DICKERSON NATIONAL DIRECTOR	1 00	X						0	0	0
LOUIS J DIGIUSTO III NATIONAL DIRECTOR	1 00	X						0	0	0
HARLAN E DINGER NATIONAL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH S DONNELL III NATIONAL DIRECTOR	1 00	X						0	0	0
DOLPH DU MONT NATIONAL DIRECTOR	1 00	X						0	0	0
PATRICIA DU MONT NATIONAL DIRECTOR	1 00	X						0	0	0
WILLIAM E DUDLEY NATIONAL DIRECTOR	1 00	X						0	0	0
PHILIP L DUNMIRE NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN E EASTON NATIONAL DIRECTOR	1 00	X						0	0	0
RICHARD V EHLERT NATIONAL DIRECTOR	1 00	X						0	0	0
JAMES H ERLINGER NATIONAL DIRECTOR	1 00	X						0	0	0
WILLIAM J EVANZIA NATIONAL DIRECTOR	1 00	X						0	0	0
TIMOTHY O FANNING NATIONAL DIRECTOR	1 00	X						0	0	0
BOBBY V FERGUSON NATIONAL DIRECTOR	1 00	X						0	0	0
DARRELL J FIKE NATIONAL DIRECTOR	1 00	X						0	0	0
GAYLLA A FINNELL NATIONAL DIRECTOR	1 00	X						0	0	0
MORGAN L FITCH JR NATIONAL DIRECTOR	1 00	X						0	0	0
ROBERT FORD NATIONAL DIRECTOR	1 00	X						0	0	0
ROBERT B FREDRICKSON NATIONAL DIRECTOR	1 00	X						0	0	0
ALBERT H FRIEDRICH NATIONAL DIRECTOR	1 00	X						0	0	0
ANTHONY GADALETA NATIONAL DIRECTOR	1 00	X						0	0	0
LISA MACKLIN GALLINAT NATIONAL DIRECTOR	1 00	X						0	0	0
RET JON A GALLINETTI NATIONAL DIRECTOR	1 00	X						0	0	0
FRANK G GALLOWAY JR NATIONAL DIRECTOR	1 00	X						0	0	0
WILLIAM S GARR NATIONAL DIRECTOR	1 00	X						0	0	0
H LAWRENCE GARRETT III NATIONAL DIRECTOR	1 00	X						0	0	0
MACK C GASTON NATIONAL DIRECTOR	1 00	X						0	0	0
JOSEPH GIAMBRONE NATIONAL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD A GILES NATIONAL DIRECTOR	1 00	X						0	0	0
WILLIAM C GLYNN NATIONAL DIRECTOR	1 00	X						0	0	0
CURT W GOLDBACKER NATIONAL DIRECTOR	1 00	X						0	0	0
NANCY F GORELL NATIONAL DIRECTOR	1 00	X						0	0	0
IRVING X GORMAN NATIONAL DIRECTOR	1 00	X						0	0	0
ANTHONY M GRAY NATIONAL DIRECTOR	1 00	X						0	0	0
ALFRED M GRAY JR NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN F GRIFFING NATIONAL DIRECTOR	1 00	X						0	0	0
USNRET WILLIAM C GRIGGS NATIONAL DIRECTOR	1 00	X						0	0	0
LEE GURKE NATIONAL DIRECTOR	1 00	X						0	0	0
SHARON GURKE NATIONAL DIRECTOR	1 00	X						0	0	0
T COLE HACKLEY NATIONAL DIRECTOR	1 00	X						0	0	0
CAROL ANN HACKLEY NATIONAL DIRECTOR	1 00	X						0	0	0
ROBERT B HAEMER NATIONAL DIRECTOR	1 00	X						0	0	0
DONALD F HALE NATIONAL DIRECTOR	1 00	X						0	0	0
MARK A HALLER NATIONAL DIRECTOR	1 00	X						0	0	0
RICHARD C HALLERAN NATIONAL DIRECTOR	1 00	X						0	0	0
CATHERINE A HANSEN NATIONAL DIRECTOR	1 00	X						0	0	0
NICHOLAS HARPER NATIONAL DIRECTOR	1 00	X						0	0	0
ANNE HARPER NATIONAL DIRECTOR	1 00	X						0	0	0
ROBERT N HEIN NATIONAL DIRECTOR	1 00	X						0	0	0
ALBERT J HERBERGER NATIONAL DIRECTOR	1 00	X						0	0	0
USNRET JAMES M HICKERSON NATIONAL DIRECTOR	1 00	X						0	0	0
SHIRLEY A HILL NATIONAL DIRECTOR	1 00	X						0	0	0
PHELPS HOBART NATIONAL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS W HOFFMAN NATIONAL DIRECTOR	1 00	X						0	0	0
RANDY W HOLLSTEIN NATIONAL DIRECTOR	1 00	X						0	0	0
BETTY HOWARD NATIONAL DIRECTOR	1 00	X						0	0	0
GLEN J HUBER NATIONAL DIRECTOR	1 00	X						0	0	0
LORRAINE D HUGHEY NATIONAL DIRECTOR	1 00	X						0	0	0
USCG RET JAMES D HULL NATIONAL DIRECTOR	1 00	X						0	0	0
MELVIN HWING NATIONAL DIRECTOR	1 00	X						0	0	0
GRANT W IVEY NATIONAL DIRECTOR	1 00	X						0	0	0
DIANE JAFFA NATIONAL DIRECTOR	1 00	X						0	0	0
THOMAS E JAFFA NATIONAL DIRECTOR	1 00	X						0	0	0
WARREN W JOHNSON NATIONAL DIRECTOR	1 00	X						0	0	0
JOAN S JONES NATIONAL DIRECTOR	1 00	X						0	0	0
HERBERT A JORDAN JR NATIONAL DIRECTOR	1 00	X						0	0	0
ARTHUR JUDSON II NATIONAL DIRECTOR	1 00	X						0	0	0
ALAN L KAPLAN NATIONAL DIRECTOR	1 00	X						0	0	0
FELIX P KEELEY JR NATIONAL DIRECTOR	1 00	X						0	0	0
WILLIAM R KELLER NATIONAL DIRECTOR	1 00	X						0	0	0
WILLIAM C KELLEY JR NATIONAL DIRECTOR	1 00	X						0	0	0
STEPHEN W KELLY NATIONAL DIRECTOR	1 00	X						0	0	0
RICHARD H KENNEDY NATIONAL DIRECTOR	1 00	X						0	0	0
JACK M KENNEDY NATIONAL DIRECTOR	1 00	X						0	0	0
KRAIG M KENNEDY NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN KOCHER NATIONAL DIRECTOR	1 00	X						0	0	0
WILLIAM A KOPPER NATIONAL DIRECTOR	1 00	X						0	0	0
HANS H KRUCKE NATIONAL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEROME S LAFFERTY NATIONAL DIRECTOR	1 00	X						0	0	0
TRAVIS LAGRONE NATIONAL DIRECTOR	1 00	X						0	0	0
TOM J LAMAINÉ NATIONAL DIRECTOR	1 00	X						0	0	0
JEFF LAMBERT NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET KEITH A LARSON NATIONAL DIRECTOR	1 00	X						0	0	0
JAMES M LASHER NATIONAL DIRECTOR	1 00	X						0	0	0
HARRIETT A LEARSON NATIONAL DIRECTOR	1 00	X						0	0	0
DAVID C LIVINGSTON NATIONAL DIRECTOR	1 00	X						0	0	0
R GLENN LOONEY NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN A LYNCH JR NATIONAL DIRECTOR	1 00	X						0	0	0
LAWRENCE P LYNOTT NATIONAL DIRECTOR	1 00	X						0	0	0
LAWRENCE R LYONS NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET RICHARD C MACKE NATIONAL DIRECTOR	1 00	X						0	0	0
RONALD E MACMASTER NATIONAL DIRECTOR	1 00	X						0	0	0
TOM MATTEO NATIONAL DIRECTOR	1 00	X						0	0	0
CHARLES W MCCULLOUGH NATIONAL DIRECTOR	1 00	X						0	0	0
THOMAS P MCGLOIN NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET J MICHAEL MCGRATH NATIONAL DIRECTOR	1 00	X						0	0	0
THOMAS J MCGUIRE NATIONAL DIRECTOR	1 00	X						0	0	0
WILLIAM F MCLOUGHLIN NATIONAL DIRECTOR	1 00	X						0	0	0
SHEILA M MCNEILL NATIONAL DIRECTOR	1 00	X						0	0	0
DICK E MESSBARGER NATIONAL DIRECTOR	1 00	X						0	0	0
R JEFF MILES NATIONAL DIRECTOR	1 00	X						0	0	0
JAY D MILLER NATIONAL DIRECTOR	1 00	X						0	0	0
RITA J MILLER NATIONAL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAX K MILLER NATIONAL DIRECTOR	1 00	X						0	0	0
JEFF B MILTENBERGER NATIONAL DIRECTOR	1 00	X						0	0	0
JOAN C MITCHELL NATIONAL DIRECTOR	1 00	X						0	0	0
TODD R MOORE NATIONAL DIRECTOR	1 00	X						0	0	0
JAMES F MORGAN NATIONAL DIRECTOR	1 00	X						0	0	0
DONALD A MORRISON NATIONAL DIRECTOR	1 00	X						0	0	0
ROBERT C MORRISON NATIONAL DIRECTOR	1 00	X						0	0	0
GERALD S MOSKWA NATIONAL DIRECTOR	1 00	X						0	0	0
BETH M MUNNS NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN NIEDZWIECKI NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN H OCHS NATIONAL DIRECTOR	1 00	X						0	0	0
JAMES H OFFUTT NATIONAL DIRECTOR	1 00	X						0	0	0
CHESTER M OGDEN NATIONAL DIRECTOR	1 00	X						0	0	0
TOMMASINA A OLSON NATIONAL DIRECTOR	1 00	X						0	0	0
FREDERICK C ORTON NATIONAL DIRECTOR	1 00	X						0	0	0
ROCKWELL O'SHEILL NATIONAL DIRECTOR	1 00	X						0	0	0
PATRICK E PANG NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN A PANNETON NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN A PETTITT NATIONAL DIRECTOR	1 00	X						0	0	0
JUDITH LYNN PLOTZ-BRANNIGAN NATIONAL DIRECTOR	1 00	X						0	0	0
ROGER W PONTO NATIONAL DIRECTOR	1 00	X						0	0	0
ANA LYDIA PORRATA-DORIA NATIONAL DIRECTOR	1 00	X						0	0	0
PATRICIA A POSEY NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET KEITH F POST NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET BONNIE B POTTER NATIONAL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
USNRET THOMAS J PRUTER NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN M RAU NATIONAL DIRECTOR	1 00	X						0	0	0
BETTY REESE NATIONAL DIRECTOR	1 00	X						0	0	0
WALTER H REESE NATIONAL DIRECTOR	1 00	X						0	0	0
DAVID J REILLY NATIONAL DIRECTOR	1 00	X						0	0	0
USNRET STEWART E REUTER NATIONAL DIRECTOR	1 00	X						0	0	0
JACK F RITTER JR NATIONAL DIRECTOR	1 00	X						0	0	0
RAY ROTH NATIONAL DIRECTOR	1 00	X						0	0	0
NORA RUEBROOK NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET LARRY G SALTER NATIONAL DIRECTOR	1 00	X						0	0	0
IVAN R SAMUELS NATIONAL DIRECTOR	1 00	X						0	0	0
ELEANOR E SAMUELS NATIONAL DIRECTOR	1 00	X						0	0	0
SAM SAUSE NATIONAL DIRECTOR	1 00	X						0	0	0
WARREN H SAVAGE JR NATIONAL DIRECTOR	1 00	X						0	0	0
ROBERT L SCHLICK NATIONAL DIRECTOR	1 00	X						0	0	0
JAMES R SEAMAN JR NATIONAL DIRECTOR	1 00	X						0	0	0
JEANNE SHARKEY NATIONAL DIRECTOR	1 00	X						0	0	0
WILLIAM R SHARKEY III NATIONAL DIRECTOR	1 00	X						0	0	0
USNRET JOHN E SIDES NATIONAL DIRECTOR	1 00	X						0	0	0
JAMES T SKETCHLEY NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET MICHAEL J SLEIN NATIONAL DIRECTOR	1 00	X						0	0	0
WAYNE SMILEY JR NATIONAL DIRECTOR	1 00	X						0	0	0
JAMES W SMITH NATIONAL DIRECTOR	1 00	X						0	0	0
NORBERT F SMITH NATIONAL DIRECTOR	1 00	X						0	0	0
EDMUND S SOBIERAY NATIONAL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER J SOLER NATIONAL DIRECTOR	1 00	X						0	0	0
SAMUEL A SORENSON NATIONAL DIRECTOR	1 00	X						0	0	0
MARIA ISABEL P SOTO NATIONAL DIRECTOR	1 00	X						0	0	0
PHD KEN SPARKS NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN J SPITTLER NATIONAL DIRECTOR	1 00	X						0	0	0
GERARD J ST GERMAIN NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN D STEGMAN NATIONAL DIRECTOR	1 00	X						0	0	0
DAVID C SULLIVAN NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN G SUTTER NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET ROBERT SUTTON NATIONAL DIRECTOR	1 00	X						0	0	0
RET TODD P TARBY NATIONAL DIRECTOR	1 00	X						0	0	0
DANIEL M THYS NATIONAL DIRECTOR	1 00	X						0	0	0
USNR RET DAVID N TODD NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN T TOZZI NATIONAL DIRECTOR	1 00	X						0	0	0
CYNTHIA J TRIF NATIONAL DIRECTOR	1 00	X						0	0	0
CAPT GORDAN EVANS VAN HOOK NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN T VARGO NATIONAL DIRECTOR	1 00	X						0	0	0
DONNAANN C VISNESKI NATIONAL DIRECTOR	1 00	X						0	0	0
DAVID J VISNESKI NATIONAL DIRECTOR	1 00	X						0	0	0
DONALD B WALKER NATIONAL DIRECTOR	1 00	X						0	0	0
JAMES H WALLER NATIONAL DIRECTOR	1 00	X						0	0	0
GEORGE A WARDWELL NATIONAL DIRECTOR	1 00	X						0	0	0
OWEN WATFORD NATIONAL DIRECTOR	1 00	X						0	0	0
JOHN F WATKINS NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET STEPHEN F WAYLETT NATIONAL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN F WEIGOLD IV NATIONAL DIRECTOR	1 00	X						0	0	0
G WILLIAM WEILER NATIONAL DIRECTOR	1 00	X						0	0	0
BOBBIE ANN WHIDDON NATIONAL DIRECTOR	1 00	X						0	0	0
DAVID D WHITSON NATIONAL DIRECTOR	1 00	X						0	0	0
USN RET DOYLE WILHITE NATIONAL DIRECTOR	1 00	X						0	0	0
SUZY WILLIAMS NATIONAL DIRECTOR	1 00	X						0	0	0
A DUANE WILLS NATIONAL DIRECTOR	1 00	X						0	0	0
STANLEY J WINOWICZ JR NATIONAL DIRECTOR	1 00	X						0	0	0
SKIP WITUNSKI NATIONAL DIRECTOR	1 00	X						0	0	0
ROYCEALEE J WOOD NATIONAL DIRECTOR	1 00	X						0	0	0
THOMAS W WRIGHT NATIONAL DIRECTOR	1 00	X						0	0	0
JEFFREY K SAPP ENDING 052610 NAT EXE DIRECTOR	40 00			X				148,407	0	23,308
DALE A LUMME STARTING 120310 NAT EXE DIRECTOR	40 00			X				8,567	0	0
HOWARD B SIEGEL SR DIR FINANCE	40 00			X				119,904	0	11,030

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 608,125 including grants of \$ 602,128) (Revenue \$)
U S NAVAL SEA CADETS - GRANT TO FEDERALLY CHARTERED SECTION 501(C)(3) YOUTH ORGANIZATIONS ENGAGED IN
NAVAL RELATED EDUCATIONAL PROGRAMS

(Code) (Expenses \$ 296,061 including grants of \$) (Revenue \$)
EDUCATIONAL PROGRAMS

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (NAVY LEAGUE OF THE UNITED STATES) and Employer identification number (53-0116710)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	4,757													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	178,763													
c Total lobbying expenditures (add lines 1a and 1b)	183,520													
d Other exempt purpose expenditures	15,370,990													
e Total exempt purpose expenditures (add lines 1c and 1d)	15,554,510													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	927,726													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	231,932													
h Subtract line 1g from line 1a If zero or less, enter -0-	0													
i Subtract line 1f from line 1c If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	927,807	927,726	3,855,533
b Lobbying ceiling amount (150% of line 2a, column(e))					5,783,300
c Total lobbying expenditures	226,682	190,509	175,142	183,520	775,853
d Grassroots non-taxable amount	250,000	250,000	231,952	231,932	963,884
e Grassroots ceiling amount (150% of line 2d, column (e))					1,445,826
f Grassroots lobbying expenditures	7,103	7,300	4,943	4,757	24,103

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NAVY LEAGUE OF THE UNITED STATES

Employer identification number 53-0116710

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

Part II Conservation Easements. Complete if the organization answered "Yes" to 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?
9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items: a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	203,729	203,729	203,729		
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	203,729	203,729	203,729		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100.000 %
- c** Term endowment

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,102,268		4,102,268
b Buildings		29,494,486	3,888,483	25,606,003
c Leasehold improvements				
d Equipment				
e Other		15,262,736	9,052,187	6,210,549
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				35,918,820

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,332,919
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,858,929
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-526,010
4	Net unrealized gains (losses) on investments	4	1,227,205
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,227,205
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	701,195

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	16,828,823
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,227,205
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	8,268,699
e	Add lines 2a through 2d	2e	9,495,904
3	Subtract line 2e from line 1	3	7,332,919
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	7,332,919

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	16,304,834
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 XIV)	2d	8,445,905
e	Add lines 2a through 2d	2e	8,445,905
3	Subtract line 2e from line 1	3	7,858,929
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	7,858,929

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE EARNINGS FROM THESE ENDOWMENTS ARE AVAILABLE IN SUPPORT OF PROGRAMS OF THE LEAGUE THE LEAGUE APPROPRIATES THE ENTIRE BALANCE OF THE ANNUAL EARNINGS TO BE AVAILABLE FOR THE PROGRAMS LISTED BELOW AWARDS AND YOUTH PROGRAMS \$186,536 OCEANIC EDUCATION \$17,193
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE LEAGUE FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS THE LEAGUE MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED THE LEAGUE'S TAX POSITIONS AND CONCLUDED THAT THE LEAGUE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, THE LEAGUE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007
PART XII, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED FINANCIAL STATEMENT ELIMINATION - 3,328,024 ELIMINATION BETWEEN LLC AND NLUS 1,795,548 INCOME OF THE NAVY LEAGUE DEVELOPMENT CORPORATION 446,252 INCOME OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOCIATION 1,659,342 RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B 7,695,581
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CONSOLIDATED FINANCIAL STATEMENT ELIMINATION - 2,255,391 ELIMINATION BETWEEN LLC AND NLUS 722,915 EXPENSES OF THE NAVY LEAGUE DEVELOPMENT CORPORATION 623,458 EXPENSES OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOCIATION 1,659,342 RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B 7,695,581

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
NAVY LEAGUE OF THE UNITED STATES

Employer identification number
53-0116710

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HARRIS CONNECT LLC 1511 ROUTE 22 SUITE C-25 BREWSTER, NY 10509	PHONE CAMPAIGN		No	50,165	33,437	16,728
Total				50,165	33,437	16,728

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
NAVY LEAGUE OF THE UNITED STATES

Employer identification number
53-0116710

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) NAVAL SEA CADET CORPS 2300 WILSON BLVD ARLINGTON, VA 22201, EIN 52-0808385, 501(C)(3), 602,128, GENERAL SUPPORT.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

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

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THIS GRANT TO A FEDERALLY CHARTERED 501(C)(3) YOUTH ORGANIZATION THAT IS MONITORED BY THE NSCC'S BOARD OF DIRECTORS --WHOSE MEMBERS [A MAJORITY OF WHICH] ARE APPOINTED BY THE NATIONAL PRESIDENT OF THE NAVY LEAGUE OF THE UNITED STATES THE GRANT IS FOR THE GENERAL SUPPORT OF THE ORGANIZATION AN AUDITED FINANCIAL STATEMENT IS PROVIDED TO US EACH YEAR

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
NAVY LEAGUE OF THE UNITED STATES

Employer identification number
53-0116710

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 in 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 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 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 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</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 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 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 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 in 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 from the organization or a related organization?</p>	Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in 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>		No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p>6 For persons listed in 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>		No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>										

Part II 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)	JEFFREY K SAPP ENDING 052610	(i) 71,993 (ii) 0	0 0	76,414 0	7,720 0	15,983 0	172,110 0	0 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	JEFFREY SAPP' SPOUSE TRAVELED WITH HIM AND AIRFARE-FOOD AND LODGING WORTH APPROXIMATELY \$885.00. EXPENSE REPORT WAS COMPLETED AND APPROVED AND THE BENEFIT IS NONTAXABLE TO JEFFREY SAPP.
	PART I, LINE 4A	PART I, LINE 4A JEFFREY SAPP RECEIVED \$81,501 SEVERANCE PAYMENT FROM NAVY LEAGUE OF THE UNITED STATES FOR JUNE THROUGH OCTOBER 2010.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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 lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NAVY LEAGUE OF THE UNITED STATES

Employer identification number

53-0116710

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type 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) BILL WAYLETT	FAMILY MEMBER OF DIRECTOR STEPHEN WAYLETT	82,331	EMPLOYEE OF NLUS		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
NAVY LEAGUE OF THE UNITED STATES

Employer identification number

53-0116710

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		FAMILY RELATIONSHIPS JEWELL BONNER AND JAMES BONNER, BOTH DIRECTORS DR CAROL ANN HACKLEY AND T COLE HACKLEY, BOTH DIRECTORS DIANE Z JAFFA AND THOMAS E JAFFA, BOTH DIRECTORS JEANNE SHARKEY AND WILLIAM SHARKEY, BOTH DIRECTORS STEPHEN WAYLETT, DIRECTOR AND WILLIAM J WAYLETT, JR EMPLOYEE OF NLUS SHARON GURKE AND LEE GURKE, BOTH DIRECTORS W LAMON CROUCH AND SUZY WILLIAMS, BOTH DIRECTORS DAVID VISNESKI AND DONNAANN VISNESKI, BOTH DIRECTORS ANNE HARPER AND NICK HARPER BOTH DIRECTORS PAT DUMONT AND DOLPH DUMONT, BOTH DIRECTORS LINDA L ASHBEY AND RICHARD ASHBEY, BOTH DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		THE NLUS HAS CONTRACTED WITH LINCOLN PROPERTY MANAGEMENT COMPANY TO MANAGE THE DAILY OPERATIONS OF THE NAVY LEAGUE BUILDING - AN INVESTMENT OF THE LEAGUE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS ONE VOTING CLASS OF MEMBERS THAT ELECTS THE DIRECTORS ALL MEMBBERS HAVE EQUAL VOTING RIGHTS ONE VOTE PER MEMEBER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBERSHIP OF THE ORGANIZATION ELECTS THE DIRECTORS OF THE ORGANIZATION THERE IS ONLY ONE CLASS AND EACH MEMBER HAS ONE VOTE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE MEMBERS ELECT THE GOVERNING BODY OF THE ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE TOP MANAGEMENT OFFICIAL AND TOP FINANCIAL OFFICIAL OF THE LEAGUE REVIEWED THE RETURN AFTER IT WAS PREPARED BY OUR AUDITORS FROM THE BOOKS, RECORDS AND OTHER INFORMATION SUPPLIED BY THE ORGANIZATION THIS REVIEW WAS CONDUCTED BEFORE THE RETURN WAS FILED THE RETURN WAS REVIEWED FOR ACCURACY AND COMPLETENESS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	WHEN THE BOARD OF THE LEAGUE MEETS THE NATIONAL PRESIDENT REMINDS THE BOARD OF THE CONFLICT OF INTEREST POLICY AND ASKS THEM TO DISCLOSE ANY CONFLICTS OF INTEREST THE NLUS REQUIRES ALL BOARD MEMBERS, OFFICERS AND STAFF TO SIGN THE CONFLICT OF INTEREST POLICY , ACKNOWLEDGING THAT THEY HAVE READ AND UNDERSTOOD IT AND THAT THEY WILL INFORM THE LEAGUE IN WRITING OF ANY CONFLICTS UNDER THIS POLICY NEW BOD MEMBERS AND STAFF ARE REQUIRED TO SIGN THE POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE NLUS EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED AND REVIEWED BY THE NATIONAL PRESIDENT IN CONSULTATION WITH THE COMPENSATION COMMITTEE OF THE LEAGUE THE COMMITTEE MAY CONSULT WITH INDEPENDENT PERSONS IN DETERMINING THE PAY PACKAGE OFFERED TO THE EXECUTIVE DIRECTOR A WRITTEN EMPLOYMENT AGREEMENT IS EXECUTED THE NLUS STAFF'S COMPENSATION IS DETERMINED AND REVIEWED BY THE EXECUTIVE DIRECTOR [ED] THE ED MAY CONSULT WITH THE NATIONAL PRESIDENT AND THE COMPENSATION COMMITTEE ON PAY RANGES AND FRINGE BENEFITS OFFERED TO THE EMPLOYEES OF THE LEAGUE ALL STAFF HAVE WRITTEN EMPLOYMENT AGREEMENTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	TO THE LEAGUE AT NAVY LEAGUE OF THE UNITED STATES, ATTN EXECUTIVE DIRECTOR, 2300 WILSON BOULEVARD, SUITE 200 ARLINGTON, VA 22201 THE LEAGUE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE "GUIDESTAR" WEBSITE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,227,205

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	NLUS NLF JEFFREY KENDALL SAPP 40 2 DALE A LUMME 40 2 HOWARD B SIEGEL 40 2

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NAVY LEAGUE OF THE UNITED STATES

Employer identification number
53-0116710

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

(a) Name, address, and EIN 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) NAVY LEAGUE BUILDING LLC 2300 WILSON BOULEVARD ARLINGTON, VA 22201 54-2061880	TO OWN, OPERATE, LEASE, SELL OR MANAGE COMMERCIAL REAL ESTATE	DE	7,727,906	50,001,955	N/A

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 organization	
						Yes	No
(1) NAVY LEAGUE FOUNDATION 2300 WILSON BLVD ARLINGTON, VA 22201 31-1677884	AWARD COLLEGESCHOLARSHIPS TO DEPENDENTS/DESCENDENTS OF SEA SERVICE PERSONNEL	DE	501(C)(3)	7	N/A		No
(2) NAVAL SEA CADET CORPS 2300 WILSON BLVD ARLINGTON, VA 22201 52-0808385	A FEDERALLY CHARTERED YOUTH ORGANIZATION THAT IS ENGAGED IN NAVAL RELATED ED	WA	501(C)(3)	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
(1) NAVY LEAGUE DEVELOPMENT CORPORATION 2300 WILSON BLVD ARLINGTON, VA22201 20-2522528	OWN, OPERATE GARAGE AT 2300 WILSON	DE	NAVY LEAGUE BUILDING LLC	C	446,252	6,641,417	100 000 %
(2) NAVY LEAGUE BUILDING CONDOMINIUM UNIT OWNERS ASSOCIATION 2300 WILSON BLVD ARLINGTON, VA22201 20-5692155	MANAGE OFFICE CONDO	VA	N/A	C	1,590,645	263,786	95 860 %

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

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

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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
1r		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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NAVAL SEA CADET CORPS	B	602,128	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Name(s) shown on return NAVY LEAGUE OF THE UNITED STATES

Business or activity to which this form relates FORM 990 PAGE 10

Identifying number 53-0116710

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for property details, including description, cost, elected cost, and depreciation calculations.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 3 rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2010.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for general depreciation system assets, including classification, month placed in service, basis, recovery period, convention, method, and deduction.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system assets, including class life, recovery period, and method.

Part IV Summary (see instructions)

Table with 3 rows for summary of depreciation, including listed property, total, and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for percentage.

27 Property used 50% or less in a qualified business use. Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-36 regarding miles driven and personal use.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with 2 columns: Yes, No. Rows include 37-41 regarding policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 A amortization of costs that begins during your 2010 tax year (see instructions).

43 A amortization of costs that began before your 2010 tax year. 43 430,876

44 Total. Add amounts in column (f). See the instructions for where to report. 44 430,876