

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

- B 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 province, country, and ZIP or foreign postal code: ARLINGTON, VA 22201

D Employer identification number: 53-0116710
E Telephone number: (703) 528-1775
G Gross receipts \$ 18,592,579

F Name and address of principal officer: BRUCE K BUTLER, 2300 WILSON BOULEVARD SUITE 200, ARLINGTON, VA 22201

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
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

Table with 2 columns: Description and Amount. Rows include: 1. Briefly describe the organization's mission... 2. Check this box if the organization discontinued its operations... 3. Number of voting members... 4. Number of independent voting members... 5. Total number of individuals employed... 6. Total number of volunteers... 7a. Total unrelated business revenue... 7b. Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8. Contributions and grants... 9. Program service revenue... 10. Investment income... 11. Other revenue... 12. Total revenue... 13. Grants and similar amounts paid... 14. Benefits paid to or for members... 15. Salaries, other compensation... 16a. Professional fundraising fees... 16b. Total fundraising expenses... 17. Other expenses... 18. Total expenses... 19. Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20. Total assets... 21. Total liabilities... 22. Net assets or fund balances...

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: BRUCE K BUTLER EXECUTIVE DIRECTOR, Date: 2014-11-13

Paid Preparer Use Only: Preparer's name: DAVID TRIMNER, Preparer's signature, Date, Check if self-employed, PTIN: P00444822, Firm's name: CLIFTONLARSONALLEN LLP, Firm's EIN: 41-0746749, Firm's address: 4250 N FAIRFAX DRIVE SUITE 1020, ARLINGTON, VA 22203, Phone no: (571) 227-9500

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

4a (Code) (Expenses \$ 2,808,377 including grants of \$) (Revenue \$ 3,779,341)

SEA-AIR-SPACE AN ANNUAL SERIES OF SEMINARS AND EXHIBITS CONCERNING THE STATUS OF THE U S ARMED FORCES, MILITARY TECHNOLOGY AND OTHER NATIONAL SECURITY ISSUES MILITARY AND GOVERNMENT PERSONNEL ATTEND THE PROGRAM

4b (Code) (Expenses \$ 1,866,380 including grants of \$) (Revenue \$ 1,307,338)

SEA POWER MAGAZINE & ALMANAC INTERNATIONAL PUBLICATIONS RELATING TO NAVAL ACTIVITIES, THE NAVY LEAGUER IS A NEWSPAPER DOCUMENTING THE ACTIVITIES OF THE NAVY LEAGUE HEADQUARTERS AND ITS COUNCILS

4c (Code) (Expenses \$ 631,812 including grants of \$ 448,300) (Revenue \$)

U S NAVAL SEA CADETS GRANT TO FEDERALLY CHARTERED SECTION 501(C)(3) YOUTH ORGANIZATIONS ENGAGED IN NAVAL RELATED EDUCATIONAL PROGRAMS

(Code) (Expenses \$ 1,761,921 including grants of \$) (Revenue \$)

OTHER EDUCATIONAL PROGRAMS

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,761,921 including grants of \$) (Revenue \$)

4e Total program service expenses 7,068,490

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)? <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> <input checked="" type="checkbox"/>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 temporarily restricted endowments, permanent endowments, 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		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 hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 24d and complete Schedule K. If "No," go to line 25a</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>	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>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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>	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>	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>	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>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 24		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 40		
b 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).	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for 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?	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (239); 1b Enter the number of voting members included in line 1a, above, who are independent (238); 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 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 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 Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did 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); 15c 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? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MO, HI, NY, OH, OK); 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 made these available. Check all that apply: Own website Another's website Upon request Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RYAN DONALDSON CORPORATE COUNSEL & SENIOR DIRECTOR OF CONTRACTS AND FINANC 2300 WILSON BLVD STE 200 ARLINGTON, VA 22201 (703) 528-1775.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b	1,631,846				
	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	976,919				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	2,608,765				
Program Service Revenue	2a	SEA-AIR-SPACE EXPO	3,779,341	3,316,906		462,435	
	b	PUBLICATIONS	1,307,338		1,307,338		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	5,086,679				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	150,617			150,617
4		Income from investment of tax-exempt bond proceeds					
5		Royalties	75,199			75,199	
6a		Gross rents	(i) Real	6,571,087			
			(ii) Personal				
			b Less rental expenses	7,652,449			
			c Rental income or (loss)	-1,081,362			
d		Net rental income or (loss)	-1,081,362		-1,081,362		
7a		Gross amount from sales of assets other than inventory	(i) Securities	3,823,295			
			(ii) Other				
			b Less cost or other basis and sales expenses	3,786,487			
			c Gain or (loss)	36,808			
d		Net gain or (loss)	36,808			36,808	
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					
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE	900099	165,927			165,927	
b	NAVY BALL	900099	111,010			111,010	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		276,937				
12	Total revenue. See Instructions		7,153,643	3,316,906	225,976	1,001,996	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	448,300	448,300		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	200,364	98,358	94,452	7,554
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	2,332,638	1,158,656	1,087,046	86,936
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,958	56,924	54,662	4,372
9	Other employee benefits	207,746	103,434	96,587	7,725
10	Payroll taxes	198,078	97,236	93,374	7,468
11	Fees for services (non-employees)				
a	Management	36,670	36,670		
b	Legal	11,988	5,885	5,651	452
c	Accounting	285,564	140,183	134,615	10,766
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	316,095			316,095
f	Investment management fees	68,808	33,778	32,436	2,594
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	102,563	94,955	7,608	
13	Office expenses	794,372	642,685	139,920	11,767
14	Information technology	246,317	149,605	89,550	7,162
15	Royalties				
16	Occupancy	929,939	521,245	378,429	30,265
17	Travel	141,097	80,367	60,337	393
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,819,718	2,655,236	164,482	
20	Interest	36,594	17,964	17,250	1,380
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	140,038	68,745	66,014	5,279
23	Insurance	65,682	37,256	26,321	2,105
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	GIFTS	348,237	345,577	2,660	
b	DESIGN/FREELANCE	189,842	189,842		
c	MEMBER SUPPPORT/FULFILM	142,066		141,816	250
d	BAD DEBT	90,770			90,770
e	All other expenses	199,569	85,589	66,925	47,055
25	Total functional expenses. Add lines 1 through 24e	10,469,013	7,068,490	2,760,135	640,388
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	3,053,345	1	3,346,147
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,021,614	3	238,950
	4 Accounts receivable, net	232,671	4	1,178,301
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,146,510	9	1,295,186
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 49,455,144		
	b Less accumulated depreciation	10b 19,068,520	32,125,677	10c 30,386,624
	11 Investments—publicly traded securities	9,288,695	11	9,794,950
	12 Investments—other securities See Part IV, line 11	6,928,610	12	6,864,554
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	1,649,437	14	1,628,391
	15 Other assets See Part IV, line 11	2,065,640	15	1,895,111
16 Total assets. Add lines 1 through 15 (must equal line 34)	57,512,199	16	56,628,214	
Liabilities	17 Accounts payable and accrued expenses	1,607,081	17	1,583,573
	18 Grants payable		18	
	19 Deferred revenue	3,593,666	19	3,542,743
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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	52,225,625	23	51,962,723
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	57,426,372	26	57,089,039
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-550,296	27	-1,119,203
	28 Temporarily restricted net assets	432,394	28	454,649
	29 Permanently restricted net assets	203,729	29	203,729
	Organizations that do not follow SFAS 117 (ASC 958), 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	85,827	33	-460,825	
34 Total liabilities and net assets/fund balances	57,512,199	34	56,628,214	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,153,643
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,469,013
3	Revenue less expenses Subtract line 2 from line 1	3	-3,315,370
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,827
5	Net unrealized gains (losses) on investments	5	1,939,479
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	829,239
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-460,825

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b	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		

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALAIMO CHARLES NATIONAL DIRECTOR	1 00	X					0	0	0	
ALGER JOHN NATIONAL DIRECTOR	1 00	X					0	0	0	
AMMERMAN PAMELA NATIONAL DIRECTOR	1 00	X					0	0	0	
ASHBEY RICHARD NATIONAL DIRECTOR	1 00	X					0	0	0	
ASHBEY LINDA NATIONAL DIRECTOR	1 00	X					0	0	0	
BAILEY BARBARA NATIONAL DIRECTOR	1 00	X					0	0	0	
BAKER THOMAS NATIONAL DIRECTOR	1 00	X					0	0	0	
BAKER P PASHA NATIONAL DIRECTOR	1 00	X					0	0	0	
BAKER EVAN NATIONAL DIRECTOR	1 00	X					0	0	0	
BALDWIN MARYELLEN NATIONAL DIRECTOR	1 00	X					0	0	0	
BALISLE PHIL NATIONAL DIRECTOR	1 00	X					0	0	0	
BALLINGER ERIK NATIONAL DIRECTOR	1 00	X					0	0	0	
BARNECUT CAREY NATIONAL DIRECTOR	1 00	X					0	0	0	
BAUMBACH CHARLES NATIONAL DIRECTOR	1 00	X					0	0	0	
BEATY JAMES NATIONAL DIRECTOR	1 00	X					0	0	0	
BECK SHELLEY NATIONAL DIRECTOR	1 00	X					0	0	0	
BEHR DENNY NATIONAL DIRECTOR	1 00	X					0	0	0	
BENNETT BERNARD NATIONAL DIRECTOR	1 00	X					0	0	0	
BENNITT BRENT NATIONAL DIRECTOR	1 00	X					0	0	0	
BERNARD AL NATIONAL DIRECTOR	1 00	X					0	0	0	
BING ROGER NATIONAL DIRECTOR	1 00	X					0	0	0	
BLACK CHARLES NATIONAL DIRECTOR	1 00	X					0	0	0	
BOYD HARRY NATIONAL DIRECTOR	1 00	X					0	0	0	
BOZDECH-VEATER PAULA NATIONAL DIRECTOR	1 00	X					0	0	0	
BRACALENTE ROBERT 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRANCH DANIEL NATIONAL DIRECTOR	1 00	X						0	0	0
BRAS JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
BRAUND WILLIAM NATIONAL DIRECTOR	1 00	X						0	0	0
BROWN JEFFREY NATIONAL DIRECTOR	1 00	X						0	0	0
BROWN THOMAS NATIONAL DIRECTOR	1 00	X						0	0	0
BROWNE MICHAEL NATIONAL DIRECTOR	1 00	X						0	0	0
BURKE ROGER NATIONAL DIRECTOR	1 00	X						0	0	0
BURLEY STEWART NATIONAL DIRECTOR	1 00	X						0	0	0
CAMPBELL EVAN NATIONAL DIRECTOR	1 00	X						0	0	0
CHANIK EVAN NATIONAL DIRECTOR	1 00	X						0	0	0
CHAPMAN JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
COBB CALVIN NATIONAL DIRECTOR	1 00	X						0	0	0
COFFEY JEANIE NATIONAL DIRECTOR	1 00	X						0	0	0
COOK WARD NATIONAL DIRECTOR	1 00	X						0	0	0
COOK J ROBERT NATIONAL DIRECTOR	1 00	X						0	0	0
COOPER RICHARD NATIONAL DIRECTOR	1 00	X						0	0	0
COWAN STUART NATIONAL DIRECTOR	1 00	X						0	0	0
COWELL ERNEST NATIONAL DIRECTOR	1 00	X						0	0	0
CRAWFORD DOUGLAS NATIONAL DIRECTOR	1 00	X						0	0	0
CRAWFORD KAREN NATIONAL DIRECTOR	1 00	X						0	0	0
CREEDON WILLIAM NATIONAL DIRECTOR	1 00	X						0	0	0
DAIGNEAULT JOSEPH NATIONAL DIRECTOR	1 00	X						0	0	0
DANGLER EDWARD NATIONAL DIRECTOR	1 00	X						0	0	0
DANKERS CAROLYN NATIONAL DIRECTOR	1 00	X						0	0	0
DANLEY WARREN 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DECAVAGE GARY NATIONAL DIRECTOR	1 00	X						0	0	0
DEGOUR JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
DEVLIN RICHARD NATIONAL DIRECTOR	1 00	X						0	0	0
DICKERSON DENNIS NATIONAL DIRECTOR	1 00	X						0	0	0
DICKEY MARIA-ISABEL NATIONAL DIRECTOR	1 00	X						0	0	0
DIGIUSTO LOUIS NATIONAL DIRECTOR	1 00	X						0	0	0
DONNELLY JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
DU MONT DOLPH NATIONAL DIRECTOR	1 00	X						0	0	0
DU MONT PATRICIA NATIONAL DIRECTOR	1 00	X						0	0	0
DUDLEY WILLIAM NATIONAL DIRECTOR	1 00	X						0	0	0
DUNMIRE PHILIP NATIONAL DIRECTOR	1 00	X						0	0	0
DUNN TODD NATIONAL DIRECTOR	1 00	X						0	0	0
EASTON JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
ERLINGER JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
EVANZIA WILLIAM NATIONAL DIRECTOR	1 00	X						0	0	0
FANNING TIMOTHY NATIONAL DIRECTOR	1 00	X						0	0	0
FELKER JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
FERGUSON BOBBY NATIONAL DIRECTOR	1 00	X						0	0	0
FIKE DARRELL NATIONAL DIRECTOR	1 00	X						0	0	0
FILETE ARTHUR NATIONAL DIRECTOR	1 00	X						0	0	0
FITCH MORGAN NATIONAL DIRECTOR	1 00	X						0	0	0
FORD ROBERT NATIONAL DIRECTOR	1 00	X						0	0	0
FOSTER RICHARD NATIONAL DIRECTOR	1 00	X						0	0	0
FOURNIER LEROY NATIONAL DIRECTOR	1 00	X						0	0	0
FRAGOMENE VINCE 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRIEDRICH ALBERT NATIONAL DIRECTOR	1 00	X						0	0	0
FULGENZI LINDA NATIONAL DIRECTOR	1 00	X						0	0	0
GALLINAT LISA NATIONAL DIRECTOR	1 00	X						0	0	0
GALLINAT THEODORE NATIONAL DIRECTOR	1 00	X						0	0	0
GALLINETTI JON NATIONAL DIRECTOR	1 00	X						0	0	0
GALLOWAY FRANK NATIONAL DIRECTOR	1 00	X						0	0	0
GARR WILLIAM NATIONAL DIRECTOR	1 00	X						0	0	0
GARRETT H LAWRENCE NATIONAL DIRECTOR	1 00	X						0	0	0
GASTON MACK NATIONAL DIRECTOR	1 00	X						0	0	0
GIAMBRONE JOSEPH NATIONAL DIRECTOR	1 00	X						0	0	0
GILES DONALD NATIONAL DIRECTOR	1 00	X						0	0	0
GILLHAM ROBERT NATIONAL DIRECTOR	1 00	X						0	0	0
GOLDACKER CURT NATIONAL DIRECTOR	1 00	X						0	0	0
GORELL NANCY NATIONAL DIRECTOR	1 00	X						0	0	0
GORMAN IRVING NATIONAL DIRECTOR	1 00	X						0	0	0
GRAY ALFRED NATIONAL DIRECTOR	1 00	X						0	0	0
GRIFFING JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
GRIGGS WILLIAM NATIONAL DIRECTOR	1 00	X						0	0	0
GUDMUNSON CHARLES NATIONAL DIRECTOR	1 00	X						0	0	0
GUMBERT RONALD NATIONAL DIRECTOR	1 00	X						0	0	0
GURKE LEE NATIONAL DIRECTOR	1 00	X						0	0	0
GURKE SHARON NATIONAL DIRECTOR	1 00	X						0	0	0
HACKLEY T COLE NATIONAL DIRECTOR	1 00	X						0	0	0
HACKLEY CAROL ANN NATIONAL DIRECTOR	1 00	X						0	0	0
HAEMER ROBERT 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HALE DONALD NATIONAL DIRECTOR	1 00	X						0	0	0
HALL GARRY NATIONAL DIRECTOR	1 00	X						0	0	0
HALLER MARK NATIONAL DIRECTOR	1 00	X						0	0	0
HALLERAN JUDY NATIONAL DIRECTOR	1 00	X						0	0	0
HALLERAN RICHARD NATIONAL DIRECTOR	1 00	X						0	0	0
HANCOCK SCOTT NATIONAL DIRECTOR	1 00	X						0	0	0
HANSEN CATHERINE NATIONAL DIRECTOR	1 00	X						0	0	0
HARPER NICHOLAS NATIONAL DIRECTOR	1 00	X						0	0	0
HARPER ANNE NATIONAL DIRECTOR	1 00	X						0	0	0
HEISIG ALAN NATIONAL DIRECTOR	1 00	X						0	0	0
HERBERGER ALBERT NATIONAL DIRECTOR	1 00	X						0	0	0
HICKERSON JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
HILL SHIRLEY NATIONAL DIRECTOR	1 00	X						0	0	0
HOBART PHELPS NATIONAL DIRECTOR	1 00	X						0	0	0
HODGE SUSAN NATIONAL DIRECTOR	1 00	X						0	0	0
HOFFMAN THOMAS NATIONAL DIRECTOR	1 00	X						0	0	0
HOLDER GORDON NATIONAL DIRECTOR	1 00	X						0	0	0
HOLLSTEIN RANDY NATIONAL DIRECTOR	1 00	X						0	0	0
HONIGMAN STEVEN NATIONAL DIRECTOR	1 00	X						0	0	0
HOWARD BETTY NATIONAL DIRECTOR	1 00	X						0	0	0
HUBER GLEN NATIONAL DIRECTOR	1 00	X						0	0	0
HUGHEY LORRAINE NATIONAL DIRECTOR	1 00	X						0	0	0
HULL JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
HUNSBERGER TIMOTHY NATIONAL DIRECTOR	1 00	X						0	0	0
ING MELVIN 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IVEY GRANT NATIONAL DIRECTOR	1 00	X						0	0	0
JAFFA DIANE NATIONAL DIRECTOR	1 00	X						0	0	0
JAFFA THOMAS NATIONAL DIRECTOR	1 00	X						0	0	0
JOHNSON LOGAN NATIONAL DIRECTOR	1 00	X						0	0	0
JONES JOAN NATIONAL DIRECTOR	1 00	X						0	0	0
JUDSON ARTHUR NATIONAL DIRECTOR	1 00	X						0	0	0
KAPLAN ALAN NATIONAL DIRECTOR	1 00	X						0	0	0
KASKIN JONATHAN NATIONAL DIRECTOR	1 00	X						0	0	0
KEAVENY PATRICK NATIONAL DIRECTOR	1 00	X						0	0	0
KEELEY FELIX NATIONAL DIRECTOR	1 00	X						0	0	0
KELLER WILLIAM NATIONAL DIRECTOR	1 00	X						0	0	0
KELLER JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
KELLEY WILLIAM NATIONAL DIRECTOR	1 00	X						0	0	0
KELLY STEPHEN NATIONAL DIRECTOR	1 00	X						0	0	0
KENNEDY RICHARD NATIONAL DIRECTOR	1 00	X						0	0	0
KENNEDY JACK NATIONAL DIRECTOR	1 00	X						0	0	0
KENNEDY KRAIG NATIONAL DIRECTOR	1 00	X						0	0	0
KENNEY RICHARD NATIONAL DIRECTOR	1 00	X						0	0	0
KOCHER JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
KOPPER WILLIAM NATIONAL DIRECTOR	1 00	X						0	0	0
KRUCKE HANS NATIONAL DIRECTOR	1 00	X						0	0	0
LAFFERTY JEROME NATIONAL DIRECTOR	1 00	X						0	0	0
LAGRONE TRAVIS NATIONAL DIRECTOR	1 00	X						0	0	0
LAMBERT JEFF NATIONAL DIRECTOR	1 00	X						0	0	0
LARSON GWEN 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LARSON KEITH NATIONAL DIRECTOR	1 00	X						0	0	0
LASHER JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
LAWRENCE ISAAC NATIONAL DIRECTOR	1 00	X						0	0	0
LEARSON HARRIETT NATIONAL DIRECTOR	1 00	X						0	0	0
LEE KENNETH NATIONAL DIRECTOR	1 00	X						0	0	0
LIEBERMAN JACK NATIONAL DIRECTOR	1 00	X						0	0	0
LIPPERT KEITH NATIONAL DIRECTOR	1 00	X						0	0	0
LISSENDEN JOSEPH NATIONAL DIRECTOR	1 00	X						0	0	0
LIVINGSTON DAVID NATIONAL DIRECTOR	1 00	X						0	0	0
LOONEY R GLENN NATIONAL DIRECTOR	1 00	X						0	0	0
LOTT JAY NATIONAL DIRECTOR	1 00	X						0	0	0
LOWE R STANLEY NATIONAL DIRECTOR	1 00	X						0	0	0
LUMME DALE NATIONAL DIRECTOR	1 00	X						0	0	0
LYNCH JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
LYNOTT LAWRENCE NATIONAL DIRECTOR	1 00	X						0	0	0
LYONS LAWRENCE NATIONAL DIRECTOR	1 00	X						0	0	0
MACFARLAND KEVIN NATIONAL DIRECTOR	1 00	X						0	0	0
MANSFIELD WILLIAM NATIONAL DIRECTOR	1 00	X						0	0	0
MARSHALL PETER NATIONAL DIRECTOR	1 00	X						0	0	0
MATHESON MARK NATIONAL DIRECTOR	1 00	X						0	0	0
MATTEO TOM NATIONAL DIRECTOR	1 00	X						0	0	0
MCCONWELL KEN NATIONAL DIRECTOR	1 00	X						0	0	0
MCCULLOUGH CHARLES NATIONAL DIRECTOR	1 00	X						0	0	0
MCDONALD MARK NATIONAL DIRECTOR	1 00	X						0	0	0
MCGLOIN THOMAS 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MCGRATH J MICHAEL NATIONAL DIRECTOR	1 00	X						0	0	0
MCHOUL DOUGLAS NATIONAL DIRECTOR	1 00	X						0	0	0
MCKNIGHT TERRY NATIONAL DIRECTOR	1 00	X						0	0	0
MCNEILL SHEILA NATIONAL DIRECTOR	1 00	X						0	0	0
MILLER MAX NATIONAL DIRECTOR	1 00	X						0	0	0
MITCHELL JOAN NATIONAL DIRECTOR	1 00	X						0	0	0
MONSEF HADI NATIONAL DIRECTOR	1 00	X						0	0	0
MORGAN JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
MORGAN JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
MORRISON DONALD NATIONAL DIRECTOR	1 00	X						0	0	0
MOSKWA GERALD NATIONAL DIRECTOR	1 00	X						0	0	0
MUNNS BETH NATIONAL DIRECTOR	1 00	X						0	0	0
NADLER DAVID NATIONAL DIRECTOR	1 00	X						0	0	0
NELSON RAYMOND NATIONAL DIRECTOR	1 00	X						0	0	0
NOCKOLD SALLY NATIONAL DIRECTOR	1 00	X						0	0	0
O'NEILL HUGH NATIONAL DIRECTOR	1 00	X						0	0	0
OCHS JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
OETTING RUDOLPH NATIONAL DIRECTOR	1 00	X						0	0	0
OFFUTT JAMES NATIONAL DIRECTOR	30 00	X						0	0	0
OLSEN ROGER NATIONAL DIRECTOR	1 00	X						0	0	0
OLSON TOMMASINA NATIONAL DIRECTOR	1 00	X						0	0	0
ORTON FREDERICK NATIONAL DIRECTOR	1 00	X						0	0	0
PADDOCK CHRIS NATIONAL DIRECTOR	1 00	X						0	0	0
PANG PATRICK NATIONAL DIRECTOR	1 00	X						0	0	0
PANNETON JOHN 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PITTMAN-WALLER MARY V NATIONAL DIRECTOR	1 00	X						0	0	0
PLOTZ-BRANNIGAN JUDITH LYNN NATIONAL DIRECTOR	1 00	X						0	0	0
PONTO ROGER NATIONAL DIRECTOR	1 00	X						0	0	0
POSEY PATRICIA NATIONAL DIRECTOR	1 00	X						0	0	0
POST KEITH NATIONAL DIRECTOR	1 00	X						0	0	0
POTTER BONNIE NATIONAL DIRECTOR	1 00	X						0	0	0
PRICE ROBERT NATIONAL DIRECTOR	1 00	X						0	0	0
PROSCH GEOFFREY NATIONAL DIRECTOR	1 00	X						0	0	0
PRUTER THOMAS NATIONAL DIRECTOR	1 00	X						0	0	0
RAMOS SIMONE NATIONAL DIRECTOR	1 00	X						0	0	0
RAU JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
REESE WALTER NATIONAL DIRECTOR	1 00	X						0	0	0
REILLY ROB NATIONAL DIRECTOR	1 00	X						0	0	0
REILLY DAVID NATIONAL DIRECTOR	1 00	X						0	0	0
REINECKE NATIONAL DIRECTOR	1 00	X						0	0	0
REUTER STEWART NATIONAL DIRECTOR	1 00	X						0	0	0
REVOLINSKY JOSEPH NATIONAL DIRECTOR	1 00	X						0	0	0
RITTER JACK NATIONAL DIRECTOR	1 00	X						0	0	0
ROSENTHAL MARK NATIONAL DIRECTOR	1 00	X						0	0	0
ROTH RAY NATIONAL DIRECTOR	1 00	X						0	0	0
RUCKER DAVID NATIONAL DIRECTOR	1 00	X						0	0	0
RUEBROOK NORA NATIONAL DIRECTOR	1 00	X						0	0	0
RUSH JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
SALTER LARRY NATIONAL DIRECTOR	1 00	X						0	0	0
SAMUELS ELEANOR 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SWALLOW TINA NATIONAL DIRECTOR	1 00	X						0	0	0
TARBY TODD NATIONAL DIRECTOR	1 00	X						0	0	0
THOMPSON WILLIAM NATIONAL DIRECTOR	1 00	X						0	0	0
THORNHILL A HUNT NATIONAL DIRECTOR	1 00	X						0	0	0
THYS DANIEL NATIONAL DIRECTOR	1 00	X						0	0	0
TODD DAVID NATIONAL DIRECTOR	1 00	X						0	0	0
TOMASZESKI STEVEN NATIONAL DIRECTOR	1 00	X						0	0	0
TOZZI JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
TRIF CYNTHIA NATIONAL DIRECTOR	1 00	X						0	0	0
VAN HOOK GORDAN NATIONAL DIRECTOR	1 00	X						0	0	0
VARGO JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
VISNESKI DAVID NATIONAL DIRECTOR	1 00	X						0	0	0
WALKER DONALD NATIONAL DIRECTOR	1 00	X						0	0	0
WALLER JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
WARDWELL GEORGE NATIONAL DIRECTOR	1 00	X						0	0	0
WARDWELL EDNA NATIONAL DIRECTOR	1 00	X						0	0	0
WATFORD OWEN NATIONAL DIRECTOR	1 00	X						0	0	0
WATKINS JOHN NATIONAL DIRECTOR	1 00	X						0	0	0
WAYLETT STEPHEN NATIONAL DIRECTOR	1 00	X						0	0	0
WERBOWETZKI MICHAEL NATIONAL DIRECTOR	1 00	X						0	0	0
WHIDDON BOBBIE ANN NATIONAL DIRECTOR	1 00	X						0	0	0
WHITEHEAD JOEL NATIONAL DIRECTOR	1 00	X						0	0	0
WILHITE DOYLE NATIONAL DIRECTOR	1 00	X						0	0	0
WILLS A DUANE NATIONAL DIRECTOR	1 00	X						0	0	0
WILSON ROBERT 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WINANT THOMAS NATIONAL DIRECTOR	1 00	X						0	0	0
WINOWICZ STANLEY NATIONAL DIRECTOR	1 00	X						0	0	0
WITUNSKI SKIP NATIONAL DIRECTOR	1 00	X						0	0	0
WOOD ROYCEALEE NATIONAL DIRECTOR	1 00	X						0	0	0
WORK EDWARD NATIONAL DIRECTOR	1 00	X						0	0	0
WRIGHT GARLAND NATIONAL DIRECTOR	1 00	X						0	0	0
WRIGHT THOMAS NATIONAL DIRECTOR	1 00	X						0	0	0
WRIGHT DIANE NATIONAL DIRECTOR	1 00	X						0	0	0
YOUNG JAMES NATIONAL DIRECTOR	1 00	X						0	0	0
ZADWICK KENNETH NATIONAL DIRECTOR	1 00	X						0	0	0
ZELLER BERT NATIONAL DIRECTOR	1 00	X						0	0	0
BUTLER BRUCE NATIONAL EXECUTIVE DIRECTOR	60 00 1 00			X				97,110	0	16,839
RYAN DONALDSON CORPORATE COUNSEL & SENIOR DIRECTOR OF CONTRACTS A	40 00			X				73,552	0	12,863
TRAVER KEVIN STAFF VP CORPORATE AFFAIRS & MEMBERSHIP	40 00					X		142,367	0	27,526
WITTMAN AMY STAFF VP, COMMUNICATIONS & EDITOR-IN-CHIEF	40 00					X		107,165	0	37,109

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

2013

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 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 - Non-functionally integrated
- 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 supported organization?

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

(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)

(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 monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,469,283	2,523,222	2,606,757	2,949,478	2,608,765	13,157,505
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	2,469,283	2,523,222	2,606,757	2,949,478	2,608,765	13,157,505
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)						165,901
6 Public support. Subtract line 5 from line 4						12,991,604

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,469,283	2,523,222	2,606,757	2,949,478	2,608,765	13,157,505
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	175,627	180,666	435,146	240,363	225,816	1,257,618
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.)	690,817	643,989	141,275	536,806	276,937	2,289,824
11 Total support (Add lines 7 through 10)						16,704,947
12 Gross receipts from related activities, etc. (see instructions)					12	2,797,285
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	77.770 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	71.430 %
16a 33 1/3% support test—2013. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** 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

Return Reference	Explanation	
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 35c (Proxy Tax), then

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

Name of the organization
NAVY LEAGUE OF THE UNITED STATES

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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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)	26,716													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	4,055													
c	Total lobbying expenditures (add lines 1a and 1b)	30,771													
d	Other exempt purpose expenditures	9,094,178													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,124,949													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	606,247													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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)	151,562													
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	927,726	975,594	1,000,000	606,247	3,509,567
b Lobbying ceiling amount (150% of line 2a, column(e))					5,264,351
c Total lobbying expenditures	183,520	265,991	6,005	30,771	486,287
d Grassroots nontaxable amount	231,392	243,899	250,000	151,562	876,853
e Grassroots ceiling amount (150% of line 2d, column (e))					1,315,280
f Grassroots lobbying expenditures	4,757	700	6,005	26,716	38,178

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

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

Table for Part II Conservation Easements. Includes questions about purpose of easements, conservation contribution details, and monitoring expenses. Includes a sub-table for 'Held at the End of the Year' with rows 2a-2d.

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.

Table for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts required to be reported.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

Table with 2 columns: Description, Amount. Rows: 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 XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance

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

- a Board designated or quasi-endowment, b Permanent endowment 100.000%, c Temporarily restricted endowment. The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Row: 3b

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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
PART X, LINE 2	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 CONSOLIDATED 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 CONSOLIDATED 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 CONSOLIDATED 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 2010

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2013

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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 Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL MARITIME PAVILION	119,471
(2) MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL MARITIME PAVILION	23,407
(3)					
(4)					
(5)					
3a Sub-total	0	0			142,878
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			142,878

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION DOES NOT PROVIDE GRANTS OR ASSISTANCE TO RECIPIENTS OUTSIDE OF THE UNITED STATES

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2013

**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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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. Form 990-EZ filers are not required to complete this part.

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

- a** Mail solicitations
- b** Internet and email 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.

(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			
1 HARRIS CONNECT LLC 1511 ROUTE 22 SUITE C-25 BREWSTER, NY 10509	DIRECT MAIL DESIGN SERVICES, TELEPHONE & EMAIL SOLICITATIONS		No	277,102	217,528	59,574
2 HUBBARD MARKETING GROUP INC 23159 TAIL RACE ROAD ALDIE, VA 20105	MAILING SERVICES		No	0	6,895	-6,895
3 COMMUNICATIONS CORPORATION OF AMERICA 12195 FREEDOM WAY BOSTON, VA 22713	MAILING SERVICES		No	0	5,030	-5,030
4						
5						
6						
7						
8						
9						
10						
Total				277,102	229,453	47,649

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

AR, CA, CO, CT, DE

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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 Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash 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 Subtract line 10 from line 3, 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))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	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 Subtract line 7 from line 1, 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 _____

.....

.....

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 Enter 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 of the third party

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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. 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, 52-0808385, 501 (C)(3), 448,300, GENERAL GRANT SUPPORT.

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

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.

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I, LINE 2	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

2013

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, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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

- 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.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification 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) |

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 of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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 |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TRAVER KEVIN STAFF VP CORPORATE AFFAIRS & MEMBERS	(i)	141,867	500	0	25,105	2,421	169,893	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

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, line 38a or 40b.

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

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BILL WAYLETT	FAMILY MEMBER OF DIRECTOR, STEPHEN WAYLETT	90,223	EMPLOYEE		No

Part V Supplemental Information

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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
NAVY LEAGUE OF THE UNITED STATES

Employer identification number

53-0116710

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE NAVY YARD SURVIVAL FUND

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE MEMBERS OF THE STEERING COMMITTEE, ALL PAST PRESIDENTS WHO ARE WILLING AND ELECT TO SERVE, ALL REGION PRESIDENTS, AND TEN (10) NATIONAL DIRECTORS MAY BE APPOINTED BY THE PRESIDENT WITH THE APPROVAL OF THE BOARD OF DIRECTORS THE PRESIDENT SHALL SERVE AS CHAIRMAN OF THE EXECUTIVE COMMITTEE ONE THIRD OF THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM THE EXECUTIVE COMMITTEE SHALL EXERCISE ALL THE POWERS OF THE BOARD OF DIRECTORS WHEN THE BOARD IS NOT IN SESSION EXCEPT AS TO THE ELECTION OF OFFICERS, AMENDMENT TO THE BYLAWS, AND FINANCIAL COMMITMENTS IN EXCESS OF THREE PERCENT OF THE TOTAL ANNUAL BUDGET UNLESS SPECIFICALLY AUTHORIZED BY THE BOARD

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 SHARON GURKE AND LEE GURKE, BOTH DIRECTORS W LAMON CROUCH AND SUZY WILLIAMS, BOTH DIRECTORS DAVID VISNESKI AND DONNA ANN VISNESKI, BOTH DIRECTORS PAT DUMONT AND DOLPH DUMONT, BOTH DIRECTORS LINDA L ASHBY AND RICHARD ASHBY, BOTH DIRECTORS ANNE HARPER AND NICK HARPER, BOTH DIRECTORS ROBERT AND REBECCA SUTTON, BOTH DIRECTORS DOUGLAS AND KAREN CRAWFORD, BOTH DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE NLUS HAS CONTRACTED WITH CASSIDY TURLEY CASSIDY TURLEY IS A COMMERCIAL REAL ESTATE SERVICE THAT MANAGES THE DAILY OPERATIONS OF THE NAVY LEAGUE BUILDING - AN INVESTMENT OF THE LEAGUE

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

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

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

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

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. NLUS STAFF'S COMPENSATION IS DETERMINED AND REVIEWED BY THE EXECUTIVE DIRECTOR. 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.** ▶ **See separate instructions.**
 ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NAVY LEAGUE BUILDING LLC 2300 WILSON BOULEVARD ARLINGTON, VA 22201 54-2061880	TO OWN, OPERATE, LEASE, SELL, OR MANAGE COMMERCIAL REAL ESTATE	DE	7,338,502	46,149,443	NAVY LEAGUE OF THE UNITED STATES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NAVY LEAGUE FOUNDATION 2300 WILSON BLVD ARLINGTON, VA 22201 31-1677884	AWARD COLLEGE SCHOLARSHIPS TO DEPENDENTS/DESCENDENTS OF SEA SERVICE PERSONNE	DE	501(C)(3)	LINE 7	NAVY LEAGUE OF THE UNITED STATES	Yes	
(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)	LINE 7	NAVY LEAGUE OF THE UNITED STATES	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NAVY LEAGUE DEVELOPMENT CORPORATION 2300 WILSON BLVD ARLINGTON, VA 22201 20-2522528	OWN, OPERATE GARAGE AT 2300 WILSON BLVD	DE	NAVY LEAGUE OF THE US	C	604,198	6,770,776	100 000 %	Yes	
(2) NAVY LEAGUE BUILDING CONDOMINIUM UNIT OWNERS ASSOCIATION 2300 WILSON BLVD ARLINGTON, VA 22201 20-5692155	MANAGE OFFICE CONDO	VA	NAVY LEAGUE OF THE US	C	1,681,656	1,160,896	95 860 %	Yes	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NAVAL SEA CADET CORPS	B	448,300	CASH

Part VII Supplemental Information

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

Return Reference**Explanation**