

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
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NAVY LEAGUE OF THE UNITED STATES		D Employer identification number 53-0116710
	Doing business as		E Telephone number (703) 528-1775
	Number and street (or P O box if mail is not delivered to street address) 2300 WILSON BOULEVARD NO 200	Room/suite	G Gross receipts \$ 18,996,569
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 222013308		
F Name and address of principal officer BRUCE K BUTLER 2300 WILSON BOULEVARD NO 200 ARLINGTON, VA 222013308		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.NAVYLEAGUE.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1902	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE NAVY LEAGUE OF THE UNITED STATES IS A PROFESSIONAL ORGANIZATION WHOSE PRIMARY OBJECTIVE IS TO BE A SOURCE OF INFORMATION TO THE GENERAL PUBLIC, PROVIDE DIRECT ASSISTANCE TO MEN AND WOMEN IN THE SEA SERVICES AND SPONSOR A NUMBER OF SCHOLARSHIPS, PUBLIC RECOGNITION, AND YOUTH PROGRAMS WHICH ARE GEARED TOWARDS THE SEA SERVICES. FINALLY, THE NAVY LEAGUE SERVES AS AN ADVOCATE FOR THE SEA SERVICES IN VARIOUS PUBLIC FORUMS.																			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																			
	<table border="1"> <tr> <td>3 Number of voting members of the governing body (Part VI, line 1a)</td> <td>3</td> <td>272</td> </tr> <tr> <td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td> <td>4</td> <td>272</td> </tr> <tr> <td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td> <td>5</td> <td>27</td> </tr> <tr> <td>6 Total number of volunteers (estimate if necessary)</td> <td>6</td> <td>39,932</td> </tr> <tr> <td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td> <td>7a</td> <td>-671,910</td> </tr> <tr> <td>b Net unrelated business taxable income from Form 990-T, line 34</td> <td>7b</td> <td>-1,804,824</td> </tr> </table>			3 Number of voting members of the governing body (Part VI, line 1a)	3	272	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	272	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	27	6 Total number of volunteers (estimate if necessary)	6	39,932	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-671,910	b Net unrelated business taxable income from Form 990-T, line 34	7b
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b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,804,824																		
Revenue			Prior Year	Current Year																
	8 Contributions and grants (Part VIII, line 1h)		2,608,765	3,511,434																
	9 Program service revenue (Part VIII, line 2g)		5,086,679	4,804,852																
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		187,425	175,972																
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-729,226	-1,256,500																
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,153,643	7,235,758																
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		448,300	425,885																
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0																
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,054,784	2,574,990																
	16a Professional fundraising fees (Part IX, column (A), line 11e)		316,095	62,329																
	b Total fundraising expenses (Part IX, column (D), line 25) 416,281																			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,649,834	5,609,131																
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		10,469,013	8,672,335																
19 Revenue less expenses Subtract line 18 from line 12		-3,315,370	-1,436,577																	
Net Assets or Fund Balances			Beginning of Current Year	End of Year																
	20 Total assets (Part X, line 16)		56,628,214	55,027,250																
	21 Total liabilities (Part X, line 26)		57,089,039	55,950,514																
22 Net assets or fund balances Subtract line 21 from line 20		-460,825	-923,264																	

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	2015-11-02 Date			
	BRUCE K BUTLER EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG CPA	Preparer's signature YONG ZHANG CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P01249785
	Firm's name RSM US LLP			Firm's EIN 42-0714325	
	Firm's address 1861 INTERNATIONAL DRIVE SUITE 400 MCLEAN, VA 22102			Phone no (703) 336-6400	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 \$ 2,904,025 including grants of \$) (Revenue \$ 3,786,174)
SEA-AIR-SPACE - AN ANNUAL SERIES OF SEMINARS & EXHIBITS CONCERNING THE STATUS OF THE U S ARMED FORCES, MILITARY TECHNOLOGY & OTHER NATIONAL SECURITY ISSUES MILITARY & GOVERNMENT PERSONNEL ATTEND THE PROGRAM

4b (Code) (Expenses \$ 1,082,305 including grants of \$) (Revenue \$ 1,018,678)
SEA POWER MAGAZINE & ALMANAC ARE INTERNATIONAL PUBLICATONS RELATING TO NAVAL ACTIVITIES, THE NAVY LEAGUER IS A NEWSPAPER DOCUMENTING THE ACTIVITIES OF THE NAVY LEAGUE HEADQUARTERS & ITS COUNCILS

4c (Code) (Expenses \$ 425,885 including grants of \$ 425,885) (Revenue \$)
U S NAVAL SEA CADETS - GRANT TO FEDERALLY CHARTERED SECTION 501(C)(3) YOUTH ORGANIZATIONS ENGAGED IN NAVAL RELATED EDUCATIONAL PROGRAMS
See Additional Data
















4d Other program services (Describe in Schedule O)
(Expenses \$ 1,260,413 including grants of \$) (Revenue \$)

4e Total program service expenses 5,672,628

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"/>	Yes	
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"/>	Yes	
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</i> (see instructions) <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?		
20b			

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

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 (272); 1b Enter the number of voting members included in line 1a, above, who are independent (272); 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: a The governing body? (Yes); b 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (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

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AR, AZ, CA, CO, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, RI, SC, TN, UT, VA, WA, WV, WI
- 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 [X] Upon request [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: RYAN DONALDSON ESQ CORP COUNSEL, 2300 WILSON BLVD STE 200, ARLINGTON, VA 22201 (703) 528-1775

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (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			

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

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

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	700,444	0	118,064

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLARION EVENTS USA INC 2340 PERIMETER PARK DRIVE SUITE 10 ATLANTA, GA 30341	EVENT PLANNING	521,022
FREEMAN AUDIO VISUAL INC 1600 VICEROY SUITE 100 DALLAS, TX 75235	AUDIO/VISUAL RIGGING	309,253
PUBLISHERS PRESS INC 100 FRANK E SIMON AVE SHEPHERDSVILLE, KY 40165	PUBLISHING	271,827
TATE & TRYON 2021 L ST NW 400 WASHINGTON, DC 20036	ACCOUNTING	244,144
FREEMAN DECORATING CO 1600 VICEROY SUITE 100 DALLAS, TX 75235	EVENT DECORATING	186,867

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

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	1,684,026				
	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	1,827,408				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		3,511,434			
Program Service Revenue	2a	SEA-AIR SPACE EXPO	611710	3,786,174	3,337,624	448,550	
	b	PUBLICATIONS	541800	1,018,678	1,018,678		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		4,804,852			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		175,972		175,972
4		Income from investment of tax-exempt bond proceeds					
5		Royalties		55,000		55,000	
6a		Gross rents	(i) Real	6,187,328			
			(ii) Personal				
			b Less rental expenses	7,877,916			
			c Rental income or (loss)	-1,690,588			
d		Net rental income or (loss)		-1,690,588		-1,690,588	
7a		Gross amount from sales of assets other than inventory	(i) Securities	3,882,895			
			(ii) Other				
			b Less cost or other basis and sales expenses	3,882,895			
			c Gain or (loss)	0			
d		Net gain or (loss)		0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE	900099	246,178		246,178		
b	NAVY BALL	900099	132,910		132,910		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		379,088				
12	Total revenue. See Instructions		7,235,758	3,337,624	-671,910	1,058,610	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	425,885	425,885		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	355,531	182,527	147,576	25,428
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,724,705	994,335	616,613	113,757
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,726	56,849	62,831	7,046
9	Other employee benefits	205,861	92,349	102,066	11,446
10	Payroll taxes	162,167	91,839	59,386	10,942
11	Fees for services (non-employees)				
a	Management	195,422	102,308	93,114	
b	Legal	17,146	13,232	3,914	
c	Accounting	413,196	318,877	94,319	
d	Lobbying	38,969	18,149	20,820	
e	Professional fundraising services. See Part IV, line 17	62,329			62,329
f	Investment management fees	40,342	18,097	20,002	2,243
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	204,585	187,792	16,793	
13	Office expenses	721,713	562,113	141,571	18,029
14	Information technology	134,998	60,560	66,932	7,506
15	Royalties				
16	Occupancy				
17	Travel	229,471	48,848	126,542	54,081
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,633,089	2,471,029	162,060	
20	Interest	35,740	16,033	17,720	1,987
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	167,842	75,294	83,216	9,332
23	Insurance	77,287	42,133	31,669	3,485
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	OTHER EXPENSES	760,728	64,993	671,908	23,827
b	BAD DEBT	64,843			64,843
c	MEMBER SUPPORT/FULFILLMENT	44,374		44,374	
d	DONATED SERVICE	-170,614	-170,614		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,672,335	5,672,628	2,583,426	416,281
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	3,346,147	1	1,451,748
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	238,950	3	62,337
	4 Accounts receivable, net	1,178,301	4	1,688,296
	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	1,295,186	9	470,946
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 48,810,357		
	b Less accumulated depreciation	10b 18,390,757	30,386,624	10c 30,419,600
	11 Investments—publicly traded securities	9,794,950	11	8,424,016
	12 Investments—other securities See Part IV, line 11	6,864,554	12	7,670,899
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	1,628,391	14	1,455,260
	15 Other assets See Part IV, line 11	1,895,111	15	3,384,148
16 Total assets. Add lines 1 through 15 (must equal line 34)	56,628,214	16	55,027,250	
Liabilities	17 Accounts payable and accrued expenses	1,583,573	17	1,446,263
	18 Grants payable		18	
	19 Deferred revenue	3,542,743	19	3,424,020
	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	51,962,723	23	51,051,676
	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	0	25	28,555
	26 Total liabilities. Add lines 17 through 25	57,089,039	26	55,950,514
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	-1,119,203	27	-1,407,889
	28 Temporarily restricted net assets	454,649	28	280,896
	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	-460,825	33	-923,264	
34 Total liabilities and net assets/fund balances	56,628,214	34	55,027,250	

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	7,235,758
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,672,335
3	Revenue less expenses Subtract line 2 from line 1	3	-1,436,577
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-460,825
5	Net unrealized gains (losses) on investments	5	171,361
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	802,777
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	-923,264

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 III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 708,152 including grants of \$) (Revenue \$)
OTHER EDUCATIONAL PROGRAMS
(Code) (Expenses \$ 552,261 including grants of \$) (Revenue \$)
COUNCIL DEVELOPMENT MEMBERSHIP - MAINTAINS MEMBERSHIP RECORDS & ISSUES CERTIFICATES, PINS, ETC

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			
(1) CHARLES T ALAIMO NATIONAL DIRECTOR	1 00	X						0	0	0
(1) JEFF ALEXANDER NATIONAL DIRECTOR	1 00	X						0	0	0
(2) JOHN W ALGER NATIONAL DIRECTOR	1 00	X						0	0	0
(3) PAMELA K AMMERMAN NATIONAL DIRECTOR	1 00	X						0	0	0
(4) WAYNE ARNY NATIONAL DIRECTOR	1 00	X						0	0	0
(5) LINDA L ASHBey NATIONAL DIRECTOR	1 00	X						0	0	0
(6) RICHARD F ASHBey NATIONAL DIRECTOR	1 00	X						0	0	0
(7) BARBARA F BAILEY NATIONAL DIRECTOR	1 00	X						0	0	0
(8) THOMAS W BAKER NATIONAL DIRECTOR	1 00	X						0	0	0
(9) P PASHA BAKER NATIONAL DIRECTOR	1 00	X						0	0	0
(10) EVAN S BAKER NATIONAL DIRECTOR	1 00	X						0	0	0
(11) MARY ELLEN BALDWIN NATIONAL DIRECTOR	1 00	X						0	0	0
(12) PHIL BALISLE NATIONAL DIRECTOR	1 00	X						0	0	0
(13) CAREY G BARNECUT NATIONAL DIRECTOR	1 00	X						0	0	0
(14) CHARLES G BAUMBACH NATIONAL DIRECTOR	1 00	X						0	0	0
(15) ALAN BEAM NATIONAL DIRECTOR	1 00	X						0	0	0
(16) JAMES M BEATY NATIONAL DIRECTOR	1 00	X						0	0	0
(17) SHELLEY BECK NATIONAL DIRECTOR	1 00	X						0	0	0
(18) DENNY BEHR NATIONAL DIRECTOR	1 00	X						0	0	0
(19) BERNARD BENNETT NATIONAL DIRECTOR	1 00	X						0	0	0
(20) BRENT M BENNITT NATIONAL DIRECTOR	1 00	X						0	0	0
(21) ROGER W BING NATIONAL DIRECTOR	1 00	X						0	0	0
(22) CHARLES A BLACK NATIONAL DIRECTOR	1 00	X						0	0	0
(23) HARRY M BOYD NATIONAL DIRECTOR	1 00	X						0	0	0
(24) PAULA BOZDECH-VEATER 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			
(26) ROBERT BRACALENTE NATIONAL DIRECTOR	1 00	X						0	0	0
(1) KATHLEEN BRANCH NATIONAL DIRECTOR	1 00	X						0	0	0
(2) JAMES P BRAS NATIONAL DIRECTOR	1 00	X						0	0	0
(3) WILLIAM G BRAUND NATIONAL DIRECTOR	1 00	X						0	0	0
(4) JEFFREY R BROWN NATIONAL DIRECTOR	1 00	X						0	0	0
(5) ROGER BURKE NATIONAL DIRECTOR	1 00	X						0	0	0
(6) STEWART V BURLEY NATIONAL DIRECTOR	1 00	X						0	0	0
(7) WILLIAM CAMERON NATIONAL DIRECTOR	1 00	X						0	0	0
(8) FRANCIS CAMPBELL NATIONAL DIRECTOR	1 00	X						0	0	0
(9) EVAN M CHANIK NATIONAL DIRECTOR	1 00	X						0	0	0
(10) CALVIN H COBB JR NATIONAL DIRECTOR	1 00	X						0	0	0
(11) JEANIE COFFEY NATIONAL DIRECTOR	1 00	X						0	0	0
(12) WARD W COOK NATIONAL DIRECTOR	1 00	X						0	0	0
(13) J ROBERT COOK NATIONAL DIRECTOR	1 00	X						0	0	0
(14) ROBERT COOK NATIONAL DIRECTOR	1 00	X						0	0	0
(15) RICHARD M COOPER NATIONAL DIRECTOR	1 00	X						0	0	0
(16) J DOUGLAS CRAWFORD NATIONAL DIRECTOR	1 00	X						0	0	0
(17) KAREN CRAWFORD NATIONAL DIRECTOR	1 00	X						0	0	0
(18) WILLIAM L CREEDON NATIONAL DIRECTOR	1 00	X						0	0	0
(19) JOSEPH J DAIGNEAULT JR NATIONAL DIRECTOR	1 00	X						0	0	0
(20) CAROLYN E DANKERS NATIONAL DIRECTOR	1 00	X						0	0	0
(21) WARREN H DANLEY NATIONAL DIRECTOR	1 00	X						0	0	0
(22) RICHARD W DEVLIN NATIONAL DIRECTOR	1 00	X						0	0	0
(23) CARLYLE DEVOE NATIONAL DIRECTOR	1 00	X						0	0	0
(24) DENNIS A DICKERSON 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			
(51) DAVID DICKEY NATIONAL DIRECTOR	1 00	X						0	0	0
(1) MARIA-ISABEL S DICKEY NATIONAL DIRECTOR	1 00	X						0	0	0
(2) JOHN DONNELLY NATIONAL DIRECTOR	1 00	X						0	0	0
(3) DOLPH DU MONT NATIONAL DIRECTOR	1 00	X						0	0	0
(4) PATRICIA DU MONT NATIONAL DIRECTOR	1 00	X						0	0	0
(5) WILLIAM E DUDLEY NATIONAL DIRECTOR	1 00	X						0	0	0
(6) PHILIP L DUNMIRE NATIONAL DIRECTOR	1 00	X						0	0	0
(7) TODD DUNN NATIONAL DIRECTOR	1 00	X						0	0	0
(8) TED DURANTE NATIONAL DIRECTOR	1 00	X						0	0	0
(9) JOHN E EASTON NATIONAL DIRECTOR	1 00	X						0	0	0
(10) JAMES H ERLINGER NATIONAL DIRECTOR	1 00	X						0	0	0
(11) WILLIAM J EVANZIA NATIONAL DIRECTOR	1 00	X						0	0	0
(12) TIMOTHY O FANNING NATIONAL DIRECTOR	1 00	X						0	0	0
(13) JOHN M FELKER NATIONAL DIRECTOR	1 00	X						0	0	0
(14) BOBBY V FERGUSON NATIONAL DIRECTOR	1 00	X						0	0	0
(15) DARRELL J FIKE NATIONAL DIRECTOR	1 00	X						0	0	0
(16) ARTHUR FILETE NATIONAL DIRECTOR	1 00	X						0	0	0
(17) ROBERT FORD NATIONAL DIRECTOR	1 00	X						0	0	0
(18) RICHARD FOSTER NATIONAL DIRECTOR	1 00	X						0	0	0
(19) LEROY J FOURNIER NATIONAL DIRECTOR	1 00	X						0	0	0
(20) VINCE FRAGOMENE NATIONAL DIRECTOR	1 00	X						0	0	0
(21) ALBERT H FRIEDRICH NATIONAL DIRECTOR	1 00	X						0	0	0
(22) LINDA FULGENZI NATIONAL DIRECTOR	1 00	X						0	0	0
(23) LISA M GALLINAT NATIONAL DIRECTOR	1 00	X						0	0	0
(24) THEODORE R GALLINAT 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			
(76) JON A GALLINETTI NATIONAL DIRECTOR	1 00	X						0	0	0
(1) FRANK G GALLOWAY JR NATIONAL DIRECTOR	1 00	X						0	0	0
(2) H LAWRENCE GARRETT III NATIONAL DIRECTOR	1 00	X						0	0	0
(3) WILLIAM S GARR NATIONAL DIRECTOR	1 00	X						0	0	0
(4) MAI GARR NATIONAL DIRECTOR	1 00	X						0	0	0
(5) MACK C GASTON NATIONAL DIRECTOR	1 00	X						0	0	0
(6) DONALD A GILES NATIONAL DIRECTOR	1 00	X						0	0	0
(7) ROBERT J GILLHAM NATIONAL DIRECTOR	1 00	X						0	0	0
(8) CURT W GOLDBACKER NATIONAL DIRECTOR	1 00	X						0	0	0
(9) NANCY F GORELL NATIONAL DIRECTOR	1 00	X						0	0	0
(10) IRVING X GORMAN NATIONAL DIRECTOR	1 00	X						0	0	0
(11) ALFRED M GRAY JR NATIONAL DIRECTOR	1 00	X						0	0	0
(12) JOHN F GRIFFING NATIONAL DIRECTOR	1 00	X						0	0	0
(13) WILLIAM C GRIGGS NATIONAL DIRECTOR	1 00	X						0	0	0
(14) CHARLES E GUDMUNSON NATIONAL DIRECTOR	1 00	X						0	0	0
(15) SCOTT GUPTILL NATIONAL DIRECTOR	1 00	X						0	0	0
(16) LEE GURKE NATIONAL DIRECTOR	1 00	X						0	0	0
(17) CAROL ANN HACKLEY NATIONAL DIRECTOR	1 00	X						0	0	0
(18) T COLE HACKLEY NATIONAL DIRECTOR	1 00	X						0	0	0
(19) DONALD F HALE NATIONAL DIRECTOR	1 00	X						0	0	0
(20) MARK A HALLER NATIONAL DIRECTOR	1 00	X						0	0	0
(21) JUDY C HALLERAN NATIONAL DIRECTOR	1 00	X						0	0	0
(22) RICHARD C HALLERAN NATIONAL DIRECTOR	1 00	X						0	0	0
(23) SCOTT B HANCOCK NATIONAL DIRECTOR	1 00	X						0	0	0
(24) CATHERINE A HANSEN 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			
(101) MARK HARDEN NATIONAL DIRECTOR	1 00	X						0	0	0
(1) ANNE HARPER NATIONAL DIRECTOR	1 00	X						0	0	0
(2) NICHOLAS HARPER NATIONAL DIRECTOR	1 00	X						0	0	0
(3) CHARLIE HAUTAU NATIONAL DIRECTOR	1 00	X						0	0	0
(4) NICHOLAS HAYES NATIONAL DIRECTOR	1 00	X						0	0	0
(5) MARK HEINRICH NATIONAL DIRECTOR	1 00	X						0	0	0
(6) ALBERT J HERBERGER NATIONAL DIRECTOR	1 00	X						0	0	0
(7) BILLY L HEWITT NATIONAL DIRECTOR	1 00	X						0	0	0
(8) JAMES M HICKERSON NATIONAL DIRECTOR	1 00	X						0	0	0
(9) SHIRLEY A HILL NATIONAL DIRECTOR	1 00	X						0	0	0
(10) PHELPS HOBART NATIONAL DIRECTOR	1 00	X						0	0	0
(11) SUSAN HODGE NATIONAL DIRECTOR	1 00	X						0	0	0
(12) THOMAS W HOFFMAN NATIONAL DIRECTOR	1 00	X						0	0	0
(13) GORDON S HOLDER NATIONAL DIRECTOR	1 00	X						0	0	0
(14) RANDY W HOLLSTEIN NATIONAL DIRECTOR	1 00	X						0	0	0
(15) STEVEN HONIGMAN NATIONAL DIRECTOR	1 00	X						0	0	0
(16) BETTY HOWARD NATIONAL DIRECTOR	1 00	X						0	0	0
(17) GLEN HUBER NATIONAL DIRECTOR	1 00	X						0	0	0
(18) LORRAINE D HUGHEY NATIONAL DIRECTOR	1 00	X						0	0	0
(19) TIMOTHY A HUNSBERGER NATIONAL DIRECTOR	1 00	X						0	0	0
(20) MELVIN HW ING NATIONAL DIRECTOR	1 00	X						0	0	0
(21) GRANT W IVEY NATIONAL DIRECTOR	1 00	X						0	0	0
(22) DIANE Z JAFFA NATIONAL DIRECTOR	1 00	X						0	0	0
(23) THOMAS E JAFFA NATIONAL DIRECTOR	1 00	X						0	0	0
(24) LAURA JOAQUIN 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			
(126) JOAN S JONES NATIONAL DIRECTOR	1 00	X						0	0	0
(1) ARTHUR JUDSON II NATIONAL DIRECTOR	1 00	X						0	0	0
(2) ALAN L KAPLAN NATIONAL DIRECTOR	1 00	X						0	0	0
(3) JONATHAN D KASKIN NATIONAL DIRECTOR	1 00	X						0	0	0
(4) PATRICK J KEAVENY NATIONAL DIRECTOR	1 00	X						0	0	0
(5) FELIX P KEELEY JR NATIONAL DIRECTOR	1 00	X						0	0	0
(6) WILLIAM R KELLER NATIONAL DIRECTOR	1 00	X						0	0	0
(7) JAMES W KELLER NATIONAL DIRECTOR	1 00	X						0	0	0
(8) WILLIAM C KELLEY JR NATIONAL DIRECTOR	1 00	X						0	0	0
(9) STEPHEN W KELLY NATIONAL DIRECTOR	1 00	X						0	0	0
(10) JACK M KENNEDY NATIONAL DIRECTOR	1 00	X						0	0	0
(11) RICHARD H KENNEDY NATIONAL DIRECTOR	1 00	X						0	0	0
(12) RICHARD T KENNEY NATIONAL DIRECTOR	1 00	X						0	0	0
(13) WILLIAM KILLEA NATIONAL DIRECTOR	1 00	X						0	0	0
(14) JOHN KOCHER NATIONAL DIRECTOR	1 00	X						0	0	0
(15) HANS H KRUCKE NATIONAL DIRECTOR	1 00	X						0	0	0
(16) TRAVIS LAGRONE NATIONAL DIRECTOR	1 00	X						0	0	0
(17) ED LANGMAID NATIONAL DIRECTOR	1 00	X						0	0	0
(18) MICHELLE LANGMAID NATIONAL DIRECTOR	1 00	X						0	0	0
(19) KEITH A LARSON NATIONAL DIRECTOR	1 00	X						0	0	0
(20) GWEN T LARSON NATIONAL DIRECTOR	1 00	X						0	0	0
(21) JAMES M LASHER NATIONAL DIRECTOR	1 00	X						0	0	0
(22) HARRIETT A LEARSON NATIONAL DIRECTOR	1 00	X						0	0	0
(23) KEITH LIPPER NATIONAL DIRECTOR	1 00	X						0	0	0
(24) JOSEPH LISSENDEN 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			
(151) DAVID C LIVINGSTON NATIONAL DIRECTOR	1 00	X						0	0	0
(1) JACK LONDON NATIONAL DIRECTOR	1 00	X						0	0	0
(2) R GLENN LOONEY NATIONAL DIRECTOR	1 00	X						0	0	0
(3) R STANLEY LOWE NATIONAL DIRECTOR	1 00	X						0	0	0
(4) DALE A LUMME NATIONAL DIRECTOR	1 00 1 00	X						0	0	0
(5) LAWRENCE P LYNOTT NATIONAL DIRECTOR	1 00	X						0	0	0
(6) LAWRENCE R LYONS NATIONAL DIRECTOR	1 00	X						0	0	0
(7) KEVIN D MACFARLAND NATIONAL DIRECTOR	1 00	X						0	0	0
(8) UDO MAROSCHER NATIONAL DIRECTOR	1 00	X						0	0	0
(9) PETER MARSHALL NATIONAL DIRECTOR	1 00	X						0	0	0
(10) MARK H MATHESON NATIONAL DIRECTOR	1 00	X						0	0	0
(11) THOMAS MATTEO NATIONAL DIRECTOR	1 00	X						0	0	0
(12) SUSAN MAYFIELD NATIONAL DIRECTOR	1 00	X						0	0	0
(13) JOEL MCCLAIN NATIONAL DIRECTOR	1 00	X						0	0	0
(14) KEN MCCONWELL NATIONAL DIRECTOR	1 00	X						0	0	0
(15) CHARLES W MCCULLOUGH NATIONAL DIRECTOR	1 00	X						0	0	0
(16) MARK MCDONALD NATIONAL DIRECTOR	1 00	X						0	0	0
(17) THOMAS MCGLOIN NATIONAL DIRECTOR	1 00	X						0	0	0
(18) J MICHAEL MCGRATH NATIONAL DIRECTOR	1 00	X						0	0	0
(19) DOUGLAS A MCHOUL NATIONAL DIRECTOR	1 00	X						0	0	0
(20) ANGIE MCKINSTRY NATIONAL DIRECTOR	1 00	X						0	0	0
(21) SHEILA M MCNEILL NATIONAL DIRECTOR	1 00	X						0	0	0
(22) MAX K MILLER NATIONAL DIRECTOR	1 00	X						0	0	0
(23) JOAN C MITCHELL NATIONAL DIRECTOR	1 00	X						0	0	0
(24) TIMOTHY MOON NATIONAL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(176) DONALD A MORRISON NATIONAL DIRECTOR	1 00	X						0	0	0
(1) DAYNA MORTON NATIONAL DIRECTOR	1 00	X						0	0	0
(2) GERALD MOSKWA NATIONAL DIRECTOR	1 00	X						0	0	0
(3) WALT NATZIC NATIONAL DIRECTOR	1 00	X						0	0	0
(4) RAYMOND B NELSON NATIONAL DIRECTOR	1 00	X						0	0	0
(5) JOHN H OCHS NATIONAL DIRECTOR	1 00	X						0	0	0
(6) RUDOLPH H OETTING NATIONAL DIRECTOR	1 00	X						0	0	0
(7) JAMES H OFFUTT NATIONAL DIRECTOR	1 00	X						0	0	0
(8) ROGER OLSEN NATIONAL DIRECTOR	1 00	X						0	0	0
(9) TOMMASINA A OLSON NATIONAL DIRECTOR	1 00	X						0	0	0
(10) HUGH O'NEILL NATIONAL DIRECTOR	1 00	X						0	0	0
(11) AL OSHIRAQ NATIONAL DIRECTOR	1 00	X						0	0	0
(12) CHRISTOPHER PADDOCK NATIONAL DIRECTOR	1 00	X						0	0	0
(13) PATRICK E PANG NATIONAL DIRECTOR	1 00	X						0	0	0
(14) JOHN A PANNETON NATIONAL DIRECTOR	1 00	X						0	0	0
(15) MARY VIRGINIA PITTMAN-WALLER NATIONAL DIRECTOR	1 00	X						0	0	0
(16) JUDITH L PLOTZ-BRANNIGAN NATIONAL DIRECTOR	1 00	X						0	0	0
(17) PATRICIA ANN POSEY NATIONAL DIRECTOR	1 00	X						0	0	0
(18) KEITH F POST NATIONAL DIRECTOR	1 00	X						0	0	0
(19) BONNIE B POTTER NATIONAL DIRECTOR	1 00	X						0	0	0
(20) ROBERT W PRICE NATIONAL DIRECTOR	1 00	X						0	0	0
(21) GEOFFREY G PROSCH NATIONAL DIRECTOR	1 00	X						0	0	0
(22) THOMAS J PRUTER NATIONAL DIRECTOR	1 00	X						0	0	0
(23) SIMONE RAMOS NATIONAL DIRECTOR	1 00	X						0	0	0
(24) JOHN M RAU 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			
(201) JOSEPH RE NATIONAL DIRECTOR	1 00	X						0	0	0
(1) ELIZABETH REESE NATIONAL DIRECTOR	1 00	X						0	0	0
(2) WALTER H REESE NATIONAL DIRECTOR	1 00	X						0	0	0
(3) ROB REILLY NATIONAL DIRECTOR	1 00	X						0	0	0
(4) DAVID J REILLY NATIONAL DIRECTOR	1 00	X						0	0	0
(5) MARLENE G REINECKE NATIONAL DIRECTOR	1 00	X						0	0	0
(6) STEWART E REUTER NATIONAL DIRECTOR	1 00	X						0	0	0
(7) ERIC RIPPERT NATIONAL DIRECTOR	1 00	X						0	0	0
(8) JACK F RITTER JR NATIONAL DIRECTOR	1 00	X						0	0	0
(9) RAY ROTH NATIONAL DIRECTOR	1 00	X						0	0	0
(10) DAVID W RUCKER NATIONAL DIRECTOR	1 00	X						0	0	0
(11) THOMAS RUDDEN NATIONAL DIRECTOR	1 00	X						0	0	0
(12) NORA RUEBROOK NATIONAL DIRECTOR	1 00	X						0	0	0
(13) LEE RUSH NATIONAL DIRECTOR	1 00	X						0	0	0
(14) C GAIL RYAN NATIONAL DIRECTOR	1 00	X						0	0	0
(15) ELEANOR E SAMUELS NATIONAL DIRECTOR	1 00	X						0	0	0
(16) WILLIAM SANCHEZ NATIONAL DIRECTOR	1 00	X						0	0	0
(17) SAM SAUSE NATIONAL DIRECTOR	1 00	X						0	0	0
(18) WARREN H SAVAGE NATIONAL DIRECTOR	1 00	X						0	0	0
(19) BOB SCHOLES NATIONAL DIRECTOR	1 00	X						0	0	0
(20) JERRY E SCOTT NATIONAL DIRECTOR	1 00	X						0	0	0
(21) JAMES SEMERAD NATIONAL DIRECTOR	1 00	X						0	0	0
(22) PAMELA SILVER NATIONAL DIRECTOR	1 00	X						0	0	0
(23) JAMES T SKETCHLEY NATIONAL DIRECTOR	1 00	X						0	0	0
(24) MICHAEL J SLEIN NATIONAL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(226) NORBERT F SMITH NATIONAL DIRECTOR	1 00	X						0	0	0
(1) JOHN SNEDEKER NATIONAL DIRECTOR	1 00	X						0	0	0
(2) EDMUND S SOBIERAY NATIONAL DIRECTOR	1 00	X						0	0	0
(3) PETER J SOLER NATIONAL DIRECTOR	1 00	X						0	0	0
(4) KEN SPARKS NATIONAL DIRECTOR	1 00	X						0	0	0
(5) JOHN J SPITTLER NATIONAL DIRECTOR	1 00	X						0	0	0
(6) GERARD J ST GERMAIN NATIONAL DIRECTOR	1 00	X						0	0	0
(7) JOHN D STEGMAN NATIONAL DIRECTOR	1 00	X						0	0	0
(8) JACKSON C STEVENS NATIONAL DIRECTOR	1 00	X						0	0	0
(9) WILLIAM STEVENSON III NATIONAL DIRECTOR	1 00	X						0	0	0
(10) PETE STILES NATIONAL DIRECTOR	1 00	X						0	0	0
(11) DAVID C SULLIVAN NATIONAL DIRECTOR	1 00	X						0	0	0
(12) JOHN G SUTTER NATIONAL DIRECTOR	1 00	X						0	0	0
(13) REBECCA B SUTTON NATIONAL DIRECTOR	1 00	X						0	0	0
(14) ROBERT SUTTON NATIONAL DIRECTOR	1 00	X						0	0	0
(15) TINA SWALLOW NATIONAL DIRECTOR	1 00	X						0	0	0
(16) TODD P TARBY NATIONAL DIRECTOR	1 00	X						0	0	0
(17) WILLIAM E THOMPSON NATIONAL DIRECTOR	1 00	X						0	0	0
(18) A HUNT THORNHILL NATIONAL DIRECTOR	1 00	X						0	0	0
(19) DANIEL MTHYS NATIONAL DIRECTOR	1 00	X						0	0	0
(20) DAVID N TODD NATIONAL DIRECTOR	1 00	X						0	0	0
(21) STEVEN J TOMASZESKI NATIONAL DIRECTOR	1 00	X						0	0	0
(22) GORDON EVANS VAN HOOK NATIONAL DIRECTOR	1 00	X						0	0	0
(23) JOHN T VARGO NATIONAL DIRECTOR	1 00	X						0	0	0
(24) DAVID J VISNESKI NATIONAL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(251) DONALD B WALKER NATIONAL DIRECTOR	1 00	X						0	0	0
(1) JAMES H WALLER NATIONAL DIRECTOR	1 00	X						0	0	0
(2) GEORGE A WARDWELL NATIONAL DIRECTOR	1 00	X						0	0	0
(3) OWEN WATFORD NATIONAL DIRECTOR	1 00	X						0	0	0
(4) STEPHEN F WAYLETT NATIONAL DIRECTOR	1 00	X						0	0	0
(5) KEVIN WENSING NATIONAL DIRECTOR	1 00	X						0	0	0
(6) MICHAEL WERBOWETSKI NATIONAL DIRECTOR	1 00	X						0	0	0
(7) JOEL R WHITEHEAD NATIONAL DIRECTOR	1 00	X						0	0	0
(8) DOYLE WILHITE NATIONAL DIRECTOR	1 00	X						0	0	0
(9) SUZY WILLIAMS NATIONAL DIRECTOR	1 00	X						0	0	0
(10) A DUANE WILLS NATIONAL DIRECTOR	1 00	X						0	0	0
(11) ROBERT WILSON NATIONAL DIRECTOR	1 00	X						0	0	0
(12) THOMAS C WINANT NATIONAL DIRECTOR	1 00	X						0	0	0
(13) STANLEY WINOWICZ NATIONAL DIRECTOR	1 00	X						0	0	0
(14) BERNARD WITUNSKI NATIONAL DIRECTOR	1 00	X						0	0	0
(15) ROYCEALEE J WOOD NATIONAL DIRECTOR	1 00	X						0	0	0
(16) PHIL WORK NATIONAL DIRECTOR	1 00	X						0	0	0
(17) GARLAND P WRIGHT NATIONAL DIRECTOR	1 00	X						0	0	0
(18) THOMAS W WRIGHT NATIONAL DIRECTOR	1 00	X						0	0	0
(19) DIANE S WRIGHT NATIONAL DIRECTOR	1 00	X						0	0	0
(20) JAMES F YOUNG NATIONAL DIRECTOR	1 00	X						0	0	0
(21) KENNETH A ZADWICK NATIONAL DIRECTOR	1 00	X						0	0	0
(22) BRUCE K BUTLER NATIONAL EXECUTIVE DIRECTOR	60 00 2 00			X				209,453	0	27,583
(23) RYAN DONALDSON ESQ CORPORATE COUNSEL & SR DIR CONTRACTS & FINANCE	40 00 2 00			X				99,400	0	19,095
(24) KEVIN TRAVER STAFF VP	40 00					X		181,694	0	20,313

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(276) AMY WITTMAN STAFF VP	40 00					X		107,635	0	27,956
(1) SARA FUENTES STAFF VP	40 00					X		102,262	0	23,117

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.

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

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,523,222	2,606,757	2,949,478	2,608,765	3,511,434	14,199,656
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	2,523,222	2,606,757	2,949,478	2,608,765	3,511,434	14,199,656
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)						1,254,972
6 Public support. Subtract line 5 from line 4						12,944,684

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,523,222	2,606,757	2,949,478	2,608,765	3,511,434	14,199,656
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180,666	435,146	240,363	225,816	230,972	1,312,963
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 VI.)	643,989	759,743	536,806	276,937	379,088	2,596,563
11 Total support. Add lines 7 through 10						18,109,182
12 Gross receipts from related activities, etc. (see instructions)					12	18,549,579
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	71.480%
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	77.770%
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI 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—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME FROM EXEMPT ACTIVITY - 2010 AMOUNT \$ 643,989 2011 AMOUNT \$ 759,743 2012 AMOUNT \$ 536,806 2013 AMOUNT \$ 276,937 2014 AMOUNT \$ 379,088

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

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.
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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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)	13,601													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	25,368													
c	Total lobbying expenditures (add lines 1a and 1b)	38,969													
d	Other exempt purpose expenditures	8,803,980													
e	Total exempt purpose expenditures (add lines 1c and 1d)	8,842,949													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	592,147													
<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)	148,037													
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	975,594	1,000,000	606,247	592,147	3,173,988
b Lobbying ceiling amount (150% of line 2a, column(e))					4,760,982
c Total lobbying expenditures	265,991	6,005	30,771	38,969	341,736
d Grassroots nontaxable amount	243,899	250,000	151,562	148,037	793,498
e Grassroots ceiling amount (150% of line 2d, column (e))					1,190,247
f Grassroots lobbying expenditures	700	6,005	26,716	13,601	47,022

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

For each "Yes" response to lines 1a through 1j below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

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.

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 value of contributions, grants, and end of year, and questions about donor informed consent.

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

Form for Part II Conservation Easements including checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and various questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting revenue and assets.

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	364,341	350,200	336,180	339,543	324,759
b Contributions					13,102
c Net investment earnings, gains, and losses	10,171	19,141	19,020	2,971	6,910
d Grants or scholarships					
e Other expenditures for facilities and programs	2,034	5,000	5,000	6,334	5,228
f Administrative expenses					
g End of year balance	372,478	364,341	350,200	336,180	339,543

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 54.700 %
 - c** Temporarily restricted endowment 45.300 %
- 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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

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

4 Describe in Part 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,102,268		4,102,268
b Buildings		29,237,767	6,887,233	22,350,534
c Leasehold improvements				
d Equipment				
e Other		15,470,322	11,503,524	3,966,798
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				30,419,600

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	16,033,595
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	171,361	
b	Donated services and use of facilities	2b	170,614	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	8,455,862	
e	Add lines 2a through 2d			2e 8,797,837
3	Subtract line 2e from line 1			3 7,235,758
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 7,235,758

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	17,393,676
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	170,614	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	8,550,727	
e	Add lines 2a through 2d			2e 8,721,341
3	Subtract line 2e from line 1			3 8,672,335
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 8,672,335

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 \$326,358 OCEANIC EDUCATION \$46,120
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 FINANCIAL STATEMENTS THE LEAGUE MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED THE LEAGUE'S TAX POSITIONS AND CONCLUDED THAT THE LEAGUE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, THE LEAGUE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2011
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENT ELIMINATION -1,570,257 INCOME OF THE NAVY LEAGUE DEVELOPMENT CORPORATION 589,059 INCOME OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOCIATION 1,559,145 RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B 7,877,915
PART XII, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENT ELIMINATION -1,570,257 EXPENSES OF THE NAVY LEAGUE DEVELOPMENT CORPORATION 683,924 EXPENSES OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOCIATION 1,559,145 RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B 7,877,915

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2014

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

▶ **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) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INTERNATIONAL MARITIME PAVILION	15,472
(2) NORTH AMERICA	0	0	PROGRAM SERVICES	MARKETING SAS	994
(3) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL MARITIME PAVILION	10,632
(4)					
(5)					
3a Sub-total	0	0			27,098
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			27,098

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; do not file with Form 990)* 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; do not file with Form 990)* 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 3	THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

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.

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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes entries for HARRIS CONNECT LLC and THE HERITAGE COMPANY LLC.

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. AL, AK, AZ, AR, CA, CO, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, RI, SC, TN, UT, VA, WA, WV, WI

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 conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct 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 activities conducted 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 provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

OMB No 1545-0047

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

2014

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

▶ **Attach to Form 990.**

**Open to Public
Inspection**

▶ **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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NAVAL SEA CADET CORPS 2300 WILSON BLVD ARLINGTON, VA 22201	52-0808385	501(C)(3)	425,885				GENERAL GRANT SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. 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

2014

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.

▶ 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 idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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 checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRUCE K BUTLER, NATIONAL EXECUTIVE DIRECTOR	(i)	209,185	0	268	17,729	9,854	237,036	0
	(ii)	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
2 KEVIN TRAVER, STAFF VP	(i)	181,601	0	93	12,002	8,311	202,007	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

2014

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.

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), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main 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 main 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)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main 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	SEE PART V	97,177	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON BILL WAYLETT (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF DIRECTOR STEPHEN WAYLETT (D) DESCRIPTION OF TRANSACTION EMPLOYEE OF NLUS

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 990-EZ 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.

2014

Open to Public Inspection

Name of the organization NAVY LEAGUE OF THE UNITED STATES	Employer identification number 53-0116710
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION A, LINE 3	THE NLUS HAS CONTRACTED WITH CASSIDY TURLEY CASSIDY TURLEY IS A COMMERCIAL REAL ESTATE SE RVICE THAT MANAGES THE DAILY OPERATIONS OF THE NAVY LEAGUE BUILDING - AN INVESTMENT OF THE LEAGUE
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 RIGHTS ONE VOTE PER MEMBER
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
FORM 990, PART VI, SECTION B, LINE 11	THE TOP MANAGEMENT OFFICIAL, TOP FINANCIAL OFFICIAL ALONG WITH MEMBERS OF THE FINANCIAL TE AM REVIEWED THE RETURN AFTER IT WAS PREPARED BY OUR AUDITORS FROM THE BOOKS, RECORDS AND O THER INFORMATION SUPPLIED BY THE ORGANIZATION THE RETURN WAS THEN MADE AVAILABLE TO THE S TEERING COMMITTEE, AUTHORIZED BY THE LEAGUE'S BYLAWS TO ACT ON BEHALF OF THE BOARD OF DIRE CTORS WHEN THE BOARD IS NOT IN SESSION, FOR REVIEW PRIOR TO FILING THESE DOCUMENTS WITH TH E IRS
FORM 990, PART VI, SECTION B, LINE 12C	WHEN THE BOARD OF THE LEAGUE MEETS THE NATIONAL PRESIDENT REMINDS THE BOARD OF THE CONFLIC T OF INTEREST POLICY AND ASKS THEM TO DISCLOSE ANY CONFLICTS OF INTEREST THE NLUS REQUIRE S ALL BOARD MEMBERS, OFFICERS AND STAFF TO SIGN THE CONFLICT OF INTEREST POLICY, ACKNOWLED GING 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 PO LICY
FORM 990, PART VI, SECTION B, LINE 15	THE NLUS EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED AND REVIEWED BY THE NATIONAL PRES IDENT IN CONSULTATION WITH THE COMPENSATION COMMITTEE OF THE LEAGUE THE COMMITTEE MAY CON SULT WITH INDEPENDENT PERSONS IN DETERMINING THE PAY PACKAGE OFFERED TO THE EXECUTIVE DIRE CTOR A WRITTEN EMPLOYMENT AGREEMENT IS EXECUTED THE NLUS STAFF'S COMPENSATION IS DETERMI NED AND REVIEWED BY THE EXECUTIVE DIRECTOR [ED] THE ED MAY CONSULT WITH THE NATIONAL PRES IDENT AND THE COMPENSATION COMMITTEE ON PAY RANGES AND FRINGE BENEFITS OFFERED TO THE EMPL OYEEES OF THE LEAGUE ALL STAFF HAVE WRITTEN EMPLOYMENT AGREEMENTS
FORM 990, PART VI, SECTION C, LINE 19	TO THE LEAGUE AT NAVY LEAGUE OF THE UNITED STATES, ATTN EXECUTIVE DIRECTOR, 2300 WILSON BOULEVARD, SUITE 200 ARLINGTON, VA 22201 THE LEAGUE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON T HE "GUIDESTAR" WEBSITE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)
FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEP ENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEA RS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

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- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ 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	6,872,085	43,917,759	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 COLLEGESCHOLARSHIPS TO DEPENDENTS/DESCENDENTS OF SEA SERVICE PERSONNEL	DE	501(C)(3)	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	VA	501(C)(3)	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	DE	NAVY LEAGUE BUILDING LLC	C	589,059	6,584,025	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 UNITED STATES	C	1,559,145	1,022,218	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	425,885	CASH

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII Supplemental Information

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

Return Reference**Explanation**