

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **01-01-2015**, and ending **12-31-2015**

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

**C** Name of organization  
NAVY LEAGUE OF THE UNITED STATES

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2300 WILSON BOULEVARD NO 200

City or town, state or province, country, and ZIP or foreign postal code  
ARLINGTON, VA 222013308

**D** Employer identification number  
53-0116710

**E** Telephone number  
(703) 528-1775

**G** Gross receipts \$ 14,217,679

**F** Name and address of principal officer  
BERNARD WITUNSKI  
2300 WILSON BOULEVARD NO 200  
ARLINGTON, VA 222013308

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

**J** Website: WWW.NAVYLEAGUE.ORG

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

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

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1902

**M** State of legal domicile: NY

## Part I Summary

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	258
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	258
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	22
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	38,454
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-1,601,914
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-2,566,273

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	3,511,434	2,541,535
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,804,852	5,308,586
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,972	60,031
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,256,500	-2,062,567
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,235,758	5,847,585

<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	425,885	448,300
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,574,990	2,509,283
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	62,329	14,495
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 240,549		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,609,131	5,348,949
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,672,335	8,321,027	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-1,436,577	-2,473,442	

		Beginning of Current Year	End of Year
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	55,027,250	67,646,537
	<b>21</b> Total liabilities (Part X, line 26)	55,950,514	70,652,326
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	-923,264	-3,005,789

## Part II Signature Block

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

**Sign Here**

Signature of officer: \*\*\*\*\*  
Date: 2016-10-27

CARI BATSON THOMAS NATIONAL 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  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)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 2,641,750 including grants of \$ ) (Revenue \$ 4,104,987 )  
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 \$ 1,164,232 including grants of \$ ) (Revenue \$ 964,359 )  
SEA POWER MAGAZINE & ALMANAC ARE INTERNATIONAL PUBLICATIONS RELATING TO NAVAL ACTIVITIES, THE NAVY LEAGUER IS A NEWSPAPER DOCUMENTING THE ACTIVITIES OF THE NAVY LEAGUE HEADQUARTERS & ITS COUNCILS

**4c** (Code ) (Expenses \$ 448,300 including grants of \$ 448,300 ) (Revenue \$ )  
U S NAVAL SEA CADETS - GRANT TO FEDERALLY CHARTERED SECTION 501(C)(3) YOUTH ORGANIZATIONS ENGAGED IN NAVAL RELATED EDUCATIONAL PROGRAMS  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 1,765,307 including grants of \$ ) (Revenue \$ 239,240 )

**4e Total program service expenses** ▶ 6,019,589

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b> 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>		No
<b>4 Section 501(c)(3) organizations.</b> 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>	Yes	
<b>5</b> 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>		No
<b>6</b> 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>		No
<b>7</b> 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>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> 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>		No
<b>10</b> 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>	Yes	
<b>11</b> 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		
<b>a</b> 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>	Yes	
<b>b</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>	Yes	
<b>c</b> 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>		No
<b>d</b> 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>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b> 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>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</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>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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>	Yes	
<b>15</b> 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>		No
<b>16</b> 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>		No
<b>17</b> 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)		No
<b>18</b> 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>		No
<b>19</b> 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>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, compensation, tax-exempt status, and controlled entities.

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>4b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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	
<b>3</b>	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	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	a The governing body?	Yes	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	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)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	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
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b>	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	
<b>20</b>	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 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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							691,354	0	118,614	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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	
<b>5</b> 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
GAYLORD NATIONAL RESORT & CONVENTION CEN 201 WATERFRONT ST NATIONAL HARBOR, MD 20745	EVENT HOSTING	652,435
CLARION EVENTS USA INC 2340 PERIMETER PARK DRIVE SUITE 10 ATLANTA, GA 30341	EVENT PLANNING	533,082
FREEMAN AUDIO VISUAL INC 1600 VICEROY SUITE 100 DALLAS, TX 75235	AUDIO/VISUAL RIGGING	280,431
FREEMAN DECORATING CO 1600 VICEROY SUITE 100 DALLAS, TX 75235	EVENT DECORATING	244,999
PUBLISHERS PRESS INC 100 FRANK E SIMON AVE SHEPHERDSVILLE, KY 40165	PUBLISHING	241,991

**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 ▶ 6

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>	1,522,535				
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	1,019,000				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	2,541,535				
<b>Program Service Revenue</b>	<b>2a</b>	SEA-AIR SPACE EXPO	4,104,987	3,544,707		560,280	
	<b>b</b>	PUBLICATIONS	964,359		964,359		
	<b>c</b>	INTERNATIONAL EXP	239,240	239,240			
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	5,308,586				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	60,100			60,100	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶					
	<b>5</b>	Royalties . . . . . ▶	53,267			53,267	
	<b>6a</b>	Gross rents	(i) Real	5,803,752			
			(ii) Personal				
			<b>b</b> Less rental expenses	8,370,025			
			<b>c</b> Rental income or (loss)	-2,566,273			
	<b>d</b>	Net rental income or (loss) . . . . . ▶	-2,566,273		-2,566,273		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses		69		
			<b>c</b> Gain or (loss)		-69		
	<b>d</b>	Net gain or (loss) . . . . . ▶	-69			-69	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
			<b>b</b> Less direct expenses . . . . . <b>b</b>				
			<b>c</b> Net income or (loss) from fundraising events . . ▶				
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
			<b>b</b> Less direct expenses . . . . . <b>b</b>				
			<b>c</b> Net income or (loss) from gaming activities . . . ▶				
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue		Business Code					
<b>11a</b>	NAVY BALL	900099	293,650			293,650	
<b>b</b>	OTHER REVENUE	900099	156,789			156,789	
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		450,439				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		5,847,585	3,783,947	-1,601,914	1,124,017	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	448,300	448,300		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	551,340	314,275	208,753	28,312
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	1,566,351	914,592	569,369	82,390
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	80,324	37,880	39,030	3,414
<b>9</b>	Other employee benefits . . . . .	160,741	75,804	78,106	6,831
<b>10</b>	Payroll taxes . . . . .	150,527	87,889	54,722	7,916
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	719,639	338,230	352,623	28,786
<b>b</b>	Legal . . . . .	5,332	2,506	2,613	213
<b>c</b>	Accounting . . . . .	113,802	53,487	55,763	4,552
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	14,495			14,495
<b>f</b>	Investment management fees . . . . .	28,992	13,672	14,088	1,232
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	39,901			39,901
<b>12</b>	Advertising and promotion . . . . .	222,308	211,488	10,820	
<b>13</b>	Office expenses . . . . .	695,496	548,736	131,680	15,080
<b>14</b>	Information technology . . . . .	132,842	62,647	64,549	5,646
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .				
<b>17</b>	Travel . . . . .	264,653	107,930	155,651	1,072
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	2,280,454	2,155,586	123,010	1,858
<b>20</b>	Interest . . . . .	36,794	17,352	17,878	1,564
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	178,880	84,359	86,919	7,602
<b>23</b>	Insurance . . . . .	90,203	50,879	36,161	3,163
<b>24</b>	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.)				
<b>a</b>	FREELANCE	301,929	301,929		
<b>b</b>	ALL OTHER EXPENSES	177,150	155,402	35,226	-13,478
<b>c</b>	PROMOTIONAL ITEMS, MARK	47,959	24,031	23,928	
<b>d</b>	LOSS ON EXTINGUISHMENT	12,615	12,615		
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	8,321,027	6,019,589	2,060,889	240,549
<b>26</b>	<b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,451,748	<b>1</b>	5,366,057
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	62,337	<b>3</b>	40,507
	<b>4</b> Accounts receivable, net . . . . .	1,688,296	<b>4</b>	535,618
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	470,946	<b>9</b>	311,595
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 53,957,919		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 20,250,993	30,419,600	<b>10c</b> 33,706,928
	<b>11</b> Investments—publicly traded securities . . . . .	8,424,016	<b>11</b>	8,843,044
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	7,670,899	<b>12</b>	7,673,562
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	1,455,260	<b>14</b>	2,454,737
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,384,148	<b>15</b>	8,714,491
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	55,027,250	<b>16</b>	67,646,537	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,446,263	<b>17</b>	3,493,655
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	3,424,020	<b>19</b>	3,659,266
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	51,051,676	<b>23</b>	63,198,019
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	28,555	<b>25</b>	301,382
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	55,950,514	<b>26</b>	70,652,326
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-1,407,889	<b>27</b>	-3,484,688
	<b>28</b> Temporarily restricted net assets . . . . .	280,896	<b>28</b>	275,170
	<b>29</b> Permanently restricted net assets . . . . .	203,729	<b>29</b>	203,729
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	-923,264	<b>33</b>	-3,005,789	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	55,027,250	<b>34</b>	67,646,537	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,847,585
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,321,027
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-2,473,442
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-923,264
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	390,917
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-3,005,789

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0116710

**Name:** NAVY LEAGUE OF THE UNITED STATES

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

(Code	) (Expenses \$	1,133,559	including grants of \$	) (Revenue \$	239,240 )
OTHER EDUCATIONAL PROGRAMS					

(Code	) (Expenses \$	631,748	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			
CHARLES T ALAIMO ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JEFF ALEXANDER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN W ALGER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PAMELA K AMMERMAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WAYNE ARNY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN F ASH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
LINDA L ASHBEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
RICHARD F ASHBEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CHERYL A ASTON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
BARBARA F BAILEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
EVAN S BAKER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
P P BAKER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MARYELLEN BALDWIN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CAREY G BARNECUT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CARRIE B BARNECUT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ALAN R BEAM ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JAMES M BEATY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DENNY BEHR ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
BERNARD BENNETT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
BRENT BENNITT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ROGER W BING ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CHARLES A BLACK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
HARRY M BOYD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PAULA BOZDECH-VEATER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ROBERT BRACALENTE ..... NATIONAL DIRECTOR	1 00 .....	X						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			
KATHLEEN BRANCH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JAMES P BRAS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
RONNIE C BROOKS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JEFFREY R BROWN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ROBERT A BUEHN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PATRICIA L BURGER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
STU BURLEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JACKSON C STEVENS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM CAMERON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
FRANCIS CAMPBELL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CALVIN H COBB ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JEANIE COFFEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WARD W COOK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
RICHARD M COOPER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
RICHARD W CRANLEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
J DOUGLAS CRAWFORD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
KAREN CRAWFORD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM L CREEDON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
THOMAS A CROPPER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM W CROW ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOSEPH J DAIGNEAULT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
RICHARD W DEVLIN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CARLYLE J DEVOE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DAVID W DICKEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MARIA-ISABEL S DICKEY ..... NATIONAL DIRECTOR	1 00 .....	X						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			
LOUIS J DIGIUSTO ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN DONNELLY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
LYNN DRUCKER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PATRICIA DU MONT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM E DUDLEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PHILIP L DUNMIRE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
TED DURANTE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JAMES H ERLINGER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM J EVANZIA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
VALERIE FALK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
TIMOTHY O FANNING ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
BOBBY V FERGUSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DARRELL J FIKE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
RICHARD FOSTER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
VINCE FRAGOMENE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
RONALD M FRIED ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ALBERT H FRIEDRICH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
LINDA FULGENZI ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
LISA M GALLINAT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
THEODORE R GALLINAT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JON A GALLINETTI ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
FRANK G GALLOWAY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MINERVA M GARR ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM S GARR ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
H LAWRENCE GARRETT III ..... NATIONAL DIRECTOR	1 00 .....	X						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			
DONALD A GILES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ROBERT GILLHAM ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
RONALD B GLOVER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CURT W GOLDACKER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
NANCY GORELL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
IRVING X GORMAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ALFRED GRAY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN GRIFFING ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM GRIGGS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CHARLES E GUDMUNSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
HOWARTH S GUPTILL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
LEE GURKE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CAROL A HACKLEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
T C HACKLEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DONALD F HALE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
GARY M HALL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MARK A HALLER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JUDY HALLERAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
SCOTT HANCOCK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
TIMOTHY HANIFEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CATHERINE HANSEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MARK S HARDEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ANNE HARPER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
NICK HARPER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CHARLES HAUTAU ..... NATIONAL DIRECTOR	1 00 .....	X						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			
NICHOLAS HAYES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MARK F HEINRICH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ALBERT J HERBERGER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
BILLY L HEWITT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JAMES M HICKERSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
SHIRLEY A HILL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PHELPS HOBART ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
SUSAN HODGE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
THOMAS W HOFFMAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
RANDY W HOLLSTEIN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
STEVEN HONIGMAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
GLEN J HUBER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
TIMOTHY A HUNSBERGER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MELVIN H ING ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
GRANT IVEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DIANE JAFFA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
THOMAS E JAFFA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
LAURA JOAQUIN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOAN JONES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ALAN L KAPLAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JONATHAN D KASKIN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PATRICK J KEAVENY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
FELIX P KEELEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JAMES W KELLER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM R KELLER ..... NATIONAL DIRECTOR	1 00 .....	X						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			
WILLIAM C KELLEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
STEPHEN W KELLY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JACK M KENNEDY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM R KILLEA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
BETHANY KLEIN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
HANS KRUCKE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
TRAVIS LAGRONE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ED LANGMAID ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MICHELLE LANGMAID ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
GWEN T LARSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
KEITH A LARSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM M LAUPER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOSEPH LISSENDEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DAVID C LIVINGSTON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JACK LONDON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DALE A LUMME ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
LAWRENCE R LYONS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM A MANSFIELD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
UDO W MAROSCHER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DEANNA MARSH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PETER MARSHALL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
GERARD M MAUER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
SUSAN MAYFIELD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOSEPH MCCLAIN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MARK MCDONALD ..... NATIONAL DIRECTOR	1 00 .....	X						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			
THOMAS P MCGLOIN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
J M MCGRATH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DOUG MCHOUL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ANGIE MCKINSTRY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
SHEILA M MCNEILL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
LEE J METCALF ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MAX K MILLER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOAN C MITCHELL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DON L MOOERS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
TIMOTHY D MOON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DONALD A MORRISON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DAYNA MORTON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
GERALD S MOSKWA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MICHAEL J MOTKO ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WALTER L NATZIC ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
RAYMOND B NELSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN OCHS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
RUDOLPH H OETTING ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JAMES H OFFUTT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ROGER P OLSEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
TOMMASINA A OLSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
HUGH O'NEILL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ALAN OSHIRAK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
CHRISTOPHER PADDOCK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PATRICK E PANG ..... NATIONAL DIRECTOR	1 00 .....	X						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			
JOHN A PANNETON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MARY VIRGINIA PITTMAN-WALLER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JUDITH L PLOTZ-BRANNIGAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PATRICIA A POSEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
KEITH F POST ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
BONNIE B POTTER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ROBERT W PRICE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
GEOFFREY G PROSCH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
NANCI PRUTER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
THOMAS J PRUTER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DANIEL PULEIO ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOSEPH QUAGLINO ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
SIMONE RAMOS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN RAU ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOSEPH M RE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
BETTY REESE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WALTER H REESE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DAVID J REILLY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ROBERT REILLY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MARLENE G REINECKE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
STEWART E REUTER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ERIC T RIPPERT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JACK F RITTER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MARY C RITTER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
TIMOTHY A ROCKLEIN ..... NATIONAL DIRECTOR	1 00 .....	X						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			
RAY ROTH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DAVID W RUCKER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
THOMAS E RUDDEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
NORA RUEBROOK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN D RUSH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
C GAIL RYAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DAN R SAIEED ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DAVID A SAMUELS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ELEANOR E SAMUELS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM A SANCHEZ ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
SAM SAUSE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WARREN H SAVAGE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ROBERT J SCHOLES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JAMES M SEMERAD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PAMELA SILBER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JAMES T SKETCHLEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
NORBERT F SMITH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN W SNEDEKER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
KEN SPARKS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN J SPITTLER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
GERARD J ST GERMAIN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN STEGMAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM A STEVENSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
PETE STILES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JULIE STRANGES ..... NATIONAL DIRECTOR	1 00 .....	X						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			
DAVID C SULLIVAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN SUTTER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
TINA SWALLOW ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
TODD P TARBY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM E THOMPSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DANIEL M THYS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DAVID N TODD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ANDREW R TRUELSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
GORDON VAN HOOK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JOHN T VARGO ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DONALD B WALKER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
JAMES H WALLER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ARY L WALLER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
GEORGE A WARDWELL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
OWEN WATFORD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
STEPHEN F WAYLETT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
BRIAN W WENSAUER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
KEVIN WENSING ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
MICHAEL WERBOWETZKI ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
BOBBIE A WHIDDON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
WILLIAM D WHIDDON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
DOYLE WILHITE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
SUZY WILLIAMS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
A DUANE WILLS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	
ROBERT E WILSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	

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(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			
THOMAS C WINANT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
STANLEY J WINOWICZ ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SKIP WITUNSKI ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ROYCEALEE J WOOD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
GARLAND WRIGHT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
THOMAS W WRIGHT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
JAMES YOUNG ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KENNETH A ZADWICK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BRUCE BUTLER ..... NATIONAL EXECUTIVE DIRECTOR	55 00 ..... 2 00			X				204,220	0	28,370
RYAN DONALDSON ESQ ..... CORP COUNSEL & SR DIR OF CONTRACTS & FINANCE	55 00 ..... 2 00			X				104,932	0	19,620
KEVIN TRAVER ..... STAFF VP, CORPORATE AFFAIRS	45 00 .....				X			174,051	0	20,130
AMY WITTMAN ..... STAFF VP, COMMS & EDITOR & CHIEF	45 00 .....					X		104,547	0	28,710
SARA FUENTES ..... STAFF VP, GOVERNMENT OPS & ADMIN	45 00 .....					X		103,604	0	21,750

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (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 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a)2011, (b)2012, (c)2013, (d)2014, (e)2015, (f)Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied; 3 Value of services or facilities; 4 Total; 5 Excess contributions; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a)2011, (b)2012, (c)2013, (d)2014, (e)2015, (f)Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage for 2014; 16a 33 1/3% support test—2015; 16b 33 1/3% support test—2014; 17a 10%-facts-and-circumstances test—2015; 17b 10%-facts-and-circumstances test—2014; 18 Private foundation.

**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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</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.		
<b>c</b> 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.		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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>b</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.)		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b>		
<b>2</b>		

**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
<b>1</b>		

**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
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

- 1** 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**

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

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

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

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

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

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

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 <b>Total annual distributions.</b> 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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . . _____			
e From 2014. . . . . _____			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . . _____			
d From 2014. . . . . _____			
e From 2015. . . . . _____			

**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).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME FROM EXEMPT ACTIVITY - 2011 AMOUNT \$ 759,743 2012 AMOUNT \$ 536,806 2013 AMOUNT \$ 276,937 2014 AMOUNT \$ 379,088 2015 AMOUNT \$ 450,439

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

Department of the  
Treasury  
Internal Revenue  
Service

**Political Campaign and Lobbying Activities**

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](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public  
Inspection**

If the organization answered "Yes" on 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" on 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" on 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**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

<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	18,253	
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	28,515	
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	46,768	
<b>d</b>	Other exempt purpose expenditures	16,799,464	
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	16,846,232	
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	992,312	
	<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
	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	
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	248,078	
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-	0	
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-	0	
<b>j</b>	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?		

**Y e s**  **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)2012	(b)2013	(c)2014	(d)2015	(e) Total
<b>2a</b>	Lobbying nontaxable amount	1,000,000	606,247	592,147	992,312	3,190,706
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))					4,786,059
<b>c</b>	Total lobbying expenditures	6,005	30,771	38,969	46,768	122,513
<b>d</b>	Grassroots nontaxable amount	250,000	151,562	148,037	248,078	797,677
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))					1,196,516
<b>f</b>	Grassroots lobbying expenditures	6,005	26,716	13,601	18,253	64,575



**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://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" on Form 990, Part IV, line 6.

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

(continued)

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .	372,478	364,341	350,200	336,180	339,543
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	4,331	10,171	19,141	19,020	2,971
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	3,876	2,034	5,000	5,000	6,334
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	372,933	372,478	364,341	350,200	336,180

- 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 ▶ 54.630 %
  - c** Temporarily restricted endowment ▶ 45.370 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .		4,102,268		4,102,268
<b>b</b> Buildings . . . . .		29,237,767	7,639,906	21,597,861
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		20,617,884	12,611,087	8,006,797
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) . . . . . ▶				33,706,926

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	7,496,737	C
(3) Other		
(A) PAINTING	42,000	F
(B) CASH SURRENDER VALUE OF INSURANCE	134,825	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	7,673,562	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEFERRED RENT RECEIVABLE	2,877,306
(2) ESCROWS	5,837,185
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	8,714,491

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
CAPITAL LEASE OBLIGATIONS	3,114
SECURITY DEPOSIT	298,268
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	301,382

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	15,557,869
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	390,917	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	167,795	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	9,151,572	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 9,710,284
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 5,847,585
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .			<b>5</b> 5,847,585

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	17,699,456
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	167,795	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	9,210,634	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 9,378,429
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 8,321,027
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .			<b>5</b> 8,321,027

**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 \$325,564 OCEANIC EDUCATION \$47,369
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 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENT ELIMINATION -1,394,211 INCOME OF THE NAVY LEAGUE DEVELOPMENT CORPORATION 641,539 INCOME OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOCIATION 1,534,219 RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B 8,370,025
PART XII, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENT ELIMINATION -1,394,211 EXPENSES OF THE NAVY LEAGUE DEVELOPMENT CORPORATION 700,601 EXPENSES OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOCIATION 1,534,219 RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B 8,370,025



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NAVY LEAGUE OF THE UNITED STATES

**Employer identification number**

53-0116710

**Part I General Information on Activities Outside the United States.**

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL MARITIME PAVILION	28,706
(2) NORTH AMERICA	0	0	PROGRAM SERVICES	MARKETING SAS	3,080
(3) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL MARITIME PAVILION	347,444
(4)					
(5)					
<b>3a</b> Sub-total	0	0			379,230
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			379,230

**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.

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

- 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



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
 ▶ **Attach to Form 990.**

**2015**

**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- |  |           |    |
|--|-----------|----|
| <b>a</b> Receive a severance payment or change-of-control payment?                             | <b>4a</b> | No |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? | <b>4b</b> | No |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?    | <b>4c</b> | No |

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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |   |           |    |
|---|-----------|----|
| <b>a</b> The organization?  | <b>5a</b> | No |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III. | <b>5b</b> | No |

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |   |           |    |
|---|-----------|----|
| <b>a</b> The organization?  | <b>6a</b> | No |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III. | <b>6b</b> | No |

**7** For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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

**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 on 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> BRUCE BUTLER NATIONAL EXECUTIVE DIRECTOR	(i)	203,824 -----	0 -----	396 -----	17,500 -----	10,874 -----	232,594 -----	0 -----
	(ii)	0	0	0	0	0	0	0
<b>2</b> KEVIN TRAVER STAFF VP, CORPORATE AFFAIRS	(i)	173,961 -----	0 -----	90 -----	11,827 -----	8,311 -----	194,189 -----	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
------------------	-------------



**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	17,760	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)**

**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](http://www.irs.gov/form990).

**2015**

**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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIPS DR CAROL ANN HACKLEY AND T COLE HACKLEY, BOTH DIRECTORS STEPHEN WAYLETT, DIRECTOR AND WILLIAM J WAYLETT, JR, EMPLOYEE OF NLUS ANNE HARPER AND NICK HARPER, BOTH DIRECTORS LINDA L ASHBHEY AND RICHARD ASHBHEY, BOTH DIRECTORS ROBERT COOK AND WARD COOK, BOTH DIRECTORS REBECCA SUTTON AND ROBERT SUTTON, BOTH DIRECTORS J DOUGLAS CRAWFORD AND KAREN CRAWFORD, BOTH DIRECTORS DIANE Z JAFFA AND THOMAS E JAFFA, BOTH DIRECTORS
FORM 990, PART VI, SECTION A, LINE 3	THE NLUS HAS CONTRACTED WITH CASSIDY TURLEY CASSIDY TURLEY IS A COMMERCIAL REAL ESTATE SERVICE THAT MANAGES THE DAILY OPERATIONS OF THE NAVY LEAGUE BUILDING - AN INVESTMENT OF THE LEAGUE

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11	THE TOP MANAGEMENT OFFICIAL, TOP FINANCIAL OFFICIAL ALONG WITH MEMBERS OF THE FINANCIAL TEAM REVIEWED THE RETURN AFTER IT WAS PREPARED BY OUR AUDITORS FROM THE BOOKS, RECORDS AND OTHER INFORMATION SUPPLIED BY THE ORGANIZATION THE RETURN WAS THEN MADE AVAILABLE TO THE STEERING COMMITTEE, AUTHORIZED BY THE LEAGUE'S BYLAWS TO ACT ON BEHALF OF THE BOARD OF DIRECTORS WHEN THE BOARD IS NOT IN SESSION, FOR REVIEW PRIOR TO FILING THESE DOCUMENTS WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	WHEN THE BOARD OF THE LEAGUE MEETS THE NATIONAL PRESIDENT REMINDS THE BOARD OF THE CONFLICT OF INTEREST POLICY AND ASKS THEM TO DISCLOSE ANY CONFLICTS OF INTEREST THE NLUS 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE NLUS EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED AND REVIEWED BY THE NATIONAL PRESIDENT IN CONSULTATION WITH THE COMPENSATION COMMITTEE OF THE LEAGUE. THE COMMITTEE MAY CONSULT WITH INDEPENDENT PERSONS IN DETERMINING THE PAY PACKAGE OFFERED TO THE EXECUTIVE DIRECTOR. A WRITTEN EMPLOYMENT AGREEMENT IS EXECUTED. THE NLUS STAFF'S COMPENSATION IS DETERMINED AND REVIEWED BY THE EXECUTIVE DIRECTOR [ED]. THE ED MAY CONSULT WITH THE NATIONAL PRESIDENT AND THE COMPENSATION COMMITTEE ON PAY RANGES AND FRINGE BENEFITS OFFERED TO THE EMPLOYEES OF THE LEAGUE. ALL STAFF HAVE WRITTEN EMPLOYMENT AGREEMENTS.
FORM 990, PART VI, SECTION C, LINE 19	TO THE LEAGUE AT NAVY LEAGUE OF THE UNITED STATES, ATTN EXECUTIVE DIRECTOR, 2300 WILSON BOULEVARD, SUITE 200 ARLINGTON, VA 22201. THE LEAGUE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE "GUIDESTAR" WEBSITE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

## 990 Schedule O, Supplemental Information

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://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	6,797,763	55,974,598	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	No
(2) NAVAL SEA CADET CORPS 2300 WILSON BLVD  ARLINGTON, VA 22201 52-0808385	A FEDERALLY CHARTERED YOUTH ORGANIZATION THAT IS ENGAGED IN NAVAL RELATED ED	VA	501(C)(3)	7	NAVY LEAGUE OF THE UNITED STATES	Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> NAVY LEAGUE DEVELOPMENT CORPORATION  2300 WILSON BLVD ARLINGTON, VA 22201 20-2522528	OWN, OPERATE GARAGE AT 2300 WILSON	DE	NAVY LEAGUE BUILDING LLC	C	641,539	6,490,528	100.000 %	Yes	
<b>(2)</b> 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	1,534,219	779,417	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
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		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
<b>(1)</b> NAVAL SEA CADET CORPS	B	448,300	CASH



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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