

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

**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

<b>4a</b>	(Code )	(Expenses \$	2,045,869	including grants of \$	47,528 )	(Revenue \$	4,832,840 )
See Additional Data							

<b>4b</b>	(Code )	(Expenses \$	764,204	including grants of \$		(Revenue \$	462,936 )
See Additional Data							






















<b>4c</b>	(Code )	(Expenses \$	448,310	including grants of \$	448,310 )	(Revenue \$	)
See Additional Data							

See Additional Data Table

<b>4d</b>	Other program services (Describe in Schedule O )						
	(Expenses \$	1,563,409	including grants of \$		(Revenue \$	24,060 )	

<b>4e</b>	<b>Total program service expenses ▶</b>	4,821,792					
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**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)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> 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? If "Yes," complete Schedule C, Part I 	<b>3</b>	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? If "Yes," complete Schedule C, Part II 	<b>4</b> 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? If "Yes," complete Schedule C, Part III 	<b>5</b>	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? If "Yes," complete Schedule D, Part I 	<b>6</b>	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? If "Yes," complete Schedule D, Part II 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	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? If "Yes," complete Schedule D, Part IV 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	<b>10</b> 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? If "Yes," complete Schedule D, Part VI 	<b>11a</b> 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? If "Yes," complete Schedule D, Part VII 	<b>11b</b> 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? If "Yes," complete Schedule D, Part VIII 	<b>11c</b>	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? If "Yes," complete Schedule D, Part IX 	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> 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)? If "Yes," complete Schedule D, Part X 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	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? If "Yes," complete Schedule F, Parts I and IV 	<b>14b</b> 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? If "Yes," complete Schedule F, Parts II and IV 	<b>15</b>	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? If "Yes," complete Schedule F, Parts III and IV 	<b>16</b>	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? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	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? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	24
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	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>2a</b>	41
<b>b</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)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	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)? . . . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ 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? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<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? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</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? . . . . .	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<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>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<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>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</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>13a</b>	
<b>b</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>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**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>b</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>b</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>a</b>	The governing body?	Yes	
<b>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>b</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?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</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>a</b>	The organization's CEO, Executive Director, or top management official.	Yes	
<b>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>b</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**

**17** List the States with which a copy of this Form 990 is required to be filed: AL, AK, AR, AZ, CA, CO, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, ND, OH, OK, OR, RI, SC, TN, UT, VA, WA, WV, WI

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ▶ RYAN DONALDSON ESQ CORP COUNSEL 2300 WILSON BOULEVARD NO 200 ARLINGTON, VA 22201 (703) 528-1775

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

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

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

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

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

[illegible]

[illegible]

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

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
CLARION EVENTS USA INC 2340 PERIMETER PARK DRIVE SUITE 10 ATLANTA, GA 30341	EVENT PLANNING	568,359
HUBBARD RADIO WASHINGTON DC LLC PO BOX 645431 CINCINATTI, OH 45264	BROADCASTING/ADVERTISING	421,700
PUBLISHERS PRESS INC 100 FRANK E SIMON AVE SHEPHERDSVILLE, KY 40165	PUBLISHING	296,670
GAYLORD NATIONAL RESORT & CONVENTION CEN 201 WATERFRONT ST NATIONAL HARBOR, MD 20745	EVENT HOSTING	220,629
FREEMAN AUDIO VISUAL INC 1600 VICEROY SUITE 100 DALLAS, TX 75235	AUDIO/VISUAL RIGGING	187,570

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 8</p>	
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**Part VIII** **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>	1,997,678				
	<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>	530,766				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		2,528,444				
Program Service Revenue		Business Code					
	<b>2a</b> SEA-AIR SPACE EXPO	611710	4,832,840	4,056,950		775,890	
	<b>b</b> PUBLICATIONS	541800	462,936		462,936		
	<b>c</b> INTERNATIONAL EXP	611710	24,060	24,060			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		5,319,836					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		281,742			281,742	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶						
	<b>5</b> Royalties . . . . . ▶		109,867			109,867	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		7,809,402					
		<b>b</b> Less rental expenses	7,789,213				
	<b>c</b> Rental income or (loss)	20,189					
	<b>d</b> Net rental income or (loss) . . . . . ▶		20,189		20,189		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		699,219					
		<b>b</b> Less cost or other basis and sales expenses	0				
	<b>c</b> Gain or (loss)	699,219					
	<b>d</b> Net gain or (loss) . . . . . ▶		699,219			699,219	
	<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	243,676			243,676		
<b>b</b> OTHER REVENUE	900099	33,288			33,288		
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		276,964					
<b>12 Total revenue.</b> See Instructions . . . . . ▶		9,236,261	4,081,010	483,125	2,143,682		

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	448,310	448,310		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	47,528	47,528		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	619,808	151,605	419,858	48,345
<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.	1,545,370	691,375	659,447	194,548
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	75,335	29,774	37,005	8,556
<b>9</b> Other employee benefits.	222,961	88,119	109,520	25,322
<b>10</b> Payroll taxes.	179,884	71,094	88,360	20,430
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	37,064	17,420	18,161	1,483
<b>b</b> Legal.	78,488	36,889	38,459	3,140
<b>c</b> Accounting.	89,966	42,284	44,083	3,599
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.	9,683			9,683
<b>f</b> Investment management fees.	47,710	22,424	23,378	1,908
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	918,080	431,498	449,860	36,722
<b>12</b> Advertising and promotion.	327,431	311,495	15,936	
<b>13</b> Office expenses.	447,700	353,229	84,764	9,707
<b>14</b> Information technology.	180,627	84,895	88,507	7,225
<b>15</b> Royalties.				
<b>16</b> Occupancy.				
<b>17</b> Travel.	96,851	39,709	56,658	484
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	1,702,349	1,608,720	91,927	1,702
<b>20</b> Interest.	141,406	66,461	69,289	5,656
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	65,172	30,631	31,934	2,607
<b>23</b> Insurance.	85,969	48,572	34,388	3,009
<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> MEMBER SUPPORT	30,734	30,734		
<b>b</b> SUBSCRIPTIONS	15,161	7,126	7,429	606
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	231,533	161,900	64,378	5,255
<b>25</b> Total functional expenses. Add lines 1 through 24e.	7,645,120	4,821,792	2,433,341	389,987
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		4,615,752	<b>1</b>	3,723,451
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .		43,710	<b>3</b>	14,050
	<b>4</b>	Accounts receivable, net . . . . .		195,527	<b>4</b>	1,954,198
	<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 . . . . .		732,546	<b>9</b>	295,387
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	55,003,116		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	24,076,206		
				32,201,264	<b>10c</b>	30,926,910
	<b>11</b>	Investments—publicly traded securities . . . . .		10,989,405	<b>11</b>	14,862,013
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		7,690,900	<b>12</b>	7,690,789
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		1,616,088	<b>14</b>	1,469,467
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		6,358,657	<b>15</b>	6,895,664	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		64,443,849	<b>16</b>	67,831,929	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		1,539,973	<b>17</b>	1,878,708
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		3,713,658	<b>19</b>	5,046,328
	<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 . . . . .		61,066,484	<b>23</b>	60,245,286
	<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 . . . . .		297,992	<b>25</b>	306,462
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		66,618,107	<b>26</b>	67,476,784
<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 . . . . .		-2,807,342	<b>27</b>	-302,000
	<b>28</b>	Temporarily restricted net assets . . . . .		429,355	<b>28</b>	453,416
	<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>	<b>Total net assets or fund balances</b> . . . . .		-2,174,258	<b>33</b>	355,145
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		64,443,849	<b>34</b>	67,831,929	

**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>	9,236,261
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,645,120
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	1,591,141
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-2,174,258
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	938,262
<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>	355,145

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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		

# Additional Data

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

Form 990 (2017)

**Form 990, Part III, Line 4a:**

SEA-AIR-SPACE THE NAVY LEAGUE'S SEA-AIR-SPACE EXPOSITION WAS FOUNDED IN 1965 AS A MEANS TO BRING THE U S DEFENSE INDUSTRIAL BASE, PRIVATE-SECTOR U S COMPANIES AND KEY MILITARY DECISION MAKERS TOGETHER FOR AN ANNUAL INNOVATIVE, EDUCATIONAL, PROFESSIONAL AND MARITIME BASED EVENT LOCATED IN THE HEART OF WASHINGTON, DC SEA-AIR-SPACE IS NOW THE LARGEST MARITIME EXPOSITION IN THE U S AND CONTINUES AS AN INVALUABLE EXTENSION OF THE NAVY LEAGUE'S MISSION OF MARITIME POLICY EDUCATION AND SEA SERVICE SUPPORT SEA-AIR-SPACE FEATURES -MORE THAN 290 DYNAMIC, INNOVATIVE AND SOPHISTICATED DEFENSE AND MARITIME INDUSTRY EXHIBITS DISPLAYING THE LATEST IN TECHNOLOGY AND EQUIPMENT IN A 100,000 SQUARE FOOT EXHIBIT SPACE AND SERVING OVER 15,000 ATTENDEES -ABUNDANT OPPORTUNITIES TO LEARN ABOUT, TEST AND SEE THE MOST ADVANCED MILITARY EQUIPMENT PROFESSIONAL DEVELOPMENT SESSIONS FEATURING - HIGH LEVEL DISCUSSIONS ON IMPORTANT STRATEGIC POLICY ISSUES- THE MOST UP-TO-THE-MINUTE DEVELOPMENTS IN POLICY, PROGRAMS AND NEEDS FOR THE MARITIME SERVICES - PANELISTS FROM THE U S DEPARTMENTS OF DEFENSE, HOMELAND SECURITY AND STATE, THE U S NAVY, MARINE CORPS AND COAST GUARD, AND THE MARITIME ADMINISTRATION DAILY EXHIBIT HALL FLOOR SPEAKER SESSIONS FEATURING - TACTICAL, REAL-LIFE APPLICATION PERSPECTIVES - SPEAKERS REPRESENT EACH OF THE SEA SERVICES FROM THE PROGRAM LEVEL - DISCUSSIONS OF TECHNOLOGY, PROGRAMS AND PRODUCTS CURRENTLY IN USE - DISCUSSIONS OF TECHNOLOGY APPLICATIONS AND NEEDS FOR THE FUTURE THE SEA-AIR-SPACE EXPOSITION WILL CONTINUE TO SUPPORT THE MISSION OF THE NAVY LEAGUE AND LEAD THE WAY AS "THE" EXPOSITION TO ATTEND EACH YEAR TO DISPLAY THE MOST CURRENT INFORMATION AND TECHNOLOGY RELEVANT TO MARITIME POLICY

**Form 990, Part III, Line 4b:**

SEA POWER MAGAZINE SEAPOWER MAGAZINE IS THE OFFICIAL PUBLICATION OF THE NAVY LEAGUE OF THE UNITED STATES IT IS THE ONLY PUBLICATION IN EXISTENCE TODAY THAT COVERS ALL FOUR U S SEA SERVICES IN A WAY THAT ILLUSTRATES THEIR INTERDEPENDENCE AND IMPORTANCE TO EACH OTHER AND THE NATION IT IS A CRITICAL TOOL IN THE NAVY LEAGUE'S MISSION OF EDUCATION AND ADVOCACY SEAPOWER IS MORE THAN A MAGAZINE IT IS A BRAND OF THE NAVY LEAGUE WITH A FOOTPRINT IN DIGITAL AS WELL A PRINT IN ALL ITS FORMS, SEAPOWER STRIVES TO BE A FAIR AN HONEST BROKER OF SEA SERVICE AND NAVY LEAGUE NEWS AND INFORMATION THE ALMANAC ISSUE, PUBLISHED IN JANUARY, IS AN ESSENTIAL AND SOUGHT-AFTER REFERENCE TOOL FOR ALL THINGS RELATED TO THE SEA SERVICES SEAPOWER ARTICLES IN PRINT (30,000 MONTHLY CIRCULATION) AND ONLINE (AVAILABLE TO ALL NAVY LEAGUE MEMBERS) COVER A WIDE RANGE OF TOPICS, INCLUDING NATIONAL DEFENSE, FOREIGN POLICY, NAVAL AFFAIRS, COMMERCIAL MARITIME ISSUES, HOMELAND SECURITY, AND DEFENSE RESEARCH, DEVELOPMENT AND PROCUREMENT THE MAGAZINE IS PUBLISHED 10 TIMES A YEAR, WITH THE COMBINED ISSUES OF FEBRUARY/MARCH AND JULY/AUGUST SUPPORTING TEAM SEAPOWER ARE JOURNALISTS WHO ARE HIGHLY REGARDED IN THE FIELDS OF DEFENSE AND COMMERCIAL MARITIME TECHNOLOGY, ACQUISITION, DOCTRINE AND LEGISLATIVE AFFAIRS WHILE EDITORIAL COVERAGE OFTEN IS GUIDED BY CURRENT EVENTS, EACH ISSUE ALSO INCLUDES A THEME, OR SPECIAL REPORT

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**Form 990, Part III, Line 4c:**

U S NAVAL SEA CADET CORPS AT THE REQUEST OF THE DEPARTMENT OF THE NAVY, THE NAVY LEAGUE OF THE UNITED STATES ESTABLISHED THE USNSCC (U S NAVAL SEA CADET CORPS) IN 1962 TO CREATE A FAVORABLE IMAGE OF THE NAVY ON THE PART OF AMERICAN YOUTH" USNSCC IS COMPRISED OF TWO PROGRAMS THE NAVAL SEA CADET CORPS (NSCC) PROGRAM IS FOR YOUNG PEOPLE AGES 13 THROUGH THE COMPLETION OF HIGH SCHOOL ALSO INCLUDED UNDER THE USNSCC UMBRELLA IS THE JUNIOR PROGRAM THE NAVY LEAGUE CADET CORPS (NLCC), FOR YOUNG PEOPLE AGES 10 THROUGH 13 TODAY'S U S NAVAL SEA CADET CORPS CONTINUES TO FURTHER THE IMAGE OF OUR MARITIME SERVICES BY ADHERING TO A STANDARDIZED TRAINING PROGRAM DESIGNED TO - DEVELOP AN INTEREST AND ABILITY IN SEAMANSHIP AND SEAGOING SKILLS- INSTILL VIRTUES OF GOOD CITIZENSHIP AND STRONG MORAL PRINCIPLES IN EACH CADET- DEMONSTRATE THE VALUE OF AN ALCOHOL-FREE, DRUG-FREE AND GANG-FREE LIFESTYLE- EXPOSE CADETS TO THE PRESTIGE OF PUBLIC SERVICE AND A VARIETY OF CAREER PATHS THROUGH HANDS-ON TRAINING WITH OUR NATION'S ARMED SERVICES THE USNSCC CURRENTLY CONSISTS OF 380 UNITS THROUGHOUT THE UNITED STATES AND APPROXIMATELY 9,000 YOUNG MEN AND WOMEN CADETS

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Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)				
(Code )	(Expenses \$	915,392	including grants of \$	(Revenue \$ 24,060 )
OTHER EDUCATIONAL PROGRAMS				
(Code )	(Expenses \$	648,017	including grants of \$	(Revenue \$ )
COUNCIL DEVELOPMENT MEMBERSHIP				

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			
ABELQUIST PAUL W ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ALAIMO CHARLES T ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ALEXANDER JEFF ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ALEXANDER JEFFERSON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ALGER JOHN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
AMMERMAN PAMELA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ASHBEY LINDA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ASHBEY RICHARD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ASTON CHERYL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ATKINSON LYNN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BAILEY BARBARA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BAKER EVAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BAKER P ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BALDWIN MARYELLEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BARNECUT CAREY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BARNECUT CARRIE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BEAM ALAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BEHR DENNY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BING ROGER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BOYD HARRY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BOZDECH-VEATER PAULA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BRAS JAMES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BRASSIL-DAY MAURA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BROOKS RON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BROWN JEFFREY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BUEHN ROBERT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
BURLEY STEWART ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
CAMERON WILLIAM ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
CLAYCOMB LLOYD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
COFFEY JEANIE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
COOK WARD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
COOPER RICHARD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
CROPPER THOMAS A ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
CROW WILLIAM ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
CURTIS KYLE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
DAVIS PORTER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
DEVLIN RICHARD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
DEVOE CARLYLE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
DICKEY DAVID ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
DICKEY MARIA-ISABEL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIGIUSTO LOUIS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
DOLLEN MICHAEL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
DONNELLY JOHN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
DRUCKER LYNN ..... AREA PRESIDENT	1 00 .....	X						0	0	0
DU MONT PATRICIA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
DUDLEY WILLIAM E ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ERLINGER JAMES H ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
FANNING TIMOTHY O ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
FARRELL MICHAEL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
FERGUSON BOBBY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FERREIRA JANE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
FIKE DARRELL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
FINNELL GAYLLA A ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
FITZGERALD HELEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
FLATLEY TIMOTHY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
FOSTER SONIA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
FRIED RONALD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
FULTON DOUGLAS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
GALLINAT LISA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
GALLINAT THEODORE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

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			
GALLINETTI JON A ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
GIAMBRONE JOSEPH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
GILES DONALD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
GILLHAM ROBERT J ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
GOLDACKER CURT W ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
GRIFFING JOHN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
GRIPMAN WILLIAM ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
GUPTILL HOWARTH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
GURKE LEE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HACKLEY CAROL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HACKLEY T C ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HAGER DEAN D ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HALE DONALD F ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HALL GARY M ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HALLER MARK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HANIFEN TIMOTHY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HARDEN MARK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HARPER ANNE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HARPER NICK ..... AREA PRESIDENT	1 00 .....	X						0	0	0
HARRIS SINCLAIR ..... NATIONAL DIRECTOR	1 00 .....	X						0	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			
HAUTAU CHARLES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HAYES NICHOLAS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HEWITT BILLY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HICKERSON CAROLE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HICKERSON JAMES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HILL SHIRLEY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HOBART PHELPS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HODGE DONALD D ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HOFFMAN THOMAS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
HOGG ELAINE ..... NATIONAL DIRECTOR	1 00 .....	X						0	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			
HUNSBERGER TIMOTHY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
JAFFA DIANE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
JAFFA THOMAS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
JAMES RACHEL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
JUSTICE RICKTER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KAPLAN ALAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KASKIN JONATHAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KEAVENY PATRICK J ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KEELEY FELIX ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KELLER WILLIAM ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

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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			
KELLEY WILLIAM ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KELLY STEPHEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KENNEDY BRIAN F ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KILLEA WILLIAM R ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KINSLER MICAH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KLEIN BETHANY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KOREISHA NICHOLAS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
KUZMA JAMES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
LAGENDIJK ARJEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
LAGRONE TRAVIS ..... NATIONAL DIRECTOR	1 00 .....	X						0	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			
LANGFORD MICHELE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
LARSON GWEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
LARSON KEITH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
LATRASH FRED ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
LAUPER WILLIAM ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
L'ECUYER PAUL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
LIOTTI LOUIS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
LIVINGSTON DAVID ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
LONG FERNANDEZ DE MESA MARY ANN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
LOTT JAY ..... NATIONAL DIRECTOR	1 00 .....	X						0	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			
LUMME DALE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
LYONS LAWRENCE R ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MAHONEY PAUL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MAROSCHER UDO ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MATHIEU JAMES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MAUER GERARD M ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MAYFIELD SUSAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MCDERMOTT BOB ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MCDONALD MARK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MCGHEE MICHAEL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MCGLOIN THOMAS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MCGRATH J ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MCGREGOR TED ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MCKINSTRY ANGIE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MCMANUS JACK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MCNEILL SHEILA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
METCALF LEE J ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MEYERS JOHN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MILLER MAX K ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MITCHELL JOAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MOOERS DON ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MOON TIMOTHY D ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MORRISON DONALD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MOSKWA GERALD S ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
MOTKO MICHAEL J ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
NATZIC WALTER L ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
NELSON RAYMOND B ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
OFFUTT JAMES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
OLSEN ROGER ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
OLSON TOMMASINA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
OSBORN LAWRENCE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
OSHIRAK ALAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
PANG PATRICK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
PITTMAN-WALLER MARY VIRGINIA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
PLOTZ-BRANNIGAN JUDITH ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
PORTER DAVE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
POSEY PATRICIA A ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
POST KEITH F ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
POTTER BONNIE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
PROSCH GEOFFREY G ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PRUTER Nanci ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
PRUTER THOMAS J ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
PULEIO DANIEL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
RE JOSEPH M ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
REESE WALTER H ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
REILLY DAVID ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
REINECKE MARLENE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
REUTER BILL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
RITTER JACK ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
RITTER MARY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROCK THEODORE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ROTH RAY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
RUCKER DAVID W ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
RUEBROOK NORA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
RUSH JOHN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SAIEED DAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SALTER LARRY ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SAMUELS DAVID ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SAMUELS ELEANOR ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SANCHEZ WILLIAM A ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAVAGE WARREN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SCHOLES ROBERT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SEMERAD JAMES ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SILVER PAMELA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SKON BRIAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SMITH NORBERT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SNEDEKER JOHN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SPARKS KEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SPITTLER JOHN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ST GERMAIN GERARD ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVENS ON WILLIAM ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
STILES PETE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
STINNETT-GIBSON VIRGINIA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
STRANGES JULIE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
SULLIVAN DAVID ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
THYS DANIEL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
TODD DAVID ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
TRUELSON ANDREW ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
TRUELSON JAN A ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
VARGO JOHN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALKER DONALD B ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WALLER JAMES H ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WARD OSCAR ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WATFORD OWEN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WAYLETT STEPHEN F ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WEFALD ROBERT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WENSAUER BRIAN W ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WENSING KEVIN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WERBOWETZKI MICHAEL ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WHIDDON BOBBIE A ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WHIDDON WILLIAM D ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WILSON ROBERT ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WINANT THOMAS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WITUNSKI SKIP ..... NATIONAL PRESIDENT	1 00 .....	X						0	0	0
WOOD ROYCEALEE ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WRIGHT JULIAN ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
WRIGHT THOMAS ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
YONOVER ROB ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
YOVICH PATRICIA ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0
ZADWICK KENNETH A ..... NATIONAL DIRECTOR	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS CARI ..... NATIONAL EXEC DIR (THRU 08/17)	55 00 ..... 2 00			X				152,448	0	9,750
JIM BRUNS ..... NATIONAL EXEC DIR (FROM 10/17)	55 00 ..... 2 00			X				35,929	0	4,415
DONALDSON RYAN ESQ ..... GENERAL COUNSEL	55 00 ..... 2 00			X				105,795	0	15,785
ELLINPORT JEANNE ..... SVP DEVELOPMENT	55 00 .....					X		146,660	0	14,349
WITTMAN AMY ..... SEAPOWER EDITOR	55 00 .....					X		111,477	0	32,650
FUENTES SARA ..... SVP EXTERNAL & GOV AFFAIRS	55 00 .....					X		101,767	0	17,181

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047
		<b>2017</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	<b>Name of the organization</b> NAVY LEAGUE OF THE UNITED STATES	<b>Employer identification number</b> 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 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,608,765	3,511,434	2,541,535	2,511,184	2,528,444	13,701,362
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,608,765	3,511,434	2,541,535	2,511,184	2,528,444	13,701,362
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,141,745
6 Public support. Subtract line 5 from line 4						11,559,617

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	2,608,765	3,511,434	2,541,535	2,511,184	2,528,444	13,701,362
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	225,816	230,972	113,367	262,594	391,609	1,224,358
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	276,937	379,088	450,439	289,649	276,964	1,673,077
11	<b>Total support.</b> Add lines 7 through 10						16,598,797
12	Gross receipts from related activities, etc (see instructions)					12	21,518,624
13	<b>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>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 69 640 %
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b> 71 450 %
<b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	<b>1</b>	
<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)? <i>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).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</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>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
	<b>1</b>	
<b>2</b> 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? <i>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.</i>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>	
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<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.**

	Yes	No
<b>a</b> 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? <i>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.</i>		
	<b>2a</b>	
<b>b</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? <i>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.</i>		
	<b>2b</b>	
<b>3 Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

**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>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME FROM EXEMPT ACTIVITY - 2013 AMOUNT \$ 276,937 2014 AMOUNT \$ 379,088 2015 A MOUNT \$ 450,439 2016 AMOUNT \$ 289,649 2017 AMOUNT \$ 276,964

<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b>	OMB No 1545-0047
	<b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b>	<b>2017</b>
Department of the Treasury Internal Revenue Service	<b>▶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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b>	<b>Open to Public Inspection</b>

**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	<b>Employer identification number</b> 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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3** Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**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-
1				
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

<b>Limits on Lobbying Expenditures</b> (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)	6,831													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	14,286													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	21,117													
<b>d</b>	Other exempt purpose expenditures	15,426,877													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	15,447,994													
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	922,400													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	230,600													
<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?														
		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	592,147	992,312	957,941	922,400	3,464,800
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,197,200
<b>c</b> Total lobbying expenditures	38,969	46,768	32,006	21,117	138,860
<b>d</b> Grassroots nontaxable amount	148,037	248,078	239,485	230,600	866,200
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,299,300
<b>f</b> Grassroots lobbying expenditures	13,601	18,253	7,028	6,831	45,713

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► 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).

OMB No 1545-0047

2017

Open to Public Inspection

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?

☐ Yes ☐ 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?

☐ Yes ☐ 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	399,939	372,933	372,478	364,341	350,200
b Contributions					
c Net investment earnings, gains, and losses	16,749	31,094	4,331	10,171	19,141
d Grants or scholarships					
e Other expenditures for facilities and programs	3,000	4,088	3,876	2,034	5,000
f Administrative expenses					
g End of year balance	413,688	399,939	372,933	372,478	364,341

2

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

a

Board designated or quasi-endowment

49 250 %

b

Permanent endowment

50 750 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,102,268		4,102,268
b Buildings		29,237,767	9,139,870	20,097,897
c Leasehold improvements				
d Equipment				
e Other		21,663,081	14,936,336	6,726,745
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				30,926,910

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	152,052	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	7,690,789	

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) DEFERRED RENT RECEIVABLE	5,607,760
(2) ESCROWS	1,287,904
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	6,895,664

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
SECURITY DEPOSIT	306,462
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	306,462

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>	18,728,516
<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>	938,262
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	8,553,994
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	9,492,256
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	9,236,260
<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>	9,236,260

**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>	16,369,364
<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>	
<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>	8,724,245
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	8,724,245
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	7,645,119
<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>	7,645,119

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

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

**Supplemental 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 PRO GRAMS LISTED BELOW AWARDS AND YOUTH PROGRAMS \$357,133 OCEANIC EDUCATION \$56,555

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	<p>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 2014.</p>

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENT ELIMINATION -1,745,758 INCOME OF THE NAVY LEAGUE DEVELOPMENT CORPORATION 631,017 INCOME OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOCIATION 1,879,522 RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B 7,789,213

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED FINANCIAL STATEMENT ELIMINATION -1,745,758 EXPENSES OF THE NAVY LEAGUE DEVEL OPMENT CORPORATION 801,269 EXPENSES OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOCIA TION 1,879,521 RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B 7,789,213

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► 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).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	0			405,830
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			405,830

**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 separately 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 separately 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).

Return Reference	Explanation
PART I, LINE 3	THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0116710

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

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL MARITIME PAVILION	51,478
MIDDLE EAST	0	0	PROGRAM SERVICES	INTERNATIONAL MARITIME PAVILION	354,352

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NAVY LEAGUE OF THE UNITED STATES

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
53-0116710

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) US NAVAL SEA CADET CORPS 2300 WILSON BLVD ARLINGTON, VA 22201	52-0808385	501(C)(3)	448,310				GENERAL GRANT SUPPORT

- 2

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

1
- 3

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

0

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
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

Additional Data

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

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
SAFETY AWARD	5	4,000			
STEM GRANTS	6	4,200			
STOCKHOLM SCHOLARSHIP	1	3,000			
NAVY JROTC AWARD	1		3,762	COST	TROPHY
NIMITZ MED AWARD	2	287			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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
NLUS RECRUIT AWARD	2		3,356	COST	PLAQUE
MACKIE AWARD	1	1,568			
COUNCIL RECOGNITION	1	2,331			
2017 US RECOGNITION & WRITING AWARD	1	250			
OTHER AWARDS	10	19,347			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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
PRESIDENT AWARDS	10	5,427			

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493318068668
Schedule J (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ <b>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> ▶ <b>Attach to Form 990.</b> ▶ <b>Information about Schedule J (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b>		OMB No 1545-0047
			<b>2017</b>
			<b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	Name of the organization NAVY LEAGUE OF THE UNITED STATES	Employer identification number 53-0116710	

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> 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>b</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.		<b>1b</b>	
<b>2</b> 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?		<b>2</b>	
<b>3</b> 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		
<b>4</b> 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>	Yes
<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.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b>	No
<b>8</b> 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.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

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.

[illegible]

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4A	DURING THE YEAR THERE WAS A SEVERANCE PAYMENT MADE TO A FORMER OFFICER. ALL AMOUNTS ARE PROPERLY REPORTED ON FORM W-2 AND IN FORM 990, PART VII AND ON FORM 990, SCHEDULE J, PART II. DUE TO THE CONFIDENTIAL NATURE OF THE TERMS OF THE SEVERANCE AGREEMENT, THE DETAILS WILL BE PROVIDED TO THE IRS UPON REQUEST.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2017**

**Open to Public Inspection**

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 LIND L ASHBey AND RICHARD F ASHBey, BOTH DIRECTORS CARRIE G BARNECUT AND CARRIE B BARNECUT, BOTH DIRECTORS DAVID W DICKEY AND MARIA-ISABEL S DICKEY, BOTH DIRECTORS LISA M GALLINAT AND THEODORE R GALLINAT, BOTH DIRECTORS CAROL A HACKLEY AND T C HACKLEY, BOTH DIRECTORS ANNE HARPER AND NICK HARPER, BOTH DIRECTORS CAROLE HICKERSON AND K=JAMES M HICKERSON, BOTH DIRECTORS DIANE JAFFA AND THOMAS W JAFFA, BOTH DIRECTORS GWEN T LARSON AND KEITH A LARSON, BOTH DIRECTORS JACK F RITTER AND MARY C RITTER, BOTH DIRECTORS DAVID A SAMUELS AND ELEANOR E SAMUELS, BOTH DIRECTORS ANDREW R TRUELSON AND JAN A TRUELSON, BOTH DIRECTORS BOBBIE A WHIDDON AND WILLIAM D WHIDDON, BOTH DIRECTORS

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE TOP MANAGEMENT OFFICIAL, TOP FINANCIAL OFFICIAL ALONG WITH MEMBERS OF THE FINANCIAL TEAM REVIEWED THE RETURN AFTER IT WAS PREPARED BY OUR TAX PREPARERS FROM THE BOOKS, RECORDS AND OTHER INFORMATION SUPPLIED BY THE ORGANIZATION THE RETURN WAS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING THESE DOCUMENTS WITH THE IRS

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	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 IX, LINE 11G	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 431,498 MANAGEMENT AND GENERAL EXPENSES 449,860 FUNDRAISING EXPENSES 36,722 TOTAL EXPENSES 918,080

**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 INDEP ENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEA RS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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).

OMB No 1545-0047

2017

Open to Public Inspection

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	8,752,723	52,418,219	NAVY LEAGUE OF THE UNITED STATES

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)NAVY LEAGUE FOUNDATION 2300 WILSON BLVD  ARLINGTON, VA 22201 31-1677884	AWARD COLLEGESCHOLARSHIPS TO DEPENDENTS/DESCENDENTS OF SEA SERVICE PERSONNEL	DE	501(C)(3)	7	NAVY LEAGUE OF THE UNITED STATES	Yes	
(2)NAVAL SEA CADET CORPS 2300 WILSON BLVD  ARLINGTON, VA 22201 52-0808385	A FEDERALLY CHARTERED YOUTH ORGANIZATION THAT IS ENGAGED IN NAVAL RELATED ED	VA	501(C)(3)	7	NAVY LEAGUE OF THE UNITED STATES	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<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	631,017	6,279,661	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	1,879,521	795,345	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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<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
(1) NAVAL SEA CADET CORPS	B	448,300	CASH

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

[illegible]

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

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