

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

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

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

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code  
ARLINGTON, VA 22201

**D** Employer identification number  
53-0116710

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

**G** Gross receipts \$ 16,895,667

**F** Name and address of principal officer  
MICHAEL STEVENS  
2300 WILSON BOULEVARD NO 200  
ARLINGTON, VA 22201

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

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

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

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

**H(c)** Group exemption number

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

**L** Year of formation 1902

**M** State of legal domicile NY

## Part I Summary

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

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

|  |         |
|--|---------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 160     |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 160     |
| <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | 39      |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 44,000  |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 383,847 |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               | 0       |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 2,528,444  | 1,991,412    |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 5,319,836  | 6,508,929    |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 980,961    | 528,052      |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 407,020    | 260,678      |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 9,236,261  | 9,289,071    |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 495,838    | 538,159      |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,643,358  | 2,817,811    |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 9,683      | 10,851       |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶401,371                 |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 4,496,241  | 4,508,635    |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 7,645,120  | 7,875,456    |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | 1,591,141  | 1,413,615    |

|   | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                            | 67,831,929                | 67,464,042  |
| <b>21</b> Total liabilities (Part X, line 26)                       | 67,476,784                | 67,326,228  |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 355,145                   | 137,814     |

## Part II Signature Block

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

**Sign Here**

Signature of officer: \*\*\*\*\*  
Date: 2019-11-13

MICHAEL STEVENS EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN P01234578

Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325

Firm's address ▶ 1861 INTERNATIONAL DRIVE SUITE 400 Phone no (703) 336-6400  
MCLEAN, VA 22102

**Part III Statement of Program Service Accomplishments**

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

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

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 2,116,049 including grants of \$ 90,617 ) (Revenue \$ 5,913,079 )  
 See Additional Data

**4b** (Code ) (Expenses \$ 790,419 including grants of \$ ) (Revenue \$ 566,412 )  
 See Additional Data

**4c** (Code ) (Expenses \$ 447,542 including grants of \$ 447,542 ) (Revenue \$ )  
 See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 1,633,187 including grants of \$ ) (Revenue \$ 29,438 )

**4e Total program service expenses** ▶ 4,987,197

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

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

|            |  | Yes        | No  |
|------------|--|------------|-----|
| <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>  | No  |
| <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</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>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</b>  | <b>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> | 15  |
| <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>  | 39  |    |  |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><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? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>  |  | <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 ▶ _____<br>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 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 Sponsoring organizations maintaining donor advised funds.</b><br>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 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 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 Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |  |            |     |    |  |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |  | <b>12b</b> |     |    |  |
| <b>13 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?<br><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? <i>If "No," provide an explanation in Schedule O . . . . .</i>  |  | <b>14b</b> |     |    |  |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .                       |  | <b>15</b>  |     | No |  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .   |  | <b>16</b>  |     | No |  |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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; 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.



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

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

|   |         |   |         |
|---|---------|---|---------|
| <b>1b Sub-Total</b> . . . . .   |         |   |         |
| <b>1c Total from continuation sheets to Part VII, Section A</b> . . . . . |         |   |         |
| <b>1d Total (add lines 1b and 1c)</b> . . . . .                           | 655,685 | 0 | 113,868 |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| GAYLORD NATIONAL RESORT & CONVENTION CEN<br>201 WATERFRONT ST<br>NATIONAL HARBOR, MD 20745 | EVENT HOSTING                  | 754,587             |
| CLARION EVENTS USA INC<br>2340 PERIMETER PARK DRIVE SUITE 10<br>ATLANTA, GA 30341          | EVENT PLANNING                 | 270,942             |
| FREEMAN AUDIO VISUAL INC<br>1600 VICEROY SUITE 100<br>DALLAS, TX 75235                     | AUDIO/VISUAL RIGGING           | 196,100             |
| FREEMAN DECORATING SERVICES<br>PO BOX 650036<br>DALLAS, TX 75265                           | EVENT DECORATING SERVICE       | 175,289             |
| PUBLISHERS PRESS INC<br>100 FRANK E SIMON AVE<br>SHEPHERDSVILLE, KY 40165                  | PUBLISHING                     | 167,484             |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **8**

**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . .   | <b>1a</b>            |  |   |  |
|   | <b>b</b> Membership dues . . .  | <b>1b</b>            | 1,582,950  |   |  |
|   | <b>c</b> Fundraising events . . .   | <b>1c</b>            |  |   |  |
|   | <b>d</b> Related organizations  | <b>1d</b>            | 75,000   |   |  |
|   | <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>            | 333,462  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a - 1f \$ _____                       |                      |  |   |  |
| <b>h Total.</b> Add lines 1a-1f . . . . .                     |   | 1,991,412            |  |   |  |

| <b>Program Service Revenue</b>             |                              |        | Business Code |           |           |  |
|--|------------------------------|--------|---------------|-----------|-----------|--|
|  | <b>2a</b> SEA-AIR SPACE EXPO |        | 611710        | 6,067,599 | 4,834,985 |  |
| <b>b</b> PUBLICATIONS                      |                              | 541800 | 429,330       |           | 429,330   |  |
| <b>c</b> INTERNATIONAL EXP                 |                              | 611710 | 12,000        | 12,000    |           |  |
| <b>d</b> _____                             |                              |        |               |           |           |  |
| <b>e</b> _____                             |                              |        |               |           |           |  |
| <b>f</b> All other program service revenue |                              |        |               |           |           |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .  |                              |        | 6,508,929     |           |           |  |

|  |   |                |               |           |         |           |         |
|--|---|----------------|---------------|-----------|---------|-----------|---------|
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .   |                | 180,113       |           |         | 180,113   |         |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |                |               |           |         |           |         |
|  | <b>5</b> Royalties . . . . .  |                | 90,481        |           |         | 90,481    |         |
|  | <b>6a</b> Gross rents   | (i) Real       | (ii) Personal |           |         |           |         |
|  |   | 7,561,113      |               |           |         |           |         |
|  | <b>b</b> Less rental expenses   | 7,606,596      |               |           |         |           |         |
|  | <b>c</b> Rental income or (loss)  | -45,483        |               |           |         |           |         |
|  | <b>d</b> Net rental income or (loss) . . . . .  |                |               | -45,483   |         | -45,483   |         |
|  | <b>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities | (ii) Other    |           |         |           |         |
|  |   | 347,939        |               |           |         |           |         |
|  | <b>b</b> Less cost or other basis and sales expenses  | 0              |               |           |         |           |         |
|  | <b>c</b> Gain or (loss)   | 347,939        |               |           |         |           |         |
|  | <b>d</b> Net gain or (loss) . . . . .   |                |               | 347,939   |         |           | 347,939 |
|  | <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         | 178,750       |           |         | 178,750   |         |
| <b>b</b> OTHER REVENUE   |   | 900099         | 36,930        |           |         | 36,930    |         |
| <b>c</b> _____   |   |                |               |           |         |           |         |
| <b>d</b> All other revenue . . . . .   |   |                |               |           |         |           |         |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                  |   |                | 215,680       |           |         |           |         |
| <b>12 Total revenue.</b> See Instructions . . . . .                          |   |                | 9,289,071     | 4,846,985 | 383,847 | 2,066,827 |         |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 447,542                      | 447,542                                |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   | 90,617                       | 90,617                                 |   |                                    |
| <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.  | 258,479                      | 101,503                                | 127,775                                       | 29,201                             |
| <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.  | 2,102,862                    | 824,537                                | 1,041,048                                     | 237,277                            |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  | 78,464                       | 31,011                                 | 38,542  | 8,911                              |
| <b>9</b> Other employee benefits.   | 183,535                      | 72,537                                 | 90,154  | 20,844                             |
| <b>10</b> Payroll taxes.  | 194,471                      | 76,859                                 | 95,526  | 22,086                             |
| <b>11</b> Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b> Management.  | 36,343                       | 17,081                                 | 17,808  | 1,454                              |
| <b>b</b> Legal.   | 82,582                       | 38,814                                 | 40,465  | 3,303                              |
| <b>c</b> Accounting.  | 53,819                       | 25,295                                 | 26,371  | 2,153                              |
| <b>d</b> Lobbying.  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   | 10,851                       |  |   | 10,851                             |
| <b>f</b> Investment management fees.  | 65,104                       |  | 65,104  |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 784,253                      | 368,600                                | 384,283                                       | 31,370                             |
| <b>12</b> Advertising and promotion.  | 320,528                      | 304,928                                | 15,600  |                                    |
| <b>13</b> Office expenses.  | 448,906                      | 354,180                                | 84,993  | 9,733                              |
| <b>14</b> Information technology.   | 182,592                      | 85,818                                 | 89,470  | 7,304                              |
| <b>15</b> Royalties.  |                              |  |   |                                    |
| <b>16</b> Occupancy.  |                              |  |   |                                    |
| <b>17</b> Travel.   | 171,579                      | 70,347                                 | 100,374                                       | 858                                |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings.   | 1,818,095                    | 1,718,100                              | 98,177  | 1,818                              |
| <b>20</b> Interest.   | 183,006                      | 86,013                                 | 89,673  | 7,320                              |
| <b>21</b> Payments to affiliates.   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization.  | 28,430                       | 13,362                                 | 13,931  | 1,137                              |
| <b>23</b> Insurance.  | 99,518                       | 56,228                                 | 39,807  | 3,483                              |
| <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> SUBSCRIPTIONS  | 22,796                       | 10,714                                 | 11,170  | 912                                |
| <b>b</b> MEMBER SUPPORT   | 6,280                        | 6,280                                  |   |                                    |
| <b>c</b>  |                              |  |   |                                    |
| <b>d</b>  |                              |  |   |                                    |
| <b>e</b> All other expenses   | 204,804                      | 186,831                                | 16,617  | 1,356                              |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 7,875,456                    | 4,987,197                              | 2,486,888                                     | 401,371                            |
| <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.<br>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)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 3,723,451                | <b>1</b>   | 5,892,779          |
|   | <b>2</b> Savings and temporary cash investments . . . . .   |                          | <b>2</b>   |                    |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 14,050                   | <b>3</b>   | 120,650            |
|   | <b>4</b> Accounts receivable, net . . . . .   | 1,954,198                | <b>4</b>   | 1,795,010          |
|   | <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 . . . . .  | 295,387                  | <b>9</b>   | 119,092            |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 55,774,223               |            |                    |
|   | <b>b</b> Less accumulated depreciation  | 25,874,622               |            |                    |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 14,862,013               | <b>11</b>  | 13,589,899         |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 7,690,789                | <b>12</b>  | 7,674,129          |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets . . . . .   | 1,469,467                | <b>14</b>  | 1,267,271          |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 6,895,664                | <b>15</b>  | 7,105,611          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 67,831,929  | <b>16</b>                | 67,464,042 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 1,878,708                | <b>17</b>  | 1,911,405          |
|   | <b>18</b> Grants payable . . . . .  |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue . . . . .  | 5,046,328                | <b>19</b>  | 5,264,347          |
|   | <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 . . . . .  | 60,245,286               | <b>23</b>  | 59,835,578         |
|   | <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 . . . . .  | 306,462                  | <b>25</b>  | 314,898            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 67,476,784               | <b>26</b>  | 67,326,228         |
| <b>Net Assets or Fund Balances</b>  | <b>27 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><br>Unrestricted net assets  | -302,000                 | <b>27</b>  | -537,942           |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 453,416                  | <b>28</b>  | 0                  |
|   | <b>29</b> Permanently restricted net assets . . . . .   | 203,729                  | <b>29</b>  | 675,756            |
|   | <b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b><br>Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                          | <b>32</b>  |                    |
|   | <b>33</b> Total net assets or fund balances . . . . .   | 355,145                  | <b>33</b>  | 137,814            |
|   | <b>34</b> Total liabilities and net assets/fund balances . . . . .  | 67,831,929               | <b>34</b>  | 67,464,042         |

**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>  | 9,289,071  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 7,875,456  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 1,413,615  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 355,145    |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -1,630,946 |
| <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> | 137,814    |

**Part XII Financial Statements and Reporting**

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0116710

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

Form 990 (2018)

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### **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

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**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)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

|                            |              |         |                        |             |          |
|----------------------------|--------------|---------|------------------------|-------------|----------|
| (Code )                    | (Expenses \$ | 962,941 | including grants of \$ | (Revenue \$ | 29,438 ) |
| OTHER EDUCATIONAL PROGRAMS |              |         |                        |             |          |

|                                |              |         |                        |             |   |
|--------------------------------|--------------|---------|------------------------|-------------|---|
| (Code )                        | (Expenses \$ | 670,246 | 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)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| HOFFMAN THOMAS<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DIGIUSTO LOUIS<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BISSET ANDREW<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LIOTTI LOUIS<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WOODWARD FORREST<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RUSSO FRANK<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WATFORD OWEN<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MCGLOIN THOMAS<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| THYS DANIEL<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BING ROGER<br>.....<br>NATIONAL DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| PATRICH TEODOR<br>.....<br>NATIONAL DIRECTOR        | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GARCIA EVA<br>.....<br>NATIONAL DIRECTOR            | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ATKINSON-DRUCKER LYNN<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GIAMBRONE JOSEPH<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| VARGO JOHN<br>.....<br>NATIONAL DIRECTOR            | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DU MONT PATRICIA<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WITUNSKI SKIP<br>.....<br>NATIONAL DIRECTOR         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TOWNSEND CHIRSTOPHER<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ST GERMAIN GERARD<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GIAMBRONE MARIANNE<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| BRASSIL DAY MAURA<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SANCHEZ WILLIAM<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TOWNSEND CHIRSTOPHER<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HOGG ELAINE<br>.....<br>NATIONAL DIRECTOR          | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LECKY RICHARD<br>.....<br>NATIONAL DIRECTOR        | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ELASSER LYNN<br>.....<br>NATIONAL DIRECTOR         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GRIPMAN WILLIAM<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WOOD ROYCEALEE<br>.....<br>NATIONAL DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| FLATLEY TIMOTHY<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SEMERAD JIM<br>.....<br>NATIONAL DIRECTOR          | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| SMITH THORN<br>.....<br>NATIONAL DIRECTOR            | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SCHMOLL GEORGE<br>.....<br>NATIONAL DIRECTOR         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SCHNEIDER AARON<br>.....<br>NATIONAL DIRECTOR        | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| FRENCH MIKE<br>.....<br>NATIONAL DIRECTOR            | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WILSON ROBERT<br>.....<br>NATIONAL DIRECTOR          | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| FERGUSON BOBBY<br>.....<br>NATIONAL DIRECTOR         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MAYFIELD SUSAN<br>.....<br>NATIONAL DIRECTOR         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BEHR DENNY<br>.....<br>NATIONAL DIRECTOR             | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KELLER WILLIAM<br>.....<br>NATIONAL DIRECTOR         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BOZDECH-VEATER PAULINE<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| BOYD HARRY<br>.....<br>NATIONAL DIRECTOR                   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PANG PATRICK<br>.....<br>NATIONAL DIRECTOR                 | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SCHOLES ROBERT<br>.....<br>NATIONAL DIRECTOR               | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| AMOS HENRY CUB<br>.....<br>NATIONAL DIRECTOR               | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HANNIFIN STEVEN<br>.....<br>NATIONAL DIRECTOR              | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HUNSBERGER TIMOTHY<br>.....<br>NATIONAL DIRECTOR           | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KEELEY FELIX<br>.....<br>NATIONAL DIRECTOR                 | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PITTMAN-WALLER MARY VIRGINIA<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RITTER MARY<br>.....<br>NATIONAL DIRECTOR                  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WAGNER ALFRED<br>.....<br>NATIONAL DIRECTOR                | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

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|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| WALKER DON BULL<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GURKE LEE<br>.....<br>NATIONAL DIRECTOR        | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HARRIS SINCLAIR<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KASKIN JONATHAN<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SUNDT SCOTT<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| THOMAS CARI<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MICKLEY ANDREW<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CARMEN HERB<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HASKELL VIRGINIA<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GODWIN EUGENE<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| SMITH NORBERT<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DENNENY DOUG<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LUMME DALE<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RAMCHAND SUNIL<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SNEDEKER JOHN<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KAPLAN ALAN<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BROOKS RON<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LARSON GWEN<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LARSON KEITH<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| O'BRIEN THOMAS<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| RUSH JOHN JACK<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| COOK WARD<br>.....<br>NATIONAL DIRECTOR           | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PENFIELD JEFF<br>.....<br>NATIONAL DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WEFALD ROBERT<br>.....<br>NATIONAL DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SAMUELS DAVID<br>.....<br>NATIONAL DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KELLEY JR WILLIAM C<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVIS PORTER<br>.....<br>NATIONAL DIRECTOR        | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SAMUELS ELEANOR<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HENNESSEY JR THOMAS<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BURKER PATRICK<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| OLSON TOMMASINA<br>.....<br>NATIONAL DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SALTER LARRY<br>.....<br>NATIONAL DIRECTOR          | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| EASTERDAY STEVEN<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MCGREGOR THEODORE<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WESTOVER STEVE<br>.....<br>NATIONAL DIRECTOR        | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BEAM ALAN<br>.....<br>NATIONAL DIRECTOR             | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVIS JEFF<br>.....<br>NATIONAL DIRECTOR            | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GUPTILL HOWARTH SCOTT<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HALLER MARK<br>.....<br>NATIONAL DIRECTOR           | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SPARKS KEN<br>.....<br>NATIONAL DIRECTOR            | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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| (A)<br>Name and Title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MORRISON DON<br>.....<br>NATIONAL DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JENSEN STEVE<br>.....<br>NATIONAL DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HICKERSON JAMES<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HICKERSON CAROLE<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| L'ECUYER PAUL<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| OSBORN LAWRENCE<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DEVOE CARLYLE<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KEARNS III WILLIAM<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LIVINGSTON DAVID<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RUEBROOK NORA<br>.....<br>NATIONAL DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>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<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GASTON ALEXNDER<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BARNECUT CARRIE<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GIBSON VIRGINIA<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BARNECUT CAREY<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| REINECKE MARLENE<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LANGFORD MICHELE<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| POTTER BONNIE<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| FIKE DARRELL J<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WINANT TOM<br>.....<br>NATIONAL DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| STEPHENS BILL<br>.....<br>NATIONAL DIRECTOR         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HOBART PHELPS<br>.....<br>NATIONAL DIRECTOR         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MITCHELL JOAN<br>.....<br>NATIONAL DIRECTOR         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| AMMERMAN PAMELA<br>.....<br>NATIONAL DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| STEVENSON III WILLIAM<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| FULTON DOUGLAS<br>.....<br>NATIONAL DIRECTOR        | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GALLINAT LISA<br>.....<br>NATIONAL DIRECTOR         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| FRIED RONALD<br>.....<br>NATIONAL DIRECTOR          | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GALLINAT THEODORE<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MANGIARDI DOMINICK<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| KINSLER MICAH<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HUDSON KEVIN<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| COLTON CASEY<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BRAS JAMES<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LAUPER WILLIAM<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MITCHELL JOAN<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HIGGINS TOM<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MCMANUS JAKE<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SILVER PAMELA<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CLARKE LORA<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| WRIGHT JULIAN<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DICKIE WILLIAM<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| NOCKHOLD SALLY<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KELLY STEPHEN<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GREGORY THOMAS<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RAMAR TOM<br>.....<br>NATIONAL DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| YOVICH PATRICIA<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MCNEILL SHEILA<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| OFFUTT JAMES<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| REILLY DAVID<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| BROWN THOMAS<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ALGER JOHN<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ASTON CHERYL<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| YOVICH ALAN<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| FOWLER ORMOND<br>.....<br>NATIONAL DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TOWLES CHARLES<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MASTLEY DONALD<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LYONS JAMES<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ALEXANDER JEFF<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GILES DONALD<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MCDONALD MARK<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PRUTER THOMAS<br>.....<br>NATIONAL DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HARDEN MARK<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HEWITT BILLY<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DOLLEN MIKE<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LAGENDIJK ARJEN<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ZELLER BERT<br>.....<br>NATIONAL DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JUSTICE RICKTER<br>.....<br>NATIONAL DIRECTOR | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PFISTER BILL<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PRUTER NANCI<br>.....<br>NATIONAL DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JIM BRUNS<br>.....<br>NATIONAL EXEC DIR           | 55 00<br>.....<br>2 00   |   |                       | X       |              |                              |        | 81,158  | 0  | 29,295  |
| DONALDSON RYAN ESQ<br>.....<br>GENERAL COUNSEL    | 55 00<br>.....<br>2 00   |   |                       | X       |              |                              |        | 128,460   | 0  | 19,566  |
| SEAN NODLAND<br>.....<br>DIR OF CORP BUSINESS DEV | 55 00<br>.....   |   |                       |         |              | X                            |        | 128,384   | 0  | 16,010  |
| CLAIRE RUSK<br>.....<br>SENIOR DIR MEETINGS       | 55 00<br>.....   |   |                       |         |              | X                            |        | 107,991   | 0  | 26,304  |
| REGINALD THORNTON<br>.....<br>CONTROLLER          | 55 00<br>.....   |   |                       |         |              | X                            |        | 104,970   | 0  | 15,031  |
| DANIELLE LUCEY<br>.....<br>SVP & EDITOR, SEAPOWER | 55 00<br>.....   |   |                       |         |              | X                            |        | 104,722   | 0  | 7,662   |

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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

NAVY LEAGUE OF THE UNITED STATES

**Employer identification number**

53-0116710

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

The organization is not a private foundation because it is (For lines 1 through 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<br>(or fiscal year beginning in) ▶  | (a) 2014  | (b) 2015  | (c) 2016  | (d) 2017  | (e) 2018  | (f) Total  |
|----------|---|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  | 3,511,434 | 2,541,535 | 2,511,184 | 2,528,444 | 1,991,412 | 13,084,009 |
| <b>2</b> | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |           |           |           |            |
| <b>3</b> | The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |           |           |           |            |
| <b>4</b> | <b>Total.</b> Add lines 1 through 3   | 3,511,434 | 2,541,535 | 2,511,184 | 2,528,444 | 1,991,412 | 13,084,009 |
| <b>5</b> | 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) |           |           |           |           |           | 2,529,776  |
| <b>6</b> | <b>Public support.</b> Subtract line 5 from line 4  |           |           |           |           |           | 10,554,233 |

**Section B. Total Support**

|           | Calendar year<br>(or fiscal year beginning in) ▶   | (a)2014   | (b)2015   | (c)2016   | (d)2017   | (e)2018   | (f)Total   |
|-----------|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>7</b>  | Amounts from line 4  | 3,511,434 | 2,541,535 | 2,511,184 | 2,528,444 | 1,991,412 | 13,084,009 |
| <b>8</b>  | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 230,972   | 113,367   | 262,594   | 391,609   | 270,594   | 1,269,136  |
| <b>9</b>  | Net income from unrelated business activities, whether or not the business is regularly carried on                             |           |           |           |           |           |            |
| <b>10</b> | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 | 379,088   | 450,439   | 289,649   | 276,964   | 215,680   | 1,611,820  |
| <b>11</b> | <b>Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 15,964,965 |
| <b>12</b> | Gross receipts from related activities, etc (see instructions)   |           |           |           |           | <b>12</b> | 23,818,882 |

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

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

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>14</b> | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 66.110 % |
| <b>15</b> | Public support percentage for 2017 Schedule A, Part II, line 14                        | <b>15</b> | 69.640 % |

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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<br>(or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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<br>(or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2018.** 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—2017.** 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 Part VI.</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 Part VI.</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 Part VI.</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 Part VI.</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>   |     |    |

**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>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>  |     |    |

**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> |     |    |

**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>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>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>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |  |  |
|----------|--|--|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )  |  |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |  |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |  |  |
| <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>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>3</b> | Parent of Supported Organizations <b>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>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>  |  |  |

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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</b>                                | <b>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</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>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</b>                                | <b>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</b>                                | <b>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 2018 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)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2018</b> | <b>(iii)<br/>Distributable<br/>Amount for 2018</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                                     |   |  |
| <b>a</b> From 2013. . . . .  |                                     |   |  |
| <b>b</b> From 2014. . . . .  |                                     |   |  |
| <b>c</b> From 2015. . . . .  |                                     |   |  |
| <b>d</b> From 2016. . . . .  |                                     |   |  |
| <b>e</b> From 2017. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2018 from Section D, line 7   |                                     |   |  |
| \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2018, 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 2018 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 2019.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>b</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2016. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2017. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2018. . . . .   |                                     |   |  |

**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 - 2014 AMOUNT \$ 379,088 2015 AMOUNT \$ 450,439 2016 AMOUNT \$ 289,649 2017 AMOUNT \$ 276,964 2018 AMOUNT \$ 215,680 |

**SCHEDULE C**  
 (Form 990 or 990-EZ)  
 Department of the Treasury  
 Internal Revenue Service

**Political Campaign and Lobbying Activities**  
 For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
 ▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

|  |  |
|--|--|
| Name of the organization<br>NAVY LEAGUE OF THE UNITED STATES | Employer identification number<br>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><br>(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)  | 22,269  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying)   | 13,184  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b)   | 35,453  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b>  | Other exempt purpose expenditures   | 15,381,495                                      |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d)   | 15,416,948                                      |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b>  | Lobbying nontaxable amount Enter the amount from the following table in both columns  | 920,847   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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)   | 230,212   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             | 992,312  | 957,941  | 922,400  | 920,847  | 3,793,500 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          | 5,690,250 |
| <b>c</b> Total lobbying expenditures                             | 46,768   | 32,006   | 21,117   | 35,453   | 135,344   |
| <b>d</b> Grassroots nontaxable amount                            | 248,078  | 239,485  | 230,600  | 230,212  | 948,375   |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          | 1,422,563 |
| <b>f</b> Grassroots lobbying expenditures                        | 18,253   | 7,028    | 6,831    | 22,269   | 54,381    |

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

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <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 |
|------------------|-------------|
|------------------|-------------|

**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.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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 |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year                       |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> 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 |  |
|---|-----------------------------|--|
| <b>a</b> Total number of conservation easements   | <b>2a</b>                   |  |
| <b>b</b> Total acreage restricted by conservation easements   | <b>2b</b>                   |  |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   | <b>2c</b>                   |  |
| <b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | <b>2d</b>                   |  |

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 413,688          | 399,939        | 372,933            | 372,478              | 364,341             |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               | 17,860           | 16,749         | 31,094             | 4,331                | 10,171              |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 3,000            | 3,000          | 4,088              | 3,876                | 2,034               |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 428,548          | 413,688        | 399,939            | 372,933              | 372,478             |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶ 100 000 %
  - c** Temporarily restricted endowment ▶
- The percentages 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  | Yes | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | Yes | No |
- 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 4,102,268                       |                              | 4,102,268      |
| <b>b</b> Buildings . . . . .   |                                      | 29,237,767                      | 9,894,795                    | 19,342,972     |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      |                                 |                              |                |
| <b>e</b> Other . . . . .   |                                      | 22,434,188                      | 15,979,827                   | 6,454,361      |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ |                                      |                                 |                              | 29,899,601     |

**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<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives . . . . .                                      |                |   |
| (2) Closely-held equity interests . . . . .                              | 7,496,737      | C   |
| (3) Other _____<br>(A) PAINTING  | 42,000         | F   |
| (B) CASH SURRENDER VALUE OF INSURANCE                                    | 135,392        | F   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) | 7,674,129      |   |

**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<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.) |                |   |

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1) DEFERRED RENT RECEIVABLE   | 5,554,756      |
| (2) ESCROWS  | 1,550,855      |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) | 7,105,611      |

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

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| SECURITY DEPOSIT   | 314,898        |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) | 314,898        |

**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>  | 16,037,353 |
| <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> | -1,630,946 |
| <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> | 8,444,332  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 6,813,386  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 9,223,967  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                     |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> | 65,104     |
| <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> | 65,104     |
| <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>  | 9,289,071  |

**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>  | 16,346,192 |
| <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> | 8,535,840  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 8,535,840  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 7,810,352  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                       |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 65,104     |
| <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> | 65,104     |
| <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>  | 7,875,456  |

**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 |
|------------------|-------------|
|                  |             |
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|                  |             |

## 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 PROGRAMS LISTED BELOW AWARDS AND YOUTH PROGRAMS \$364,163 OCEANIC EDUCATION \$64,385 |

**Supplemental Information**

| Return Reference | Explanation  |
|------------------|--|
| PART X, LINE 2   | <p>THE NAVY LEAGUE IS EXEMPT FROM FEDERAL INCOME TAX, EXCEPT ON INCOME FROM UNRELATED BUSINESS ACTIVITIES, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) THE NAVY LEAGUE HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE (IRS) NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) OF THE IRC 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 ALL ENTITIES' TAX POSITIONS AND CONCLUDED THAT ALL THE ENTITIES HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, ALL ENTITIES ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2015</p> |

# Supplemental Information

| Return Reference                     | Explanation  |
|--------------------------------------|--|
| PART XI, LINE 2D - OTHER ADJUSTMENTS | CONSOLIDATED FINANCIAL STATEMENT ELIMINATION -1,856,593 NAVY LEAGUE DEVELOPMENT CORPORATI<br>ON REVENUE INCLUDED IN CONSOL FS 684,833 NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOC R<br>EVENUE INCLUDED IN CONSOL FS 2,009,496 RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B 7,6<br>06,596 |

# Supplemental Information

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | CONSOLIDATED FINANCIAL STATEMENT ELIMINATION -1,856,593 NAVY LEAGUE DEVELOPMENT CORPORATI<br>ON EXPENSES INCLUDED IN CONSOL FS 776,341 NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOC<br>EXPENSES INCLUDED IN CON FS 2,009,496 RENTAL EXPENSES INCLUDED IN PART VII LINE 6B 7,60<br>6,596 |

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NAVY LEAGUE OF THE UNITED STATES

**Employer identification number**  
53-0116710

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| ( 1 ) EUROPE                                      | 0                                   | 0  | PROGRAM SERVICES  | INTERNATIONAL<br>MARITIME PAVILION   | 52,998   |
| ( 2 )   |                                     |  |   |  |  |
| ( 3 )   |                                     |  |   |  |  |
| ( 4 )   |                                     |  |   |  |  |
| ( 5 )   |                                     |  |   |  |  |
| <b>3a</b> Sub-total                               | 0                                   | 0  |   |  | 52,998   |
| <b>b</b> Total from continuation sheets to Part I |                                     |  |   |  | 0  |
| <b>c Totals</b> (add lines 3a and 3b)             | 0                                   | 0  |   |  | 52,998   |

**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) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| ( 1 )    |                                 |   |                   |                             |                                 |  |  |   |  |
| ( 2 )    |                                 |   |                   |                             |                                 |  |  |   |  |
| ( 3 )    |                                 |   |                   |                             |                                 |  |  |   |  |
| ( 4 )    |                                 |   |                   |                             |                                 |  |  |   |  |

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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, don't 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, don't file with Form 990)*  Yes  No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
NAVY LEAGUE OF THE UNITED STATES

Employer identification number  
53-0116710

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  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)<br>US NAVAL SEA CADET CORPS<br>2300 WILSON BLVD<br>ARLINGTON, VA 22201 | 52-0808385 | 501(C)(3)                       | 447,542                  |                                   |   |                                       | 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 |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) SAFETY AWARD                | 1                        | 3,000                    |                                  |   |                                       |
| (2) STEM GRANTS                 | 9                        | 7,500                    |                                  |   |                                       |
| (3) INDIVIDUAL AWARDS           | 6                        | 3,500                    |                                  |   |                                       |
| (4) OTHER AWARDS                | 1                        | 76,617                   |                                  |   |                                       |
| (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 |

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NAVY LEAGUE OF THE UNITED STATES

Employer identification number  
53-0116710

**Part I 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<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><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<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations<br><input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><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> | No |
| <b>b</b>  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | <b>4b</b> | No |
| <b>c</b>  | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   | <b>4c</b> | No |
| <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?<br>If "Yes," on line 5a or 5b, describe in Part III.  | <b>5b</b> | No |
| <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?<br>If "Yes," on line 6a or 6b, describe in Part III.  | <b>6b</b> | No |
| <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>  |    |



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

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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.

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**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

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 ASHBAY AND RICHARD F ASHBAY, BOTH DIRECTORS CARRIE G BARNE CUT 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**

| <b>Return Reference</b>                       | <b>Explanation</b>   |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>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**

| <b>Return Reference</b>                       | <b>Explanation</b>  |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>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**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | THE MEMBERSHIP OF THE ORGANIZATION ELECTS THE DIRECTORS OF THE ORGANIZATION THERE IS ONLY ONE CLASS AND EACH MEMBER HAS ONE VOTE |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                         | <b>Explanation</b>  |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>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**

| <b>Return Reference</b>                         | <b>Explanation</b>  |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>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**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>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**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION C,<br>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**

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NAVY LEAGUE OF THE UNITED STATES

**Employer identification number**

53-0116710

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                               | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|---|--|---------------------|---------------------------|----------------------------------|
| <b>(1)</b> NAVY LEAGUE BUILDING LLC<br>2300 WILSON BOULEVARD<br>ARLINGTON, VA 22201<br>54-2061880 | TO OWN, OPERATE, LEASE,<br>SELL OR MANAGE<br>COMMERCIAL REAL ESTATE | DE   | 8,367,731           | 52,907,218                | 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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--|--|--|----------------------------|---|----------------------------------|---|----|
|  |  |  |                            |   |                                  | Yes   | No |
| <b>(1)</b> NAVY LEAGUE FOUNDATION<br>2300 WILSON BLVD<br><br>ARLINGTON, VA 22201<br>31-1677884 | AWARD COLLEGESCHOLARSHIPS TO<br>DEPENDENTS/DESCENDENTS OF SEA<br>SERVICE PERSONNEL | DE   | 501(C)(3)                  | 7   | NAVY LEAGUE OF THE UNITED STATES | Yes   |    |
| <b>(2)</b> NAVAL SEA CADET CORPS<br>2300 WILSON BLVD<br><br>ARLINGTON, VA 22201<br>52-0808385  | A FEDERALLY CHARTERED YOUTH<br>ORGANIZATION THAT IS ENGAGED IN<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity           | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512 (b)(13) controlled entity? |    |
|--|-----------------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|---|----|
|  |                                   |  |                                  |  |                              |                                    |                             | Yes   | No |
| <b>(1)</b> NAVY LEAGUE DEVELOPMENT CORPORATION<br>2300 WILSON BLVD<br>ARLINGTON, VA 22201<br>20-2522528                      | OWN,OPERATE GARAGE AT 2300 WILSON | DE   | NAVY LEAGUE BUILDING LLC         | C  | 684,833                      | 6,096,988                          | 100 000 %                   | Yes   |    |
| <b>(2)</b> NAVY LEAGUE BUILDING CONDOMINIUM UNIT OWNERS ASSOCIATION<br>2300 WILSON BLVD<br>ARLINGTON, VA 22201<br>20-5692155 | MANAGE OFFICE CONDO               | VA   | NAVY LEAGUE OF THE UNITED STATES | C  | 2,009,496                    | 932,784                            | 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

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <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 . . . . .               |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) NAVAL SEA CADET CORPS           | B                             | 447,542                | CASH   |
| (2) NAVY LEAGUE FOUNDATION          | C                             | 75,000                 | CASH   |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



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

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |