

Form 990

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning and ending

Form fields for organization details: B Check if applicable, C Name of organization (NAVY LEAGUE OF THE UNITED STATES), D Employer identification number (53-0116710), E Telephone number (703-528-1775), G Gross receipts (\$15,116,149), H(a) Is this a group return for affiliates? (Yes/No), H(b) Are all affiliates included? (Yes/No), I Tax-exempt status (501(c)(3)), J Website (www.navyleague.org), K Form of organization (Corporation), L Year of formation (1902), M State of legal domicile (NY).

Part I Summary

Summary table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown (Total revenue: 7,332,919), expenses breakdown (Total expenses: 7,858,929), and net assets (Total assets: 60,576,866).

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.

Signature block fields: Sign Here (Signature of officer: Howard Siegel, Date: 8/25/11), Preparer (Print/Type preparer's name: James P. Sweeney, CPA, Date: 8/22/11, Firm's name: RSM McGLADREY, INC., Firm's address: 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205, Phone no.: 703-336-6400).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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.

4a (Code: ) (Expenses \$ 2,098,118. including grants of \$ ) (Revenue \$ 3,540,124. ) SEA-AIR-SPACE - AN ANNUAL SERIES OF SEMINARS & EXHIBITS CONCERNING THE STATUS OF THE U.S. ARMED FORCES, MILITARY TECHNOLOGY & OTHER NATIONAL SECURITY ISSUES. MILITARY & GOVERNMENT PERSONNEL ATTEND THE PROGRAM.

4b (Code: ) (Expenses \$ 1,922,932. including grants of \$ ) (Revenue \$ 1,749,694. ) SEA POWER MAGAZINE & ALMANAC ARE INTERNATIONAL PUBLICATONS RELATING TO NAVAL ACTIVITIES; THE NAVY LEAGUER IS A NEWSPAPER DOCUMENTING THE ACTIVITIES OF THE NAVY LEAGUE HEADQUARTERS & ITS COUNCILS.

4c (Code: ) (Expenses \$ 852,057. including grants of \$ ) (Revenue \$ 2,045,539. ) COUNCIL DEVELOPMENT MEMBERSHIP - MAINTAINS MEMBERSHIP RECORDS & ISSUES CERTIFICATES, PINS, ETC.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 904,186. including grants of \$ 602,128. ) (Revenue \$ )

4e Total program service expenses 5,777,293.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<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> .....	X	
<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 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<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> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<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> .....		X
<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> .....	X	
<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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<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> .....		X
<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> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>a</b> 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> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	<b>1a</b> 236		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 213		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?	X	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MR. HOWARD SIEGEL, SR. DIR OF FINAN - 703-528-1775**  
**2300 WILSON BLVD, STE 200, ARLINGTON, VA 22201**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES T. ALAIMO NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
USN RET. JOHN W. ALGER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
PAMELA K. AMMERMAN NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
RICHARD F. ASHBEY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
LINDA L. ASHBEY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
BARBARA F. BAILEY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
THOMAS W. BAKER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
P. PASHA BAKER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
EVAN S. BAKER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
MARYELLEN BALDWIN NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
CAREY G. BARNECUT NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
CURTIS L. BARRETT NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
CHARLES G. BAUMBACH NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
JAMES M. BEATY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
BERNARD BENNETT NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
USN (RET.) BRENT M. BENNITT NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
DANIEL J. BENNY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
USCG(RET.) AL J. BERNARD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USCG RET. ROGER W. BING NATIONAL DIRECTOR	1.00	X						0.	0.	0.
CHARLES A. BLACK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ELIZABETH Y. BLANCHARD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JEWELL H. BONNER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAMES T. BONNER JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
PAULA BOZDECH-VEATER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DANIEL B. BRANCH JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAMES P. BRAS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								276,878.	0.	34,338.
<b>d Total (add lines 1b and 1c)</b> .....								276,878.	0.	34,338.

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

	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> .....		X
<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> .....	X	
<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> .....		X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
CHARLES A. HULL, 6406 BRASS BUCKET CT, STE 1, LAYTONSVILLE, MD 20882 BLACK ROCK MEDIA	ADVERTISING	227,898.
810 VAL SERENO DR, OLIVEHAIN, CA 92024	ADVERTISING SALES REP.	112,773.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM G. BRAUND NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JEFFREY R. BROWN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
THOMAS J. BROWN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ROGER BURKE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ROBERT D. BYTHEWOOD SR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ROBERT L. CARLISLE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAMES L. CHAPMAN IV NATIONAL DIRECTOR	1.00	X						0.	0.	0.
CALVIN H. COBB JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WARD W. COOK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
J. ROBERT COOK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USNR (RET) RICHARD M. COOPER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
STUART M. COWAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DEBORAH J. COZZONE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
KAREN CRAWFORD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WILLIAM L. CREEDON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
W.L. "BABE" CROUCH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOSEPH J. DAIGNEAULT JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
EDWARD DANGLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USNR (RET) WARREN H. DANLEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
GARY C. DECAVAGE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD W. DEVLIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DENNIS A. DICKERSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
LOUIS J. DIGIUSTO III NATIONAL DIRECTOR	1.00	X						0.	0.	0.
HARLAN E. DINGER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOSEPH S. DONNELL III NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DOLPH DU MONT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
PATRICIA DU MONT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WILLIAM E. DUDLEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
PHILIP L. DUNMIRE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN E. EASTON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
RICHARD V. EHLERT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAMES H. ERLINGER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WILLIAM J. EVANZIA NATIONAL DIRECTOR	1.00	X						0.	0.	0.
TIMOTHY O. FANNING NATIONAL DIRECTOR	1.00	X						0.	0.	0.
BOBBY V. FERGUSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DARRELL J. FIKE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
GAYLLA A. FINNELL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
MORGAN L. FITCH JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ROBERT FORD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ROBERT B. FREDRICKSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALBERT H. FRIEDRICH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ANTHONY GADALETA NATIONAL DIRECTOR	1.00	X						0.	0.	0.
LISA MACKLIN GALLINAT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
RET. JON A. GALLINETTI NATIONAL DIRECTOR	1.00	X						0.	0.	0.
FRANK G. GALLOWAY JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WILLIAM S. GARR NATIONAL DIRECTOR	1.00	X						0.	0.	0.
H. LAWRENCE GARRETT III NATIONAL DIRECTOR	1.00	X						0.	0.	0.
MACK C. GASTON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOSEPH GIAMBRONE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DONALD A. GILES NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WILLIAM C. GLYNN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
CURT W. GOLDBACKER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
NANCY F. GORELL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
IRVING X. GORMAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ANTHONY M. GRAY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ALFRED M. GRAY JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN F. GRIFFING NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN(RET.) WILLIAM C. GRIGGS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
LEE GURKE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
SHARON GURKE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
T. COLE HACKLEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
CAROL ANN HACKLEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ROBERT B. HAEMER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DONALD F. HALE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
MARK A. HALLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
RICHARD C. HALLERAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
CATHERINE A. HANSEN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
NICHOLAS HARPER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ANNE HARPER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ROBERT N. HEIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ALBERT J. HERBERGER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN(RET.) JAMES M. HICKERSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
SHIRLEY A. HILL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
PHELPS HOBART NATIONAL DIRECTOR	1.00	X						0.	0.	0.
THOMAS W. HOFFMAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
RANDY W. HOLLSTEIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
BETTY HOWARD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
GLEN J. HUBER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
LORRAINE D. HUGHEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USCG RET. JAMES D. HULL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MELVIN H.W. ING NATIONAL DIRECTOR	1.00	X						0.	0.	0.
GRANT W. IVEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DIANE JAFFA NATIONAL DIRECTOR	1.00	X						0.	0.	0.
THOMAS E. JAFFA NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WARREN W. JOHNSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOAN S. JONES NATIONAL DIRECTOR	1.00	X						0.	0.	0.
HERBERT A. JORDAN JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ARTHUR JUDSON II NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ALAN L. KAPLAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
FELIX P. KEELEY JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WILLIAM R. KELLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WILLIAM C. KELLEY JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
STEPHEN W. KELLY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
RICHARD H. KENNEDY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JACK M. KENNEDY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
KRAIG M. KENNEDY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN KOCHER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WILLIAM A. KOPPER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
HANS H. KRUCKE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JEROME S. LAFFERTY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TRAVIS LAGRONE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
TOM J. LAMAINE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JEFF LAMBERT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN RET. KEITH A. LARSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAMES M. LASHER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
HARRIETT A. LEARSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DAVID C. LIVINGSTON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
R. GLENN LOONEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN A. LYNCH JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
LAWRENCE P. LYNOTT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
LAWRENCE R. LYONS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN RET. RICHARD C. MACKE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
RONALD E. MACMASTER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
TOM MATTEO NATIONAL DIRECTOR	1.00	X						0.	0.	0.
CHARLES W. MCCULLOUGH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
THOMAS P. MCGLOIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN (RET.) J. MICHAEL MCGRATH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
THOMAS J. MCGUIRE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WILLIAM F. MCLOUGHLIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
SHEILA M. MCNEILL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DICK E. MESSBARGER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
R. JEFF MILES NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAY D. MILLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
RITA J. MILLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
MAX K. MILLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JEFF B. MILTENBERGER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOAN C. MITCHELL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
TODD R. MOORE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAMES F. MORGAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DONALD A. MORRISON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ROBERT C. MORRISON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
GERALD S. MOSKWA NATIONAL DIRECTOR	1.00	X						0.	0.	0.
BETH M. MUNNS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN NIEDZWIECKI NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN H. OCHS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAMES H. OFFUTT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
CHESTER M. OGDEN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
TOMMASINA A. OLSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
FREDERICK C. ORTON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ROCKWELL O' SHEILL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK E. PANG NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN A. PANNETON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN A. PETTITT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JUDITH LYNN PLOTZ-BRANNIGAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ROGER W. PONTO NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ANA LYDIA PORRATA-DORIA NATIONAL DIRECTOR	1.00	X						0.	0.	0.
PATRICIA A POSEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN (RET.) KEITH F. POST NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN RET. BONNIE B. POTTER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN(RET.) THOMAS J. PRUTER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN M. RAU NATIONAL DIRECTOR	1.00	X						0.	0.	0.
BETTY REESE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WALTER H. REESE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DAVID J. REILLY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN(RET.) STEWART E. REUTER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JACK F. RITTER JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
RAY ROTH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
NORA RUEBROOK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN RET. LARRY G. SALTER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
IVAN R. SAMUELS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELEANOR E. SAMUELS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
SAM SAUSE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WARREN H. SAVAGE JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
ROBERT L. SCHLICK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAMES R. SEAMAN JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JEANNE SHARKEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WILLIAM R. SHARKEY III NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN(RET.) JOHN E. SIDES NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAMES T. SKETCHLEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN (RET.) MICHAEL J. SLEIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
WAYNE SMILEY JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAMES W. SMITH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
NORBERT F. SMITH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
EDMUND S. SOBIERAY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
PETER J. SOLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
SAMUEL A. SORENSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
MARIA ISABEL P. SOTO NATIONAL DIRECTOR	1.00	X						0.	0.	0.
PH.D. KEN SPARKS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN J. SPITTLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
GERARD J. ST. GERMAIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN D. STEGMAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DAVID C. SULLIVAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN G. SUTTER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN (RET.) ROBERT SUTTON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
RET. TODD P. TARBY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DANIEL M. THYS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USNR RET. DAVID N. TODD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN T. TOZZI NATIONAL DIRECTOR	1.00	X						0.	0.	0.
CYNTHIA J. TRIF NATIONAL DIRECTOR	1.00	X						0.	0.	0.
CAPT GORDAN EVANS VAN HOOK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN T. VARGO NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DONNAANN C. VISNESKI NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DAVID J. VISNESKI NATIONAL DIRECTOR	1.00	X						0.	0.	0.
DONALD B. WALKER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JAMES H. WALLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
GEORGE A. WARDWELL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
OWEN WATFORD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN F. WATKINS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
USN (RET) STEPHEN F. WAYLETT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
JOHN F. WEIGOLD IV NATIONAL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	2,045,539.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	477,683.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		2,523,222.				
	Program Service Revenue	<b>2 a</b> SEA-AIR SPACE EXPO.	Business Code 611710	3,540,124.	3,540,124.		
<b>b</b> PUBLICATIONS		541800	1,749,694.		1,749,694.		
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			5,289,818.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		175,821.			175,821.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		4,845.			4,845.	
	<b>6 a</b> Gross Rents	(i) Real	6,390,805.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	7,695,581.				
		<b>c</b> Rental income or (loss)	-1,304,776.				
	<b>d</b> Net rental income or (loss)		-1,304,776.		-1,304,776.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	87,649.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	87,649.				
		<b>c</b> Gain or (loss)	0.				
	<b>d</b> Net gain or (loss)		0.				
	<b>8 a</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>9 a</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>10 a</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>11 a</b> OTHER REVENUE	900099	643,989.			643,989.		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		643,989.					
<b>12 Total revenue.</b> See instructions.		7,332,919.	3,540,124.	444,918.	824,655.		

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	602,128.	602,128.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	312,711.	168,413.	133,718.	10,580.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,424,927.	767,406.	609,312.	48,209.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	79,853.	43,006.	34,146.	2,701.
9 Other employee benefits .....	178,034.	95,881.	76,130.	6,023.
10 Payroll taxes .....	117,241.	63,141.	50,133.	3,967.
11 Fees for services (non-employees):				
a Management .....	223,424.		223,424.	
b Legal .....	11,758.		11,758.	
c Accounting .....	39,958.	36,617.	3,341.	
d Lobbying .....	32,883.	32,883.		
e Professional fundraising services. See Part IV, line 17 .....	33,437.			33,437.
f Investment management fees .....	43,196.	23,264.	18,471.	1,461.
g Other .....	1,492,038.	1,406,606.	83,891.	1,541.
12 Advertising and promotion .....	67,287.	5,437.	1,268.	60,582.
13 Office expenses .....	691,536.	590,158.	94,683.	6,695.
14 Information technology .....	125,539.	73,702.	48,036.	3,801.
15 Royalties .....				
16 Occupancy .....	1,320,809.	338,827.	960,697.	21,285.
17 Travel .....	47,450.	45,087.	730.	1,633.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	1,195,235.	1,009,284.	185,951.	
20 Interest .....	3,114,046.	14,917.	3,098,192.	937.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	2,563,779.	194,681.	2,356,868.	12,230.
23 Insurance .....	6,000.	6,000.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a CONDO FEES .....	1,451,401.		1,451,401.	
b MEMBERSHIP .....	75,759.	51,752.	23,438.	569.
c FREELANCE .....	70,781.	70,781.		
d PRESIDENT'S EXPENSE .....	51,373.		51,373.	
e RENTAL EXP ON LINE 6B .....	-7,695,581.		-7,695,581.	
f All other expenses .....	181,927.	137,322.	29,495.	15,110.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	7,858,929.	5,777,293.	1,850,875.	230,761.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	150.	<b>1</b>	150.	
	<b>2</b> Savings and temporary cash investments .....	1,781,376.	<b>2</b>	1,964,541.	
	<b>3</b> Pledges and grants receivable, net .....	5,000.	<b>3</b>	51,745.	
	<b>4</b> Accounts receivable, net .....	168,301.	<b>4</b>	31,184.	
	<b>5</b> 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> 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) .....		<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 .....	703,253.	<b>9</b>	851,949.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 48,859,490.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 12,940,670.	37,431,765.	<b>10c</b> 35,918,820.	
	<b>11</b> Investments - publicly traded securities .....	7,777,995.	<b>11</b>	9,264,708.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	7,642,827.	<b>12</b>	7,613,501.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....	2,730,049.	<b>14</b>	2,481,380.	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,184,633.	<b>15</b>	2,398,888.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	60,425,349.	<b>16</b>	60,576,866.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,723,181.	<b>17</b>	1,798,160.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	3,494,505.	<b>19</b>	3,598,282.	
	<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> 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 .....	54,594,067.	<b>23</b>	53,865,633.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>			
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	59,811,753.	<b>26</b>	59,262,075.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	179,554.	<b>27</b>	817,607.	
	<b>28</b> Temporarily restricted net assets .....	230,313.	<b>28</b>	293,455.	
	<b>29</b> Permanently restricted net assets .....	203,729.	<b>29</b>	203,729.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	613,596.	<b>33</b>	1,314,791.		
<b>34</b> Total liabilities and net assets/fund balances .....	60,425,349.	<b>34</b>	60,576,866.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,332,919.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,858,929.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-526,010.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	613,596.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	1,227,205.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	1,314,791.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> NAVY LEAGUE OF THE UNITED STATES	<b>Employer identification number</b> 53-0116710
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,154,234.	3,168,671.	3,253,859.	2,469,283.	2,523,222.	14,569,269.
<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 Total.</b> Add lines 1 through 3 .....	3,154,234.	3,168,671.	3,253,859.	2,469,283.	2,523,222.	14,569,269.
<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) .....						237,145.
<b>6 Public support.</b> Subtract line 5 from line 4.						14,332,124.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	3,154,234.	3,168,671.	3,253,859.	2,469,283.	2,523,222.	14,569,269.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	374,490.	389,199.	252,549.	175,627.	180,666.	1,372,531.
<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 IV.) .....	215,818.	459,317.	1,441,010.	690,817.	643,989.	3,450,951.
<b>11 Total support.</b> Add lines 7 through 10						19,392,751.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	14,594,025.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	73.90	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	77.11	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.) .....						
<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 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

**2010**

**Name of the organization**

NAVY LEAGUE OF THE UNITED STATES

**Employer identification number**

53-0116710

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

<b>Name of organization</b>  NAVY LEAGUE OF THE UNITED STATES	<b>Employer identification number</b>  53-0116710
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>	<b>Employer identification number</b>
NAVY LEAGUE OF THE UNITED STATES	53-0116710

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b>  NAVY LEAGUE OF THE UNITED STATES	<b>Employer identification number</b>  53-0116710
---	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

Name of organization <p style="text-align: center;">NAVY LEAGUE OF THE UNITED STATES</p>	Employer identification number <p style="text-align: center;">53-0116710</p>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010

**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.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	4,757.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	178,763.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	183,520.													
<b>d</b>	Other exempt purpose expenditures .....	15,370,990.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	15,554,510.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	927,726.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	231,932.													
<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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	927,807.	927,726.	3,855,533.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,783,300.
<b>c</b> Total lobbying expenditures	226,682.	190,509.	175,142.	183,520.	775,853.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	231,952.	231,932.	963,884.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,445,826.
<b>f</b> Grassroots lobbying expenditures	7,103.	7,300.	4,943.	4,757.	24,103.

**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? If "Yes," describe in Part IV .....			
<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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**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" to Form 990, Part IV, line 6.

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to 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 XIV, 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) Revenues included in 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 Revenues included in 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 XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	203,729.	203,729.	203,729.		
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	203,729.	203,729.	203,729.		

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  100.00 %
- c** Term endowment  \_\_\_\_\_ %

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

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

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		29,494,486.	3,888,483.	25,606,003.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		15,262,736.	9,052,187.	6,210,549.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				35,918,820.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....	7,496,737.	COST
(3) Other .....		
(A) PAINTING	4,200.	END-OF-YEAR MARKET VALUE
(B) CASH SURRENDER VALUE OF INSURANCE	112,564.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	7,613,501.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,332,919.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,858,929.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-526,010.
4	Net unrealized gains (losses) on investments	4	1,227,205.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,227,205.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	701,195.

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

1	Total revenue, gains, and other support per audited financial statements	1	16,828,823.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,227,205.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	8,268,699.
e	Add lines 2a through 2d	2e	9,495,904.
3	Subtract line 2e from line 1	3	7,332,919.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,332,919.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	16,304,834.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	8,445,905.
e	Add lines 2a through 2d	2e	8,445,905.
3	Subtract line 2e from line 1	3	7,858,929.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,858,929.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE EARNINGS FROM THESE ENDOWMENTS ARE AVAILABLE IN

SUPPORT OF PROGRAMS OF THE LEAGUE. THE LEAGUE APPROPRIATES THE ENTIRE

BALANCE OF THE ANNUAL EARNINGS TO BE AVAILABLE FOR THE PROGRAMS LISTED

BELOW.

AWARDS AND YOUTH PROGRAMS: \$186,536

OCEANIC EDUCATION: \$17,193

**Part XIV Supplemental Information** (continued)

PART X, LINE 2: THE LEAGUE FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. THE LEAGUE MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED THE LEAGUE'S TAX POSITIONS AND CONCLUDED THAT THE LEAGUE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, THE LEAGUE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONSOLIDATED FINANCIAL STATEMENT ELIMINATION	-3,328,024.
ELIMINATION BETWEEN LLC AND NLUS	1,795,548.
INCOME OF THE NAVY LEAGUE DEVELOPMENT CORPORATION	446,252.
INCOME OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOCIATION	1,659,342.
RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B	7,695,581.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	8,268,699.

**Part XIV** Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

CONSOLIDATED FINANCIAL STATEMENT ELIMINATION	-2,255,391.
ELIMINATION BETWEEN LLC AND NLUS	722,915.
EXPENSES OF THE NAVY LEAGUE DEVELOPMENT CORPORATION	623,458.
EXPENSES OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOCIATION	1,659,342.
RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B	7,695,581.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	8,445,905.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization: **NAVY LEAGUE OF THE UNITED STATES** Employer identification number: **53-0116710**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HARRIS CONNECT, LLC - 1511 ROUTE 22, SUITE C-25,	PHONE CAMPAIGN		X	50,165.	33,437.	16,728.
<b>Total</b>				50,165.	33,437.	16,728.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: HARRIS CONNECT, LLC

(I) ADDRESS OF FUNDRAISER: 1511 ROUTE 22, SUITE C-25, BREWSTER, NY 10509

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAVAL SEA CADET CORPS 2300 WILSON BLVD ARLINGTON, VA 22201	52-0808385	501(C)(3)	602,128.	0.			GENERAL SUPPORT.

- 2** Enter total number of section 501(c)(3) and government organizations ..... **1.**
- 3** Enter total number of other organizations ..... **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

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

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, 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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

NAVY LEAGUE OF THE UNITED STATES

Employer identification number

53-0116710

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on 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 .....</p>	X	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	X	
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </p> <p> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	X	
<p><b>4a</b></p>	X	
<p><b>4b</b></p>		X
<p><b>4c</b></p>		X
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
<p><b>5a</b></p>		X
<p><b>5b</b></p>		X
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
<p><b>6a</b></p>		X
<p><b>6b</b></p>		X
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>		X
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>		X
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>		
<p><b>9</b></p>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEFFREY K. SAPP 1 (ENDING 05/26/10)	(i)	71,993.	0.	76,414.	7,720.	15,983.	172,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A: JEFFREY SAPP' SPOUSE TRAVELED WITH HIM AND

AIRFARE-FOOD AND LODGING WORTH APPROXIMATELY \$885.00.

EXPENSE REPORT WAS COMPLETED AND APPROVED AND THE BENEFIT IS NONTAXABLE TO

JEFFREY SAPP.

PART I, LINE 4A:

JEFFREY SAPP RECEIVED \$81,501 SEVERANCE PAYMENT FROM NAVY LEAGUE OF THE

UNITED STATES FOR JUNE THROUGH OCTOBER 2010.



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BILL WAYLETT	FAMILY MEMBER OF DI	82,331.	EMPLOYEE OF		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BILL WAYLETT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR STEPHEN WAYLETT

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF NLUS.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

NAVY LEAGUE OF THE UNITED STATES

Employer identification number

53-0116710

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

U.S. NAVAL SEA CADETS - GRANT TO FEDERALLY CHARTERED SECTION 501(C)(3)

YOUTH ORGANIZATIONS ENGAGED IN NAVAL RELATED EDUCATIONAL PROGRAMS.

EXPENSES \$ 608,125. INCLUDING GRANTS OF \$ 602,128. REVENUE \$ 0.

EDUCATIONAL PROGRAMS.

EXPENSES \$ 296,061. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: FAMILY RELATIONSHIPS

JEWELL BONNER AND JAMES BONNER, BOTH DIRECTORS

DR. CAROL ANN HACKLEY AND T. COLE HACKLEY, BOTH DIRECTORS

Name of the organization NAVY LEAGUE OF THE UNITED STATES	Employer identification number 53-0116710
--	--

DIANE Z. JAFFA AND THOMAS E. JAFFA, BOTH DIRECTORS

JEANNE SHARKEY AND WILLIAM SHARKEY, BOTH DIRECTORS

STEPHEN WAYLETT, DIRECTOR AND WILLIAM J. WAYLETT, JR. EMPLOYEE OF NLUS

SHARON GURKE AND LEE GURKE, BOTH DIRECTORS

W. LAMON CROUCH AND SUZY WILLIAMS, BOTH DIRECTORS

DAVID VISNESKI AND DONNAANN VISNESKI, BOTH DIRECTORS

ANNE HARPER AND NICK HARPER. BOTH DIRECTORS

PAT DUMONT AND DOLPH DUMONT, BOTH DIRECTORS

LINDA L. ASHBAY AND RICHARD ASHBAY, BOTH DIRECTORS

FORM 990, PART VI, SECTION A, LINE 3: THE NLUS HAS CONTRACTED WITH

LINCOLN PROPERTY MANAGEMENT COMPANY TO MANAGE THE DAILY OPERATIONS OF THE

NAVY LEAGUE BUILDING - AN INVESTMENT OF THE LEAGUE.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS ONE VOTING

CLASS OF MEMBERS THAT ELECTS THE DIRECTORS. ALL MEMBBERS HAVE EQUAL VOTING

RIGHTS. ONE VOTE PER MEMEBER.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERSHIP OF THE ORGANZIATION

ELECTS THE DIRECTORS OF THE ORGANIZATION. THERE IS ONLY ONE CLASS AND EACH

Name of the organization NAVY LEAGUE OF THE UNITED STATES	Employer identification number 53-0116710
--	--

MEMBER HAS ONE VOTE.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS ELECT THE GOVERNING

BODY OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: THE TOP MANAGEMENT OFFICIAL AND TOP

FINANCIAL OFFICIAL OF THE LEAGUE REVIEWED THE RETURN AFTER IT WAS PREPARED

BY OUR AUDITORS FROM THE BOOKS, RECORDS AND OTHER INFORMATION SUPPLIED BY

THE ORGANIZATION. THIS REVIEW WAS CONDUCTED BEFORE THE RETURN WAS FILED.

THE RETURN WAS REVIEWED FOR ACCURACY AND COMPLETENESS.

FORM 990, PART VI, SECTION B, LINE 12C: WHEN THE BOARD OF THE LEAGUE MEETS

THE NATIONAL PRESIDENT REMINDS THE BOARD OF THE CONFLICT OF INTEREST POLICY

AND ASKS THEM TO DISCLOSE ANY CONFLICTS OF INTEREST. THE NLUS REQUIRES ALL

BOARD MEMBERS, OFFICERS AND STAFF TO SIGN THE CONFLICT OF INTEREST POLICY,

ACKNOWLEDGING THAT THEY HAVE READ AND UNDERSTOOD IT AND THAT THEY WILL

INFORM THE LEAGUE IN WRITING OF ANY CONFLICTS UNDER THIS POLICY. NEW BOD

MEMBERS AND STAFF ARE REQUIRED TO SIGN THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE NLUS EXECUTIVE DIRECTOR'S

COMPENSATION IS DETERMINED AND REVIEWED BY THE NATIONAL PRESIDENT IN

CONSULTATION WITH THE COMPENSATION COMMITTEE OF THE LEAGUE. THE COMMITTEE

MAY CONSULT WITH INDEPENDENT PERSONS IN DETERMINING THE PAY PACKAGE OFFERED

TO THE EXECUTIVE DIRECTOR. A WRITTEN EMPLOYMENT AGREEMENT IS EXECUTED. THE

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

DIRECTOR [ED]. THE ED MAY CONSULT WITH THE NATIONAL PRESIDENT AND THE

COMPENSATION COMMITTEE ON PAY RANGES AND FRINGE BENEFITS OFFERED TO THE

EMPLOYEES OF THE LEAGUE. ALL STAFF HAVE WRITTEN EMPLOYMENT AGREEMENTS.

Name of the organization NAVY LEAGUE OF THE UNITED STATES	Employer identification number 53-0116710
--	--

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NC, ND, NJ, NH, NM, NY

OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MO

FORM 990, PART VI, SECTION C, LINE 19: TO THE LEAGUE AT: NAVY LEAGUE OF

THE UNITED STATES, ATTN: EXECUTIVE DIRECTOR, 2300 WILSON BOULEVARD, SUITE

200. ARLINGTON, VA. 22201.

THE LEAGUE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE "GUIDESTAR"

WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 1,227,205.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND

SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL

STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, PART VII

AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS

	NLUS	NLF
--	------	-----

JEFFREY KENDALL SAPP	40	2
----------------------	----	---

DALE A. LUMME	40	2
---------------	----	---

HOWARD B. SIEGEL	40	2
------------------	----	---



**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NAVY LEAGUE BUILDING, LLC - 54-2061880 2300 WILSON BOULEVARD ARLINGTON, VA 22201	TO OWN, OPERATE, LEASE, SELL OR MANAGE COMMERCIAL REAL ESTATE.	DELAWARE	7,727,906.	50,001,955.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NAVY LEAGUE FOUNDATION - 31-1677884 2300 WILSON BLVD. ARLINGTON, VA 22201	AWARD COLLEGESCHOLARSHIPS TO DEPENDENTS/DESCENDENTS OF SEA SERVICE PERSONNEL	DELAWARE	501(C)(3)	7	N/A		X
NAVAL SEA CADET CORPS - 52-0808385 2300 WILSON BLVD. ARLINGTON, VA 22201	A FEDERALLY CHARTERED YOUTH ORGANIZATION THAT IS ENGAGED IN NAVAL RELATED	WASHINGTON	501(C)(3)	7	N/A		X



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NAVAL SEA CADET CORPS	B	602,128	CASH
(2)			
(3)			
(4)			
(5)			
(6)			





Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2010

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2010 or other tax year beginning , and ending

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity. ADVERTISING INCOME FROM PUBLICATIONS AND RENTAL ACTIVITIES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of MR. HOWARD SIEGEL, SR. DIR OF FINA Telephone number 703-528-1775

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Advertising income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here  See instructions and:

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_

(2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 **35c** 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:

Tax rate schedule or  Schedule D (Form 1041) **36**

**37 Proxy tax.** See instructions **37**

**38 Alternative minimum tax** **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

**b** Other credits (see instructions) **40b**

**c** General business credit. Attach Form 3800 **40c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

**e Total credits.** Add lines 40a through 40d **40e**

**41** Subtract line 40e from line 39 **41** 0.

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **42**

**43 Total tax.** Add lines 41 and 42 **43** 0.

**44a** Payments: A 2009 overpayment credited to 2010 **44a**

**b** 2010 estimated tax payments **44b**

**c** Tax deposited with Form 8868 **44c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

**e** Backup withholding (see instructions) **44e**

**f** Credit for small employer health insurance premiums (Attach Form 8941) **44f**

**g** Other credits and payments:  Form 2439 **44g**

Form 4136  Other Total

**45 Total payments.** Add lines 44a through 44g **45**

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.

**49** Enter the amount of line 48 you want: **Credited to 2011 estimated tax** **Refunded** **49**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**1** At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and

Yes No

Financial Accounts. If YES, enter the name of the foreign country here

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

**3** Enter the amount of tax-exempt interest received or accrued during the tax year  \$

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

**1** Inventory at beginning of year **1** **6** Inventory at end of year **6**

**2** Purchases **2** **7** **Cost of goods sold.** Subtract line 6

**3** Cost of labor **3** from line 5. Enter here and in Part I, line 2 **7**

**4a** Additional section 263A costs **4a** **8** Do the rules of section 263A (with respect to

**b** Other costs (attach schedule) **4b** property produced or acquired for resale) apply to

**5** **Total.** Add lines 1 through 4b **5** the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: *James P. Sweeney* Date: *8/25/11* Title: **SENIOR DIRECTOR OF FINANCE** May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only** Print/Type preparer's name: **JAMES P. SWEENEY, CPA** Preparer's signature: *James P. Sweeney, CPA* Date: *8/22/11* Check  if self-employed PTIN: **P01263012** Firm's name: **RSM MCGLADREY, INC.** Firm's EIN: **41-1944416** Firm's address: **8000 TOWERS CRESCENT DR. STE 500 VIENNA VA 22182-6205** Phone no.: **703-336-6400**

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ..... 0. **(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule) SEE STATEMENT 2	(b) Other deductions (attach schedule) SEE STATEMENT 3
(1) OFFICE BUILDING	6,390,805.	2,202,293.	5,493,288.
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) SEE STATEMENT 4	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) SEE STATEMENT 5	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 54,229,850.	36,675,293.	100.00%	6,390,805.	7,695,581.
(2)		%		
(3)		%		
(4)		%		

**Totals** ..... 6,390,805. 7,695,581.  
**Total dividends-received deductions** included in column 8 ..... 0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

**Totals** ..... 0. 0.  
 Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).  
 Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) SEA POWER	1,749,694.	635,303.	1,114,391.	270,195.	1,419,291.	1,114,391.
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	1,749,694.	635,303.				1,114,391.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

## FOOTNOTES

STATEMENT 1

## NET OPERATING LOSS CARRYFORWARD SCHEDULE

2002 NET OPERATING LOSS	96,912.
2003 NET OPERATING LOSS	6,600.
2004 NET OPERATING LOSS	11,598.
2005 NET OPERATING LOSS	2,012,024.
2006 NET OPERATING LOSS	2,224,935.
2007 NET OPERATING LOSS	1,895,688.
2008 NET OPERATING LOSS	1,445,989.
2009 NET OPERATING LOSS	698,909.
	<hr/>
	8,392,655.
	<hr/> <hr/>

FORM 990-T                      SCHEDULE E - DEPRECIATION DEDUCTION                      STATEMENT      2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		1,771,417.	
AMORTIZATION		430,876.	
- SUBTOTAL -	1		2,202,293.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			2,202,293.

FORM 990-T                      SCHEDULE E - OTHER DEDUCTIONS                      STATEMENT      3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BANK FEES		39.	
CONDO ASSOC DUES		1,451,401.	
INTEREST EXPENSE		3,086,348.	
MANAGEMENT/PROFESSIONAL FEES		241,742.	
OTHER EXPENSES		7,507.	
OWNER CHARGES		14,579.	
TAXES		691,672.	
- SUBTOTAL -	1		5,493,288.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			5,493,288.

FORM 990-T                      AVERAGE ACQUISITION DEBT ON OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY                      STATEMENT      4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		54,229,850.	
- SUBTOTAL -	1		54,229,850.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			54,229,850.



**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return  NAVY LEAGUE OF THE UNITED STATES	Business or activity to which this form relates  FORM 990 PAGE 10	Identifying number  53-0116710
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	500,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 .....	<b>13</b>	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	1,702,693.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

<b>Section A</b>		
17 MACRS deductions for assets placed in service in tax years beginning before 2010 .....	<b>17</b>	430,210.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	2,132,903.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

**27** Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) .....												
<b>31</b> Total commuting miles driven during the year .....												
<b>32</b> Total other personal (noncommuting) miles driven .....												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....												
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....												
<b>36</b> Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2010 tax year:	:				
	:				
<b>43</b> Amortization of costs that began before your 2010 tax year .....				<b>43</b>	430,876.
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report .....				<b>44</b>	430,876.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

Tax rate schedule or  Schedule D (Form 1041) 36

37 Proxy tax. See instructions 37

38 Alternative minimum tax 38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a

b Other credits (see instructions) 40b

c General business credit. Attach Form 3800 40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d

e Total credits. Add lines 40a through 40d 40e

41 Subtract line 40e from line 39 41 0.

42 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) 42

43 Total tax. Add lines 41 and 42 43 0.

44a Payments: A 2009 overpayment credited to 2010 44a

b 2010 estimated tax payments 44b

c Tax deposited with Form 8868 44c

d Foreign organizations: Tax paid or withheld at source (see instructions) 44d

e Backup withholding (see instructions) 44e

f Credit for small employer health insurance premiums (Attach Form 8941) 44f

g Other credits and payments:  Form 2439  Form 4136  Other Total 44g

45 Total payments. Add lines 44a through 44g 45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached  46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.

49 Enter the amount of line 48 you want: Credited to 2011 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

- 1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 8 rows and 4 columns: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs (attach schedule), 5 Total. Add lines 1 through 4b, 6 Inventory at end of year, 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2, 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date, Title SENIOR DIRECTOR OF FINANCE, May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed if, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.