

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NAVY LEAGUE OF THE UNITED STATES		D Employer identification number 53-0116710
	Doing business as		E Telephone number 703-528-1775
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2300 WILSON BOULEVARD 200		G Gross receipts \$ 18,996,569.
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22201-3308		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: BRUCE K. BUTLER SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.NAVYLEAGUE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1902
			M State of legal domicile: NY


Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	272		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	272		
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	27		
	6 Total number of volunteers (estimate if necessary)	6	39932		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-671,910.		
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,804,824.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	2,608,765.	Current Year	3,511,434.
	9 Program service revenue (Part VIII, line 2g)	5,086,679.	4,804,852.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	187,425.	175,972.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-729,226.	-1,256,500.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,153,643.	7,235,758.		
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	448,300.	425,885.	
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,054,784.	2,574,990.	
		16a Professional fundraising fees (Part IX, column (A), line 11e)	316,095.	62,329.	
		b Total fundraising expenses (Part IX, column (D), line 25)	416,281.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,649,834.	5,609,131.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,469,013.	8,672,335.		
19 Revenue less expenses. Subtract line 18 from line 12		-3,315,370.	-1,436,577.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	56,628,214.	End of Year	55,027,250.
	21 Total liabilities (Part X, line 26)	57,089,039.	55,950,514.		
	22 Net assets or fund balances. Subtract line 21 from line 20	-460,825.	-923,264.		

Part II Signature Block

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

Sign Here		Date 04 NOV 2015
	Signature of officer BRUCE K. BUTLER, EXECUTIVE DIRECTOR	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature 	Date 11/03/15	Check if self-employed <input type="checkbox"/>	PTIN P01249785
	Firm's name RSM US LLP	Firm's EIN 42-0714325			
	Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102	Phone no. 703-336-6400			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,904,025. including grants of \$) (Revenue \$ 3,786,174.) SEA-AIR-SPACE - AN ANNUAL SERIES OF SEMINARS & EXHIBITS CONCERNING THE STATUS OF THE U.S. ARMED FORCES, MILITARY TECHNOLOGY & OTHER NATIONAL SECURITY ISSUES. MILITARY & GOVERNMENT PERSONNEL ATTEND THE PROGRAM.

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

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

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

4e Total program service expenses 5,672,628.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form 990 (2014) Part V Statements Regarding Other IRS Filings and Tax Compliance. Includes sections 1a-14b with Yes/No columns and numerical input fields.

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 272		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 272		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
RYAN DONALDSON, ESQ, CORP. COUNSEL & SR DIR - 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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES T. ALAIMO NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(2) JEFF ALEXANDER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(3) JOHN W. ALGER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(4) PAMELA K. AMMERMAN NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(5) WAYNE ARNY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(6) LINDA L. ASHBEY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(7) RICHARD F. ASHBEY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(8) BARBARA F. BAILEY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(9) THOMAS W. BAKER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(10) P. PASHA BAKER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(11) EVAN S. BAKER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(12) MARY ELLEN BALDWIN NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(13) PHIL BALISLE NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(14) CAREY G. BARNECUT NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(15) CHARLES G. BAUMBACH NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(16) ALAN BEAM NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(17) JAMES M. BEATY 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHELLEY BECK NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(19) DENNY BEHR NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(20) BERNARD BENNETT NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(21) BRENT M. BENNITT NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(22) ROGER W. BING NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(23) CHARLES A. BLACK NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(24) HARRY M. BOYD NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(25) PAULA BOZDECH-VEATER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(26) ROBERT BRACALENTE NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
1 b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							700,444.	0.	118,064.	
d Total (add lines 1b and 1c)							700,444.	0.	118,064.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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 (list any hours for related organizations below line)	(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			
(27) KATHLEEN BRANCH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(28) JAMES P. BRAS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(29) WILLIAM G. BRAUND NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(30) JEFFREY R. BROWN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(31) ROGER BURKE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(32) STEWART V. BURLEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(33) WILLIAM CAMERON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(34) FRANCIS CAMPBELL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(35) EVAN M. CHANIK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(36) CALVIN H. COBB, JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(37) JEANIE COFFEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(38) WARD W. COOK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(39) J. ROBERT COOK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(40) ROBERT COOK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(41) RICHARD M. COOPER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(42) J. DOUGLAS CRAWFORD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(43) KAREN CRAWFORD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(44) WILLIAM L. CREEDON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(45) JOSEPH J. DAIGNEAULT, JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(46) CAROLYN E. DANKERS 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 (list any hours for related organizations below line)	(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			
(47) WARREN H. DANLEY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(48) RICHARD W. DEVLIN NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(49) CARLYLE DEVOE NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(50) DENNIS A. DICKERSON NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(51) DAVID DICKEY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(52) MARIA-ISABEL S. DICKEY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(53) JOHN DONNELLY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(54) DOLPH DU MONT NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(55) PATRICIA DU MONT NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(56) WILLIAM E. DUDLEY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(57) PHILIP L. DUNMIRE NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(58) TODD DUNN NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(59) TED DURANTE NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(60) JOHN E. EASTON NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(61) JAMES H. ERLINGER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(62) WILLIAM J. EVANZIA NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(63) TIMOTHY O. FANNING NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(64) JOHN M. FELKER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(65) BOBBY V. FERGUSON NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(66) DARRELL J. FIKE 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 (list any hours for related organizations below line)	(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			
(67) ARTHUR FILETE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(68) ROBERT FORD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(69) RICHARD FOSTER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(70) LEROY J. FOURNIER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(71) VINCE FRAGOMENE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(72) ALBERT H. FRIEDRICH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(73) LINDA FULGENZI NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(74) LISA M. GALLINAT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(75) THEODORE R. GALLINAT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(76) JON A. GALLINETTI NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(77) FRANK G. GALLOWAY, JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(78) H. LAWRENCE GARRETT III NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(79) WILLIAM S. GARR NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(80) MAI GARR NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(81) MACK C. GASTON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(82) DONALD A. GILES NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(83) ROBERT J. GILLHAM NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(84) CURT W. GOLDACKER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(85) NANCY F. GORELL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(86) IRVING X. GORMAN 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 (list any hours for related organizations below line)	(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			
(87) ALFRED M. GRAY, JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(88) JOHN F. GRIFFING NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(89) WILLIAM C. GRIGGS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(90) CHARLES E. GUDMUNSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(91) SCOTT GUPTILL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(92) LEE GURKE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(93) CAROL ANN HACKLEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(94) T. COLE HACKLEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(95) DONALD F. HALE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(96) MARK A. HALLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(97) JUDY C. HALLERAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(98) RICHARD C. HALLERAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(99) SCOTT B. HANCOCK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(100) CATHERINE A. HANSEN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(101) MARK HARDEN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(102) ANNE HARPER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(103) NICHOLAS HARPER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(104) CHARLIE HAUTAU NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(105) NICHOLAS HAYES NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(106) MARK HEINRICH 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 (list any hours for related organizations below line)	(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			
(107) ALBERT J. HERBERGER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(108) BILLY L. HEWITT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(109) JAMES M. HICKERSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(110) SHIRLEY A. HILL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(111) PHELPS HOBART NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(112) SUSAN HODGE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(113) THOMAS W. HOFFMAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(114) GORDON S. HOLDER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(115) RANDY W. HOLLSTEIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(116) STEVEN HONIGMAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(117) BETTY HOWARD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(118) GLEN HUBER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(119) LORRAINE D. HUGHEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(120) TIMOTHY A. HUNSBERGER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(121) MELVIN H.W. ING NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(122) GRANT W. IVEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(123) DIANE Z. JAFFA NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(124) THOMAS E. JAFFA NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(125) LAURA JOAQUIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(126) JOAN S. JONES 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 (list any hours for related organizations below line)	(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			
(127) ARTHUR JUDSON II NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(128) ALAN L. KAPLAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(129) JONATHAN D. KASKIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(130) PATRICK J. KEAVENY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(131) FELIX P. KEELEY, JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(132) WILLIAM R. KELLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(133) JAMES W. KELLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(134) WILLIAM C. KELLEY, JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(135) STEPHEN W. KELLY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(136) JACK M. KENNEDY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(137) RICHARD H. KENNEDY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(138) RICHARD T. KENNEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(139) WILLIAM KILLEA NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(140) JOHN KOCHER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(141) HANS H. KRUCKE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(142) TRAVIS LAGRONE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(143) ED LANGMAID NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(144) MICHELLE LANGMAID NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(145) KEITH A. LARSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(146) GWEN T. LARSON 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 (list any hours for related organizations below line)	(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			
(147) JAMES M. LASHER NATIONAL DIRECTOR	1.00 1.00	X					0.	0.	0.	
(148) HARRIETT A. LEARSON NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(149) KEITH LIPPER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(150) JOSEPH LISSENDEN NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(151) DAVID C. LIVINGSTON NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(152) JACK LONDON NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(153) R. GLENN LOONEY NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(154) R. STANLEY LOWE NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(155) DALE A. LUMME NATIONAL DIRECTOR	1.00 1.00	X					0.	0.	0.	
(156) LAWRENCE P. LYNOTT NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(157) LAWRENCE R. LYONS NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(158) KEVIN D. MACFARLAND NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(159) UDO MAROSCHER NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(160) PETER MARSHALL NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(161) MARK H. MATHESON NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(162) THOMAS MATTEO NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(163) SUSAN MAYFIELD NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(164) JOEL MCCLAIN NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(165) KEN MCCONWELL NATIONAL DIRECTOR	1.00	X					0.	0.	0.	
(166) CHARLES W. MCCULLOUGH 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 (list any hours for related organizations below line)	(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			
(167) MARK MCDONALD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(168) THOMAS MCGLOIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(169) J. MICHAEL MCGRATH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(170) DOUGLAS A. MCHOUL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(171) ANGIE MCKINSTRY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(172) SHEILA M. MCNEILL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(173) MAX K. MILLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(174) JOAN C. MITCHELL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(175) TIMOTHY MOON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(176) DONALD A. MORRISON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(177) DAYNA MORTON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(178) GERALD MOSKWA NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(179) WALT NATZIC NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(180) RAYMOND B. NELSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(181) JOHN H. OCHS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(182) RUDOLPH H. OETTING NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(183) JAMES H. OFFUTT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(184) ROGER OLSEN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(185) TOMMASINA A. OLSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(186) HUGH O'NEILL 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 (list any hours for related organizations below line)	(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			
(187) AL OSHIRAQ NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(188) CHRISTOPHER PADDOCK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(189) PATRICK E. PANG NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(190) JOHN A. PANNETON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(191) MARY VIRGINIA PITTMAN-WALLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(192) JUDITH L. PLOTZ-BRANNIGAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(193) PATRICIA ANN POSEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(194) KEITH F. POST NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(195) BONNIE B. POTTER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(196) ROBERT W. PRICE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(197) GEOFFREY G. PROSCH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(198) THOMAS J. PRUTER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(199) SIMONE RAMOS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(200) JOHN M. RAU NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(201) JOSEPH RE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(202) ELIZABETH REESE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(203) WALTER H. REESE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(204) ROB REILLY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(205) DAVID J. REILLY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(206) MARLENE G. REINECKE 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 (list any hours for related organizations below line)	(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			
(207) STEWART E. REUTER NATIONAL DIRECTOR	1.00 1.00	X						0.	0.	0.
(208) ERIC RIPPERT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(209) JACK F. RITTER, JR. NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(210) RAY ROTH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(211) DAVID W. RUCKER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(212) THOMAS RUDDEN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(213) NORA RUEBROOK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(214) LEE RUSH NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(215) C. GAIL RYAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(216) ELEANOR E. SAMUELS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(217) WILLIAM SANCHEZ NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(218) SAM SAUSE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(219) WARREN H. SAVAGE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(220) BOB SCHOLES NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(221) JERRY E. SCOTT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(222) JAMES SEMERAD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(223) PAMELA SILVER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(224) JAMES T. SKETCHLEY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(225) MICHAEL J. SLEIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(226) NORBERT F. SMITH 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 (list any hours for related organizations below line)	(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			
(227) JOHN SNEDEKER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(228) EDMUND S. SOBIERAY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(229) PETER J. SOLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(230) KEN SPARKS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(231) JOHN J. SPITTLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(232) GERARD J. ST. GERMAIN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(233) JOHN D. STEGMAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(234) JACKSON C. STEVENS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(235) WILLIAM STEVENSON III NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(236) PETE STILES NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(237) DAVID C. SULLIVAN NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(238) JOHN G. SUTTER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(239) REBECCA B. SUTTON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(240) ROBERT SUTTON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(241) TINA SWALLOW NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(242) TODD P. TARBY NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(243) WILLIAM E. THOMPSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(244) A. HUNT THORNHILL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(245) DANIEL M. THYS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(246) DAVID N. TODD 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 (list any hours for related organizations below line)	(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			
(247) STEVEN J. TOMASZESKI NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(248) GORDON EVANS VAN HOOK NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(249) JOHN T. VARGO NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(250) DAVID J. VISNESKI NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(251) DONALD B. WALKER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(252) JAMES H. WALLER NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(253) GEORGE A. WARDWELL NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(254) OWEN WATFORD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(255) STEPHEN F. WAYLETT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(256) KEVIN WENSING NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(257) MICHAEL WERBOWETSKI NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(258) JOEL R. WHITEHEAD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(259) DOYLE WILHITE NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(260) SUZY WILLIAMS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(261) A. DUANE WILLS NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(262) ROBERT WILSON NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(263) THOMAS C. WINANT NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(264) STANLEY WINOWICZ NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(265) BERNARD WITUNSKI NATIONAL DIRECTOR	1.00	X						0.	0.	0.
(266) ROYCEALEE J. WOOD NATIONAL DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b 1,684,026.					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,827,408.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		3,511,434.				
	Program Service Revenue	2 a SEA-AIR SPACE EXPO.	Business Code 611710	3,786,174.	3,337,624.		448,550.
b PUBLICATIONS		541800	1,018,678.		1,018,678.		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			4,804,852.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		175,972.			175,972.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		55,000.			55,000.	
	6 a Gross rents	(i) Real	6,187,328.				
		(ii) Personal					
		b Less: rental expenses	7,877,916.				
		c Rental income or (loss)	-1,690,588.				
	d Net rental income or (loss)		-1,690,588.		-1,690,588.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3,882,895.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	3,882,895.				
		c Gain or (loss)	0.				
	d Net gain or (loss)		0.				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER REVENUE	900099	246,178.			246,178.		
b NAVY BALL	900099	132,910.			132,910.		
c							
d All other revenue							
e Total. Add lines 11a-11d		379,088.					
12 Total revenue. See instructions.		7,235,758.	3,337,624.	-671,910.	1,058,610.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	425,885.	425,885.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	355,531.	182,527.	147,576.	25,428.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,724,705.	994,335.	616,613.	113,757.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,726.	56,849.	62,831.	7,046.
9 Other employee benefits	205,861.	92,349.	102,066.	11,446.
10 Payroll taxes	162,167.	91,839.	59,386.	10,942.
11 Fees for services (non-employees):				
a Management	195,422.	102,308.	93,114.	
b Legal	17,146.	13,232.	3,914.	
c Accounting	413,196.	318,877.	94,319.	
d Lobbying	38,969.	18,149.	20,820.	
e Professional fundraising services. See Part IV, line 17	62,329.			62,329.
f Investment management fees	40,342.	18,097.	20,002.	2,243.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	204,585.	187,792.	16,793.	
13 Office expenses	721,713.	562,113.	141,571.	18,029.
14 Information technology	134,998.	60,560.	66,932.	7,506.
15 Royalties				
16 Occupancy				
17 Travel	229,471.	48,848.	126,542.	54,081.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,633,089.	2,471,029.	162,060.	
20 Interest	35,740.	16,033.	17,720.	1,987.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	167,842.	75,294.	83,216.	9,332.
23 Insurance	77,287.	42,133.	31,669.	3,485.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	760,728.	64,993.	671,908.	23,827.
b BAD DEBT	64,843.			64,843.
c MEMBER SUPPORT/FULFILME	44,374.		44,374.	
d DONATED SERVICE	-170,614.	-170,614.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,672,335.	5,672,628.	2,583,426.	416,281.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,346,147.	1	1,451,748.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	238,950.	3	62,337.
	4 Accounts receivable, net	1,178,301.	4	1,688,296.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,295,186.	9	470,946.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 48,810,357.		
	b Less: accumulated depreciation	10b 18,390,757.	30,386,624.	10c 30,419,600.
	11 Investments - publicly traded securities	9,794,950.	11	8,424,016.
	12 Investments - other securities. See Part IV, line 11	6,864,554.	12	7,670,899.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	1,628,391.	14	1,455,260.
	15 Other assets. See Part IV, line 11	1,895,111.	15	3,384,148.
16 Total assets. Add lines 1 through 15 (must equal line 34)	56,628,214.	16	55,027,250.	
Liabilities	17 Accounts payable and accrued expenses	1,583,573.	17	1,446,263.
	18 Grants payable		18	
	19 Deferred revenue	3,542,743.	19	3,424,020.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	51,962,723.	23	51,051,676.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	28,555.
	26 Total liabilities. Add lines 17 through 25	57,089,039.	26	55,950,514.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-1,119,203.	27	-1,407,889.
	28 Temporarily restricted net assets	454,649.	28	280,896.
	29 Permanently restricted net assets	203,729.	29	203,729.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-460,825.	33	-923,264.	
34 Total liabilities and net assets/fund balances	56,628,214.	34	55,027,250.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,235,758.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,672,335.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,436,577.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-460,825.
5	Net unrealized gains (losses) on investments	5	171,361.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	802,777.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-923,264.

Part XII Financial Statements and Reporting

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

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

Form 990 (2014)

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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization NAVY LEAGUE OF THE UNITED STATES	Employer identification number 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,523,222.	2,606,757.	2,949,478.	2,608,765.	3,511,434.	14,199,656.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	2,523,222.	2,606,757.	2,949,478.	2,608,765.	3,511,434.	14,199,656.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,254,972.
6 Public support. Subtract line 5 from line 4.						12,944,684.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,523,222.	2,606,757.	2,949,478.	2,608,765.	3,511,434.	14,199,656.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	180,666.	435,146.	240,363.	225,816.	230,972.	1,312,963.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	643,989.	759,743.	536,806.	276,937.	379,088.	2,596,563.
11 Total support. Add lines 7 through 10						18,109,182.
12 Gross receipts from related activities, etc. (see instructions)					12	18,549,579.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	71.48	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	77.77	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
16b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

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

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

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

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

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME FROM EXEMPT ACTIVITY

2010 AMOUNT: \$ 643,989.

2011 AMOUNT: \$ 759,743.

2012 AMOUNT: \$ 536,806.

2013 AMOUNT: \$ 276,937.

2014 AMOUNT: \$ 379,088.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2014

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2014)

Name of organization NAVY LEAGUE OF THE UNITED STATES	Employer identification number 53-0116710
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,579,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NAVY LEAGUE OF THE UNITED STATES	Employer identification number 53-0116710
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization NAVY LEAGUE OF THE UNITED STATES	Employer identification number 53-0116710
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		13,601.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		25,368.													
c Total lobbying expenditures (add lines 1a and 1b)		38,969.													
d Other exempt purpose expenditures		8,803,980.													
e Total exempt purpose expenditures (add lines 1c and 1d)		8,842,949.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		592,147.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		148,037.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 a 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?

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)?

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

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

Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included 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 Revenue 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 54.70 %
- c Temporarily restricted endowment 45.30 %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	7,496,737.	COST
(3) Other		
(A) PAINTING	42,000.	END-OF-YEAR MARKET VALUE
(B) CASH SURRENDER VALUE OF INSURANCE	132,162.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,670,899.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED RENT RECEIVABLE	2,319,384.
(2) ESCROWS	1,064,764.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,384,148.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	28,555.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	28,555.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 16,033,595.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 17,393,676.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE EARNINGS FROM THESE ENDOWMENTS ARE AVAILABLE IN SUPPORT OF PROGRAMS OF

THE LEAGUE. THE LEAGUE APPROPRIATES THE ENTIRE BALANCE OF THE ANNUAL

EARNINGS TO BE AVAILABLE FOR THE PROGRAMS LISTED BELOW.

AWARDS AND YOUTH PROGRAMS: \$326,358

OCEANIC EDUCATION: \$46,120

PART X, LINE 2:

THE LEAGUE FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY

IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS

CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN

Part XIII Supplemental Information (continued)

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

MANAGEMENT EVALUATED THE LEAGUE'S TAX POSITIONS AND CONCLUDED THAT THE
 LEAGUE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE
 FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.
 GENERALLY, THE LEAGUE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY
 THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2011.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CONSOLIDATED FINANCIAL STATEMENT ELIMINATION	-1,570,257.
INCOME OF THE NAVY LEAGUE DEVELOPMENT CORPORATION	589,059.
INCOME OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS ASSOCIATION	1,559,145.
RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B	7,877,915.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	8,455,862.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONSOLIDATED FINANCIAL STATEMENT ELIMINATION	-1,570,257.
EXPENSES OF THE NAVY LEAGUE DEVELOPMENT CORPORATION	683,924.
EXPENSES OF THE NAVY LEAGUE BUILDING CONDO UNIT OWNERS	

Part XIII Supplemental Information *(continued)*

ASSOCIATION 1,559,145.

RENTAL EXPENSES INCLUDED IN PART VIII LINE 6B 7,877,915.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 8,550,727.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization NAVY LEAGUE OF THE UNITED STATES	Employer identification number 53-0116710
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INTERNATIONAL MARITIME PAVILION	15,472.
NORTH AMERICA	0	0	PROGRAM SERVICES	MARKETING SAS	994.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL MARITIME PAVILION	10,632.
3 a Sub-total	0	0			27,098.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			27,098.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

Lined area for supplemental information.

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: THE HERITAGE COMPANY LLC

(I) ADDRESS OF FUNDRAISER: 545 MAIN STREET, EAST WATERBORO, ME 04030

**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.

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

Name of the organization

NAVY LEAGUE OF THE UNITED STATES

Part I General Information on Grants and Assistance

Employer identification number
53-0116710

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAVAL SEA CADET CORPS 2300 WILSON BLVD ARLINGTON, VA 22201	52-0808385	501(C)(3)	425,885.	0.			GENERAL GRANT SUPPORT

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

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

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

Schedule I (Form 990) (2014)

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

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

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

PART I, LINE 2:

THIS GRANT TO A FEDERALLY CHARTERED 501(C)(3) YOUTH ORGANIZATION THAT IS MONITORED BY THE NSCC'S BOARD OF DIRECTORS --WHOSE MEMBERS [A MAJORITY OF WHICH] ARE APPOINTED BY THE NATIONAL PRESIDENT OF THE NAVY LEAGUE OF THE UNITED STATES. THE GRANT IS FOR THE GENERAL SUPPORT OF THE ORGANIZATION. AN AUDITED FINANCIAL STATEMENT IS PROVIDED TO US EACH YEAR.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NAVY LEAGUE OF THE UNITED STATES

Employer identification number

53-0116710

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes 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

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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	SEE PART V	97,177.	SEE PART V		X

Part V Supplemental Information

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.

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

OMB No. 1545-0047

2014

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:

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

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:

OTHER EDUCATIONAL PROGRAMS.

EXPENSES \$ 708,152. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COUNCIL DEVELOPMENT MEMBERSHIP - MAINTAINS MEMBERSHIP RECORDS & ISSUES

CERTIFICATES, PINS, ETC.

EXPENSES \$ 552,261. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

FAMILY RELATIONSHIPS

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

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

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

ANNE HARPER AND NICK HARPER, BOTH DIRECTORS

LINDA L. ASHBEY AND RICHARD ASHBEY, BOTH DIRECTORS

ROBERT COOK AND WARD COOK, BOTH DIRECTORS

REBECCA SUTTON AND ROBERT SUTTON, BOTH DIRECTORS

J. DOUGLAS CRAWFORD AND KAREN CRAWFORD, BOTH DIRECTORS

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

FORM 990, PART VI, SECTION A, LINE 3:

THE NLUS HAS CONTRACTED WITH CASSIDY TURLEY. CASSIDY TURLEY IS A COMMERCIAL

REAL ESTATE SERVICE THAT MANAGES THE DAILY OPERATIONS OF THE NAVY LEAGUE

BUILDING - AN INVESTMENT OF THE LEAGUE.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE VOTING CLASS OF MEMBERS THAT ELECTS THE DIRECTORS.

ALL MEMBERS HAVE EQUAL VOTING RIGHTS. ONE VOTE PER MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERSHIP OF THE ORGANIZATION ELECTS THE DIRECTORS OF THE

ORGANIZATION. THERE IS ONLY ONE CLASS AND EACH MEMBER HAS ONE VOTE.

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

FORM 990, PART VI, SECTION B, LINE 11:

THE TOP MANAGEMENT OFFICIAL, TOP FINANCIAL OFFICIAL ALONG WITH MEMBERS OF THE FINANCIAL TEAM REVIEWED THE RETURN AFTER IT WAS PREPARED BY OUR AUDITORS FROM THE BOOKS, RECORDS AND OTHER INFORMATION SUPPLIED BY THE ORGANIZATION. THE RETURN WAS THEN MADE AVAILABLE TO THE STEERING COMMITTEE, AUTHORIZED BY THE LEAGUE'S BYLAWS TO ACT ON BEHALF OF THE BOARD OF DIRECTORS WHEN THE BOARD IS NOT IN SESSION, FOR REVIEW PRIOR TO FILING THESE DOCUMENTS WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

WHEN THE BOARD OF THE LEAGUE MEETS THE NATIONAL PRESIDENT REMINDS THE BOARD OF THE CONFLICT OF INTEREST POLICY AND ASKS THEM TO DISCLOSE ANY CONFLICTS OF INTEREST. THE NLUS 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

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

WRITTEN EMPLOYMENT AGREEMENTS.

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

AL, AK, AR, AZ, CA, CO, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC

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

FORM 990, PART VI, SECTION C, LINE 19:

TO THE LEAGUE AT: NAVY LEAGUE OF THE UNITED STATES, ATTN: EXECUTIVE

DIRECTOR, 2300 WILSON BOULEVARD, SUITE 200, ARLINGTON, VA, 22201.

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

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

WEBSITE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND

SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL

STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

NAVY LEAGUE OF THE UNITED STATES

Employer identification number
53-0116710

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NAVY LEAGUE BUILDING, LLC - 54-2061880 2300 WILSON BOULEVARD ARLINGTON, VA 22201	TO OWN, OPERATE, LEASE, SELL OR MANAGE COMMERCIAL REAL ESTATE.	DELAWARE	6,872,085.	43,917,759.	NAVY LEAGUE OF THE UNITED STATES

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	NAVAL SEA CADET CORPS	B	425,885.CASH	
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

NAVAL SEA CADET CORPS

PRIMARY ACTIVITY: A FEDERALLY CHARTERED YOUTH ORGANIZATION THAT IS ENGAGED

IN NAVAL RELATED ED

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. NAVY LEAGUE OF THE UNITED STATES	Employer identification number (EIN) or 53-0116710
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2300 WILSON BOULEVARD, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22201-3308	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RYAN C. DONALDSON, CORP. COUNSEL & SENIOR DIR. OF CONTRACTS & FINAN

• The books are in the care of ▶ **2300 WILSON BLVD, STE 200 - ARLINGTON, VA 22201**
Telephone No. ▶ **703-528-1775** Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ calendar year **2014** or

▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NAVY LEAGUE OF THE UNITED STATES	Employer identification number (EIN) or 53-0116710
	Number, street, and room or suite no. If a P.O. box, see instructions. 2300 WILSON BOULEVARD, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22201-3308	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

RYAN C. DONALDSON, CORP. COUNSEL & SENIOR DIR. OF CONTRACTS & FINAN

- The books are in the care of 2300 WILSON BLVD, STE 200 - ARLINGTON, VA 22201
Telephone No. 703-528-1775 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2015.

5 For calendar year 2014, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension _____
ADDITIONAL TIME IS REQUIRED TO FILE AN ACCURATE AND COMPLETE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title CPA Date

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

2014

For calendar year 2014 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NAVY LEAGUE OF THE UNITED STATES</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2300 WILSON BOULEVARD, NO. 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22201-3308</p>	<p>D Employer identification number (Employees' trust, see instructions.) 53-0116710</p> <p>E Unrelated business activity codes (See instructions.) 541800 531120</p>
---	-----------------------------	--	---

C Book value of all assets at end of year: **55,027,250.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

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? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **RYAN DONALDSON, ESQ, CORP. COUNSEL** Telephone number ▶ **703-528-1775**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7 6,187,328.	7 7,992,152.	7 -1,804,824.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11 1,018,678.	11 845,653.	11 173,025.
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 7,206,006.	13 8,837,805.	13 -1,631,799.

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.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	27 173,025.
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	29 173,025.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	30 -1,804,824.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	32 -1,804,824.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	33 1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	34 -1,804,824.

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.

44 a Payments: A 2013 overpayment credited to 2014 **44a**

b 2014 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 **44g** 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 2015 estimated tax** **Refunded** **49**

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

1 At any time during the 2014 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

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. **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ **Yes** **No**

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 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
4a Additional section 263A costs (att. schedule)	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		


Sign Here

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.

 **04 Nov 2015** EXECUTIVE DIRECTOR
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature 	Date 11/03/15	Check <input type="checkbox"/> if self-employed	PTIN P01249785
Firm's name RSM US LLP	Firm's EIN 42-0714325	Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102		
Phone no. 703-336-6400				

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)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
0.		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)	(b) Other deductions (attach schedule)
			SEE STATEMENT 2	SEE STATEMENT 3
(1) OFFICE BUILDING		6,187,328.	2,647,814.	5,344,338.
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	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))
SEE STATEMENT 4	SEE STATEMENT 5			
(1) 51,507,200.	30,402,202.	100.00%	6,187,328.	7,992,152.
(2)		%		
(3)		%		
(4)		%		
Totals			6,187,328.	7,992,152.
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			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).	
0.			0.	0.	

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)				
Totals	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)						
Totals	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)						
Totals (carry to Part II, line (5))	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 PUBLICATION	1,018,678.	845,653.	173,025.	129,939.	506,176.	173,025.
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	1,018,678.	845,653.				173,025.

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)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/02	96,912.	0.	96,912.	96,912.
12/31/03	6,600.	0.	6,600.	6,600.
12/31/04	11,598.	0.	11,598.	11,598.
12/31/05	2,012,024.	0.	2,012,024.	2,012,024.
12/31/06	2,224,935.	0.	2,224,935.	2,224,935.
12/31/07	1,895,688.	0.	1,895,688.	1,895,688.
12/31/08	1,445,989.	0.	1,445,989.	1,445,989.
12/31/09	698,909.	0.	698,909.	698,909.
12/31/10	1,304,776.	0.	1,304,776.	1,304,776.
12/31/11	516,509.	0.	516,509.	516,509.
12/31/12	249,633.	0.	249,633.	249,633.
12/31/13	1,082,362.	0.	1,082,362.	1,082,362.
NOL CARRYOVER AVAILABLE THIS YEAR			11,545,935.	11,545,935.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION & AMORIZATION		2,647,814.	
- SUBTOTAL -	1		2,647,814.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			2,647,814.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CONDO ASSOC DUES		1,107,726.	
INTEREST EXPENSE		2,948,846.	
MANAGEMENT/PROFESSIONAL FEES		169,483.	
OTHER EXPENSES		81,109.	
PROPERTY TAX		1,037,174.	
- SUBTOTAL -	1		5,344,338.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			5,344,338.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 5

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVERAGE ADJUSTED BASIS		30,402,202.	
- SUBTOTAL -	1		30,402,202.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			30,402,202.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. NAVY LEAGUE OF THE UNITED STATES	Employer identification number (EIN) or 53-0116710
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2300 WILSON BOULEVARD, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22201-3308	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RYAN C. DONALDSON, CORP. COUNSEL & SENIOR DIR. OF CONTRACTS & FINAN

• The books are in the care of ▶ **2300 WILSON BLVD, STE 200 - ARLINGTON, VA 22201**
Telephone No. ▶ **703-528-1775** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2014 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.