

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

B Check if applicable: C Name of organization US NAVY MEMORIAL FOUNDATION D Employer identification number 52-1104476 E Telephone number (202) 380-0762 F Name and address of principal officer: VADM JOHN B NOWELL JR 701 PENNSYLVANIA AVENUE NW 123 WASHINGTON, DC 20004 G Gross receipts \$ 8,675,046 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number I Tax-exempt status: J Website: WWW.NAVYMEMORIAL.ORG K Form of organization: L Year of formation: 1977 M State of legal domicile: IL

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains multiple rows of data with columns for Prior Year and Current Year values.

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

<b>Sign Here</b>	Signature of officer VADM JOHN B NOWELL JR USN RET PRESIDENT AND CEO			Date 2025-07-09	
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature		Date
	Firm's name CHERRY BEKAERT ADVISORY LLC			Firm's EIN 88-2730877	
	Firm's address 6116 EXECUTIVE BLVD STE 600 ROCKVILLE, MD 20852			Phone no. (301) 589-9000	
May the IRS discuss this return with the preparer shown above? See Instructions.					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>For Paperwork Reduction Act Notice, see the separate instructions.</b>					Cat. No. 11282Y Form <b>990</b> (2024)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
 THE NAVY MEMORIAL MISSION IS TO HONOR, RECOGNIZE AND CELEBRATE THE MEN AND WOMEN OF THE SEA SERVICES AND THE IMPORTANT CONTRIBUTIONS MADE BY THEM WHILE SERVING IN THE UNITED STATES NAVY, MARINE CORPS, COAST GUARD AND MERCHANT MARINE. THE NAVY MEMORIAL SERVES TO EDUCATE AND INSPIRE THE AMERICAN PEOPLE ABOUT THE VITAL ROLE THAT THE SEA SERVICES PLAY IN OUR NATIONAL SECURITY AND THE RICH MARITIME HISTORY OF THE UNITED STATES.

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

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

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

<b>4a</b>	(Code: )	(Expenses \$ 3,429,839 including grants of \$ )	(Revenue \$ 538,315 )
VISITOR CENTER SERVICES - THE VISITOR CENTER HONORS, RECOGNIZES, CELEBRATES, AND INFORMS THE PUBLIC ABOUT AMERICA'S ENDURING MARITIME HERITAGE THROUGH COMMEMORATIVE CEREMONIES, REUNION MEETINGS, REENLISTMENT AND RETIREMENT CEREMONIES, BAND CONCERTS, FILM AND VIDEO PRESENTATIONS, PHOTOGRAPHIC AND DATA COLLECTIONS, SPECIAL EVENTS, AND EXHIBITS.			
<b>4b</b>	(Code: )	(Expenses \$ 444,363 including grants of \$ )	(Revenue \$ 237,354 )
EDUCATIONAL SERVICES: SEE SCHEDULE O FOR COMPLETE DESCRIPTION.			
<b>4c</b>	(Code: )	(Expenses \$ 1,427,015 including grants of \$ )	(Revenue \$ )
SPECIAL EVENTS: SEE SCHEDULE O FOR COMPLETE DESCRIPTION.			
	(Code: )	(Expenses \$ 357,208 including grants of \$ )	(Revenue \$ 233,093 )
SALES OF MEMORABILIA TO FURTHER EDUCATE THE PUBLIC REGARDING THE ROLE OF THE NAVY AND THE CONTRIBUTIONS OF THOSE WHO HAVE SERVED THE UNITED STATES IN THE NAVY, MARINE CORPS, COAST GUARD OR MERCHANT MARINE. IN APRIL OF 2024, THE UNITED STATES NAVY MEMORIAL OPENED THE NATIONAL CHIEF'S MESS DIGITAL PLATFORM. THE PLATFORM IS AN ONLINE MEMBERSHIP PLATFORM FOR ACTIVE-DUTY, RESERVE, AND RETIRED US NAVY AND US COAST GUARD CHIEF PETTY OFFICERS. CHIEFS ARE ONE OF THE MOST CONNECTED COMMUNITIES IN THE US MILITARY. THE PLATFORM PROVIDES A CENTRALIZED HUB OF INFORMATION AND RESOURCES WHICH ENABLES CHIEFS TO STAY CONNECTED WORLDWIDE. THIS PLATFORM EMBODIES THE MISSION OF THE NATIONAL CHIEF'S MESS TO "CONNECT ACTIVE-DUTY, RESERVE, OR RETIRED NAVY AND COAST GUARD CHIEFS IN A COLLABORATIVE ENVIRONMENT; TO PROMOTE PROFESSIONAL NETWORKING AND SOCIAL INTERACTIONS; TO CREATE OPPORTUNITY FOR MAINTAINING A SENSE OF PURPOSE AND BELONGING; AND TO SUPPORT EACH OTHER AND THE IDEALS OF "ONCE A CHIEF, ALWAYS A CHIEF."			
<b>4d</b>	Other program services (Describe in Schedule O.) (Expenses \$ 357,208 including grants of \$ )		(Revenue \$ 233,093 )
<b>4e</b>	<b>Total program service expenses</b>		<b>5,658,425</b>

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**Part IV Checklist of Required Schedules**

<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		<b>Yes</b>		<b>No</b>
	Yes			

<b>Schedule A</b>	<b>1</b>		
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	<b>2</b>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	Yes	
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions.	<b>17</b>	Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>		No

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

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

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

			Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	25	
<b>b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question ID, question text, and response options (Yes/No). Rows include questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, gross receipts, deductible contributions, and organizational activities.

would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . .  
If "Yes," complete Form 6069.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . 19		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, NV

**18** Section 5104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (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:  
 SCOTT MATIRNE 701 PENNSYLVANIA AVENUE NW 123 WASHINGTON, DC 20004 (202) 380-0762

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) VADM CAROL POTTENGER USN RET ACTING CHAIRMAN	1.00 ..... 0.00	X		X				0	0	0
(2) MR JOHN BURKE TREASURER	1.00 ..... 0.00	X		X				0	0	0
(3) VADM HAROLD STARLING II USN RET SECRETARY (THRU 9/20/24)	1.00 ..... 0.00	X		X				0	0	0
(4) RADM SAMUEL PEREZ JR USN RET SECRETARY	1.00 ..... 0.00	X		X				0	0	0
(5) MS JACQUELINE ARENDS DIRECTOR	1.00 ..... 0.00	X						0	0	0
(6) MR JOHN BUSH DIRECTOR	1.00 ..... 0.00	X						0	0	0
(7) RADM MARK BUZBY USN RET DIRECTOR	1.00 ..... 0.00	X						0	0	0
(8) MS JO DECKER DIRECTOR	1.00 ..... 0.00	X						0	0	0
(9) MR LAWRENCE DI RITA DIRECTOR	1.00 ..... 0.00	X						0	0	0
(10) RADM MARK HEINRICH USN RET	1.00									

DIRECTOR	0.00	X								0	0	0
(11) MCPON JAMES HERDT USN RET	1.00	X								0	0	0
DIRECTOR	0.00											
(12) MR SEAN HOWARD	1.00	X								0	0	0
DIRECTOR	0.00											
(13) MR MATTHEW KIRTLAND	1.00	X								0	0	0
DIRECTOR	0.00											
(14) MR THOMAS KUHN	1.00	X								0	0	0
DIRECTOR	0.00											
(15) VADM LUKE MCCOLLUM USN RET	1.00	X								0	0	0
DIRECTOR	0.00											
(16) CAPT MARTIN MENEZ USN RET	1.00	X								0	0	0
DIRECTOR	0.00											
(17) CDR WILLIAM NEWELL USN RET	1.00	X								0	0	0
DIRECTOR	0.00											

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) LCDR MATTHEW PREVITS USN RET	1.00	X						0	0	0
DIRECTOR	0.00									
(19) CAPT JON SPANER USCG RET	1.00	X						0	0	0
DIRECTOR	0.00									
(20) CAPT JOSEPH SPRUILL USN RET	1.00	X						0	0	0
DIRECTOR (THRU 9/20/24)	0.00									
(21) MR VICTOR TRIONE	1.00	X						0	0	0
DIRECTOR	0.00									
(22) VADM JOHN NOWELL JR USN RET	40.00	X		X				173,099	0	37
PRESIDENT/CEO (FROM 6/14/24)	0.00									
(23) MR SCOTT D MATIRNE	40.00			X				167,728	0	12,114
CFO	0.00									
(24) RDML FRANK THORP IV USN RET	40.00			X				199,950	0	3,953
PRESIDENT/CEO (THRU 6/14/24)	0.00									
(25) CMDCM VICTOR SMITH USN RET	40.00					X		146,200	0	5,416
VP OF PROGRAMS & EVENTS	0.00									
(26) MS TERESE WINEGAN	40.00					X		121,807	0	9,180
DIRECTOR, SALES & EVENT OP	0.00									
(27) MS LISA BARKER	40.00					X		147,553	0	10,319
VP OF DEVELOPMENT (THRU 11/15/24)	0.00									
(28) CMDCM GLENDA ATWOOD USN RET	40.00					X		117,196	0	9,295
DPT DIRECTOR, NATIONAL CHIEF'S MESS	0.00									
(29) MR WESLEY SMITH	40.00									

VP PROGRAMS & ENGMNT (THRU 12/2/24)	0.00				X		110,116	0	0
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							1,183,649	0	50,314

**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 **8**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS INC 1953 GALLOWS ROAD SUITE 500 VIENNA, VA 22182	DIRECT MAIL PRINTING & FULFILLMENT	322,330
LOUD AND CLEAR INC 10310 JULIAN DRIVE CINCINNATI, OH 45215	AUDIO VISUAL DESIGN & INSTALLATION	314,625
NNE MARKETING LLC 1666 MASSACHUSETTS AVE STE 14 LEXINGTON, MA 02420	DIRECT MARKETING CONSULTING	303,520
CLOUD FOR GOOD PO BOX 200254 DALLAS, TX 753200254	DATABASE MANAGEMENT	280,367
BLOOMFIELD & CO 1900 RESTON METRO PLAZA 6TH FLOOR RESTON, VA 20190	EMPLOYMENT SEARCH FIRM	153,000

**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**

Form **990** (2024)

Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns				
<b>1b</b> Contributions, gifts, grants, and membership dues				
<b>1c</b> Other amounts from fundraising events				
<b>1d</b> Related organizations				
<b>1e</b> Government grants (contributions)				
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above	4,271,948			
<b>g</b> Noncash contributions included in lines 1a - 1f				

273,731

**h Total.** Add lines 1a-1f . . . . . 4,271,948

		Business Code				
<b>Program Service Revenue</b>	<b>2a</b> VISITOR CENTER	900099	538,315	538,315		
	<b>b</b> NAVY CEREMONY	900099	237,354	237,354		
	<b>f</b> All other program service revenue.					
	<b>9 Total.</b> Add lines 2a-2f. . . . .		775,669			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		32,591		32,591	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real		(ii) Personal	
		<b>b</b> Less: rental expenses	<b>6b</b>			
		<b>c</b> Rental income or (loss)	<b>6c</b>			
		<b>d</b> Net rental income or (loss) . . . . .				
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	2,150,001	(ii) Other	
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	2,062,236		
		<b>c</b> Gain or (loss)	<b>7c</b>	87,765		
		<b>d</b> Net gain or (loss) . . . . .		87,765		87,765
	<b>a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>8b</b>			
		<b>c</b> Net income or (loss) from fundraising events . . . . .				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>				
<b>b</b> Less: direct expenses . . . . .		<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		378,506			
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>	145,413			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		233,093	233,093		
<b>11a</b> TENANT IMPROVEMENT ALLOWANCE		900099	957,433		957,433	
	<b>b</b> AFFINITY PROGRAM	900099	108,898	108,898		
	<b>f</b> Other Revenue Misc Amt					

d All other revenue . . . . .				
e Total. Add lines 11a-11d . . . . .		1,066,331		
12 Total revenue. See instructions . . . . .		6,467,397	1,008,762	108,898
				1,077,789

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**Part IX Statement of Functional Expenses**  
 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
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 . . . . .	556,882	427,868	71,353	57,661
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 . . . . .	1,727,756	1,311,027	149,053	267,676
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	31,712	24,502	2,259	4,951
9 Other employee benefits . . . . .	84,505	65,001	7,096	12,408
10 Payroll taxes . . . . .	202,998	154,595	19,427	28,976
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .	1,119		1,119	
c Accounting . . . . .	52,140		52,140	
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 . . . . .	303,520			303,520
f Investment management fees . . . . .				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	552,948	373,801	12,847	166,300
12 Advertising and promotion . . . . .	35,571	23,047	938	11,586
13 Office expenses . . . . .	1,305,836	1,106,829	27,724	171,283
14 Information technology . . . . .	345,521	6,529	47,395	291,597
15 Royalties . . . . .				
16 Occupancy . . . . .	1,774,859	1,660,430	68,098	46,331
17 Travel . . . . .	42,331	27,008	3,397	11,926
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	404,017	353,807	19,858	30,352
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	148,231	123,981	19,081	5,169
23 Insurance . . . . .				
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 LIST RENTAL EXPENSE . . . . .	24,046			24,046
b UBI TAX . . . . .	20,566		20,566	
c . . . . .				
d . . . . .				

e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	7,614,558	5,658,425	522,351	1,433,782
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	725,150	580,120	0	145,030

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	<b>1</b> Cash-non-interest-bearing . . . . .	5,681	<b>1</b>	26,918
	<b>2</b> Savings and temporary cash investments . . . . .	186,446	<b>2</b>	501,209
	<b>3</b> Pledges and grants receivable, net . . . . .	215,876	<b>3</b>	143,871
	<b>4</b> Accounts receivable, net . . . . .	419,633	<b>4</b>	179,091
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	138,746	<b>8</b>	211,509
	<b>9</b> Prepaid expenses and deferred charges . . . . .	439,270	<b>9</b>	280,286
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 12,180,660		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 11,163,114	1,128,343	<b>10c</b> 1,017,546
	<b>11</b> Investments—publicly traded securities . . . . .	1,904,124	<b>11</b>	1,270,570
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	4,565	<b>14</b>	3,771
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,100,590	<b>15</b>	5,670,049
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	5,543,274	<b>16</b>	9,304,820	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	614,653	<b>17</b>	255,638
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	281,519	<b>19</b>	332,556
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,051,250	<b>25</b>	6,210,890
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,947,422	<b>26</b>	6,799,084
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,940,500	<b>27</b>	1,948,836
	<b>28</b> Net assets with donor restrictions . . . . .	655,352	<b>28</b>	556,900
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	3,595,852	<b>32</b>	2,505,736
<b>33</b> Total liabilities and net assets/fund balances . . . . .	5,543,274	<b>33</b>	9,304,820	

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Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (6,467,397); Line 2: Total expenses (7,614,558); Line 3: Revenue less expenses (-1,147,161); Line 4: Net assets at beginning (3,595,852); Line 5: Net unrealized gains (57,045); Line 10: Net assets at end of year (2,505,736).

Part XII Financial Statements and Reporting

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

Table with 3 columns: Question, Yes, No. Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (No). Row 2b: Financial statements audited (Yes). Row 2c: Committee oversight (Yes). Row 3a: Federal award audit (No). Row 3b: Required audit (No).

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Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Table with 2 columns: Name of the organization (US NAVY MEMORIAL FOUNDATION) and Employer identification number (52-1104476)

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	3,633,258	5,137,984	4,357,110	6,885,504	4,271,948	24,285,804
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	3,633,258	5,137,984	4,357,110	6,885,504	4,271,948	24,285,804
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						2,064,252
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						22,221,552

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4. . . . .	3,633,258	5,137,984	4,357,110	6,885,504	4,271,948	24,285,804
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	26,958	47,403	34,200	56,236	32,591	197,388
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .	105,897	99,362	86,890	77,544	84,114	453,807
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	2,340	19,866	29,649	15,991	957,433	1,025,279
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						25,962,278
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	3,214,288
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	85.590 %
<b>15</b> Public support percentage for 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	88.110 %
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990) 2024

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						

<b>4</b>	tax revenues received for the organization's benefit and either paid to or expended on its behalf. . . .					
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge					
<b>6</b>	<b>Total.</b> Add lines 1 through 5					
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons					
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
<b>c</b>	Add lines 7a and 7b. . . .					
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)					

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6. . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

- 19a** **33 1/3% support tests-2024.** 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-2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶

Schedule A (Form 990) 2024

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		

- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
  - b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
  - 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)? *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.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
  - b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI**.*
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 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))? *If "Yes," provide detail in **Part VI**.*
  - b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI**.*
  - c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI**.*
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
  - b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*

<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

Schedule A (Form 990) 2024

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
--	-----	----

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).

Table with 3 columns: Question ID, Yes, No. Row 1: 1, [ ], [ ]

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
3 By reason of the relationship described in line 2 above, 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.

Table with 3 columns: Question ID, Yes, No. Rows 1-3: 1, 2, 3 with empty cells for Yes/No.

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 lines 2a and 2b below.

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

Table with 3 columns: Question ID, Yes, No. Rows 2a, 2b, 3a, 3b with empty cells for Yes/No.

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

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

Main table for Section A (Adjusted Net Income) and Section B (Minimum Asset Amount) with columns for (A) Prior Year and (B) Current Year (optional).

<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2024

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

<b>Section D - Distributions</b>			Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>		
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>		
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>		
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>		
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>		
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>		
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>		
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>		
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>		
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>		
<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024:			
<b>a</b> From 2019. . . . .			
<b>b</b> From 2020. . . . .			
<b>c</b> From 2021. . . . .			
<b>d</b> From 2022. . . . .			
<b>e</b> From 2023. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			

<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020. . . . .			
<b>b</b> Excess from 2021. . . . .			
<b>c</b> Excess from 2022. . . . .			
<b>d</b> Excess from 2023. . . . .			
<b>e</b> Excess from 2024. . . . .			

Schedule A (Form 990) (2024)

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2024

Additional Data

Return to Form

**Software ID:**  
**Software Version:**

Schedule B (Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization US NAVY MEMORIAL FOUNDATION

Employer identification number 52-1104476

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (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 other 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...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization US NAVY MEMORIAL FOUNDATION

Employer identification number 52-1104476

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Table with 4 columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Includes a 'RESTRICTED' label and a 'Person' checkbox.

		\$ RESTRICTED	<input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 3

Name of organization US NAVY MEMORIAL FOUNDATION	Employer identification number 52-1104476
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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
-		\$	
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
-		\$	
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
-		\$	

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

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 4

Name of organization US NAVY MEMORIAL FOUNDATION	Employer identification number 52-1104476
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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 information once. See instructions.) \$ \_\_\_\_\_

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	

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## Additional Data

[Return to Form](#)

**Software ID:**  
**Software Version:**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Table with 2 columns: Name of the organization (US NAVY MEMORIAL FOUNDATION) and Employer identification number (52-1104476)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and charitable purposes.

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

Table with 3 columns: Question number, Description, and Held at the End of the Year (sub-table with 2a-2d). Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

Schedule D (Form 990) (Rev. 1-2025)

Page 2

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: 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" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 0%
b Permanent endowment 100.000%
c Term endowment 0%

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

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" on 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) (Rev. 1-2025)

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation: Cost or end-of-year market value. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and rows (A) through (H). Total row at the bottom.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation: Cost or end-of-year market value. Rows (1) through (9) and a Total row at the bottom.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) DEPOSITS, (2) RIGHT OF USE ASSETS - OPERATING LEASE, and rows (3) through (9). Total row at the bottom with value 5,670,049.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1.

(1) federal income taxes	
ANNUITIES PAYABLE	98,462
OPERATING LEASE	6,112,428
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	6,210,890

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

**Schedule D (Form 990) (Rev. 1-2025)**

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	6,669,855
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	57,045
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	57,045
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	6,612,810
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-145,413
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-145,413
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	6,467,397

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	7,759,971
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	145,413
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	145,413
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	7,614,558
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	7,614,558

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART III, LINE 4:	THE ART COLLECTION CONSISTS OF OIL PAINTINGS OF THE EIGHT US PRESIDENTS WHO EITHER SERVED IN THE US NAVY OR WERE SECRETARIES OF THE NAVY. THE FOUNDATION'S EXEMPT PURPOSE IS TO EDUCATE THE PUBLIC ABOUT MARITIME HERITAGE. THESE PAINTINGS SHOW MEN WHO WERE A PART OF THAT MARITIME HERITAGE. THE COLLECTION ALSO INCLUDES A SERVICE AND SACRIFICE STATUE RECEIVED FROM THE US WAR DOGS ASSOCIATION.
PART V, LINE 4:	THE FOUNDATION'S ENDOWMENT FUNDS WERE ESTABLISHED FOR THE PURPOSE OF SECURING THE FOUNDATION'S LONG-TERM FINANCIAL VIABILITY AND CONTINUING TO MEET THE NEEDS OF THE FOUNDATION. THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON

AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). THE FOUNDATION IS NOT CONSIDERED A PRIVATE FOUNDATION. THE FOUNDATION IS REQUIRED TO PAY FEDERAL AND STATE INCOME TAXES ONLY ON UNRELATED BUSINESS INCOME. MANAGEMENT HAS CONCLUDED THAT THE FOUNDATION HAS MAINTAINED ITS TAX-EXEMPT STATUS AND THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2024 AND 2023.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD -145,413.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 145,413.

Schedule D (Form 990) (Rev. 1-2025)

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**SCHEDULE G  
(Form 990)**  
(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization  
US NAVY MEMORIAL FOUNDATION

**Employer identification number**  
52-1104476

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

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

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

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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NNE MARKETING 1666 MASSACHUSETTS AVENUE SUITE 14 LEXINGTON, MA 02420	DIRECT MAIL MARKETING		No	1,856,100	303,520	1,552,580
<b>Total</b> ▶				1,856,100	303,520	1,552,580

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

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV  
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/Instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

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

11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a member beneficiary or trustee of a trust or a member of a partnership or other entity?

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 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.

Return Reference	Explanation
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Schedule G (Form 990) (Rev. 1-2025)

### Additional Data

[Return to Form](#)

**Software ID:**  
**Software Version:**

Schedule J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. OMB No. 1545-0047. Open to Public Inspection. Name of the organization: US NAVY MEMORIAL FOUNDATION. Employer identification number: 52-1104476.

Part I Questions Regarding Compensation. Table with columns for questions 1a through 9 and Yes/No columns. Includes checkboxes for various compensation items and organizational policies.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) (Rev. 1-2025)

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Table with 8 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (subdivided into Base, Bonus & incentive, and Other reportable compensation), (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), and (F) Compensation in column (B) reported as deferred on prior Form 990. Rows include RDML FRANK THORP IV, MR SCOTT D MATIRNE, VADM JOHN NOWELL JR, MS LISA BARKER, and CMDR VICTOR SMITH.



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization US NAVY MEMORIAL FOUNDATION

Employer identification number 52-1104476

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 shows Securities—Publicly traded with value 273,731 FMV.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. 30a: During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years... 31: Does the organization have a gift acceptance policy... 32a: Does the organization hire or use third parties... 33: If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER IN COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS RECEIVED.

**Schedule M (Form 990) (2024)**

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## Additional Data

[Return to Form](#)

**Software ID:**  
**Software Version:**

**efile Public Visual Render** | **ObjectID: 202521959349300912 - Submission: 2025-07-14** | **TIN: 52-1104476**

**SCHEDULE O**  
**(Form 990)**

(Rev. January 2025)  
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.**

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization  
US NAVY MEMORIAL FOUNDATION

**Employer identification number**

52-1104476

Return Reference	Explanation
FORM 990, PART III, LINE 2	IN APRIL OF 2024, THE UNITED STATES NAVY MEMORIAL OPENED THE NATIONAL CHIEF'S MESS DIGITAL PLATFORM. THE PLATFORM IS AN ONLINE MEMBERSHIP PLATFORM FOR ACTIVE-DUTY, RESERVE, AND RETIRED US NAVY AND US COAST GUARD CHIEF PETTY OFFICERS. CHIEFS ARE ONE OF THE MOST CONNECTED COMMUNITIES IN THE US MILITARY. THE PLATFORM PROVIDES A CENTRALIZED HUB OF INFORMATION AND RESOURCES WHICH ENABLES CHIEFS TO STAY CONNECTED WORLDWIDE. THIS PLATFORM EMBODIES THE MISSION OF THE NATIONAL CHIEF'S MESS TO "CONNECT ACTIVE-DUTY, RESERVE, OR RETIRED NAVY AND COAST GUARD CHIEFS IN A COLLABORATIVE ENVIRONMENT; TO PROMOTE PROFESSIONAL NETWORKING AND SOCIAL INTERACTIONS; TO CREATE OPPORTUNITY FOR MAINTAINING A SENSE OF PURPOSE AND BELONGING; AND TO SUPPORT EACH OTHER AND THE IDEALS OF "ONCE A CHIEF, ALWAYS A CHIEF.""
FORM 990, PAGE 2, PART III, LINE 4B	EDUCATIONAL SERVICES - EDUCATE THE PUBLIC ABOUT THE HERITAGE OF THE UNITED STATES AS A MARITIME NATION AND THE CONTRIBUTIONS OF MEN AND WOMEN IN THE SEA SERVICES THROUGH EXHIBITS, FILM AND VIDEO PRESENTATIONS, LECTURES, TOURS, PUBLICATIONS, AND EVENTS. IN 2024, THE UNITED STATES NAVY MEMORIAL CONTINUED ITS ONLINE EDUCATION OFFERINGS TO INCLUDE A DIGITAL VERSION OF THE JUNIOR SAILOR PROGRAM, ONLINE COURSE MATERIALS FOR K-12 ON HISTORY AND HERITAGE, SEA SERVICE TRADITIONS AND ARCHIVAL RESEARCH. IN 2024, THE UNITED STATES NAVY MEMORIAL CONTINUED HOSTING A SUMMER INTERNSHIP PROGRAM FOR STUDENTS AT THE HIGH SCHOOL LEVEL TO CREATE A DIALOGUE FOCUSED ON UNITED STATES MILITARY HISTORY THROUGH AN INTERDISCIPLINARY APPROACH FOUNDED ON THE PRINCIPLES OF HISTORICAL PRESERVATION, EDUCATION, AND ACADEMIC RESEARCH. DURING THE WEEK-LONG PROGRAM, STUDENTS PARTICIPATE IN INTERACTIVE LEARNING ACTIVITIES. THEY LEARN HOW TO CONDUCT INTERVIEWS WITH SEA SERVICE VETERANS TO PRESERVE THEIR STORIES. THE STUDENTS ALSO TAKE PART IN HISTORICAL PRESERVATION EXPERIENCES WITH THE LIBRARY OF CONGRESS AND THE NATIONAL ARCHIVES. HONOR A CHIEF PROGRAM - IN 2024, THE UNITED STATES NAVY MEMORIAL ESTABLISHED A PROGRAM AS PART OF THE DELBERT D. BLACK NATIONAL CHIEF'S MESS THAT ENABLES INDIVIDUALS TO HONOR AND RECOGNIZE A CHIEF PETTY OFFICER WHO PROVIDED INSPIRATION, MENTORSHIP, AND GUIDANCE TO THEM THROUGHOUT THEIR NAVAL CAREER. THIS PROGRAM IS DESIGNED TO HIGHLIGHT THE SIGNIFICANT AND ONGOING IMPACT THAT CHIEF PETTY OFFICERS HAVE ON THE DEVELOPMENT OF SAILORS AND OFFICERS ALIKE AND TO SHOW THE VITAL ROLE THESE OUTSTANDING INDIVIDUALS PLAY IN SHAPING THE PRESENT AND FUTURE OF THE US NAVY.
FORM 990, PAGE 2, PART III, LINE 4C	THE UNITED STATES NAVY MEMORIAL HOSTS SEVERAL SPECIAL EVENTS THROUGHOUT THE YEAR TO SUPPORT ITS PROGRAM ACTIVITIES. THE EVENTS CARRIED OUT DURING 2024 INCLUDED THE FOLLOWING: 1. THE LONE SAILOR AWARDS DINNER IS AN ANNUAL BLACK-TIE GALA DURING WHICH THE US NAVY MEMORIAL RECOGNIZES SEA SERVICE VETERANS WHO HAVE EXCELLED WITH DISTINCTION IN THEIR RESPECTIVE CAREERS DURING OR AFTER THEIR SERVICE. THE AWARD RECIPIENTS JOIN AN IMPRESSIVE LIST OF MEN AND WOMEN WHO HAVE DISTINGUISHED THEMSELVES BY DRAWING UPON THEIR MILITARY EXPERIENCE TO BECOME SUCCESSFUL IN THEIR SUBSEQUENT CAREERS AND LIVES, WHILE EXEMPLIFYING THE CORE VALUES OF HONOR, COURAGE AND COMMITMENT. THE NAVAL HERITAGE AWARD IS GIVEN TO AMERICANS WHO HAVE EXCELLED WITH DISTINCTION IN THEIR RESPECTIVE CAREERS, DISTINGUISHED THEMSELVES WITH THEIR SIGNIFICANT SUPPORT OF THE NATION'S SEA SERVICES, AND WHOSE LIVES AND CAREERS EXEMPLIFY THE CORE VALUES OF HONOR, COURAGE, AND COMMITMENT. THESE AWARD RECIPIENTS JOIN AN IMPRESSIVE LIST OF MEN AND WOMEN WHO HAVE MADE A DIRECT AND SIGNIFICANT CONTRIBUTION TO THE SEA SERVICES IN THEIR LIVES. IN 2024 WE CONTINUED THE IN-PERSON LONE SAILOR AWARDS DINNER AT THE NATIONAL BUILDING MUSEUM IN WASHINGTON, DC, WHERE THE AWARDS WERE PRESENTED TO THE HONOREES. 2. DELBERT D. BLACK LEADERSHIP AWARD DINNER - RECOGNIZES ONE OUTSTANDING FIRST-TOUR COMMAND MASTER CHIEF, CHIEF OF THE BOAT, OR COMMAND SENIOR CHIEF WHOSE PERFORMANCE AND LEADERSHIP OF SAILORS EMBODIES THE NAVY CORE VALUES AND CHIEF PETTY OFFICER EXPECTATIONS AND DEMONSTRATES THOSE SAME IDEALS OF SERVICE WITH SACRIFICE AS DEMONSTRATED BY MCPON BLACK, AND UPHOLDS THE HIGHEST STANDARDS OF PROFESSIONALISM AND INTEGRITY. 3. COMMEMORATIVE PLAQUE PROGRAM - PERMANENT COMMEMORATIVE PLAQUES OF SHIPS, REUNION GROUPS, HISTORICAL EVENTS, INDIVIDUALS AND FAMILIES, ETC. ON THE PLAQUE WALL WITHIN THE VISITOR CENTER. 4. SAILOR OF THE YEAR - IN ORDER TO EXPAND THE RECOGNITION OF THE OUTSTANDING SAILORS IN THE FLEET, THE NAVY INCREASED THE NUMBER OF SAILORS RECOGNIZED AS SAILORS OF THE YEAR FROM 4 IN 2020 TO 18 IN SUBSEQUENT YEARS. THE SAILOR OF THE YEAR PROGRAM AT THE UNITED STATES NAVY MEMORIAL RECOGNIZES THESE SAILORS WITH A PERMANENT SAILOR OF THE YEAR EXHIBIT THAT IS LOCATED INSIDE THE DELBERT D. BLACK NATIONAL CHIEF'S MESS IN THE UNITED STATES NAVY MEMORIAL VISITOR CENTER. 5. FANTAIL BREAKFASTS - INVITATION ONLY EVENTS THAT BRING TOGETHER SENIOR NAVY LEADERSHIP TO DISCUSS CURRENT NAVY PROJECTS AND FUTURE PLANS WITH DEFENSE INDUSTRY LEADERS. THE FANTAIL BREAKFASTS ARE OPERATED UNDER CHATHAM HOUSE RULE. 6. BRIDGE WING CHATS - BRINGS TOGETHER SENIOR NAVY LEADERS AND JUNIOR OFFICERS FOR DISCUSSIONS ON CAREER PATHS, CURRENT TOPICS AFFECTING THE NAVY, EDUCATIONAL OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT OF JUNIOR OFFICERS, ETC. 7. MOVIES ON THE MEMORIAL - NAVY-THEMED MOVIES SHOWN OUTSIDE ON THE NAVY MEMORIAL PLAZA, FREE AND OPEN TO THE PUBLIC. 8. STATUE PROGRAM - PAYS TRIBUTE TO ALL MEMBERS OF THE SEA SERVICES BY PLACING REPLICAS OF THE LONE SAILOR STATUE IN CITIES AROUND THE US AND ABROAD (NORMANDY, FRANCE). THE PROGRAM ALSO PLACES SMALLER BRONZE LONE SAILOR STATUES ON US NAVY SHIPS BEING COMMISSIONED. 9. SITREP SPEAKER SERIES - THE SITREP (SITUATION REPORT) SPEAKER SERIES WAS DEVELOPED AS A DIRECT RESULT OF THE COVID-19 PANDEMIC. THE SITREP SPEAKER SERIES FOCUSES ON A ONE-ON-ONE CHAT

	<p>BETWEEN THE NAVY MEMORIAL PRESIDENT AND CEO AND A HIGH-RANKING GUEST FROM THE NAVY OR THE DEPARTMENT OF DEFENSE. THE TOPICS DISCUSSED RANGE FROM CURRENT OPERATIONS AND INITIATIVES WITHIN THE NAVY TO THE GUEST'S PERSONAL THOUGHTS ON CERTAIN MATTERS. QUESTIONS ARE ALSO SOLICITED FROM VIRTUAL ATTENDEES AND PRESENTED TO THE GUEST FOR ANSWERS IN REAL TIME. THE SITREP SPEAKER SERIES IS LIVESTREAMED AND RECORDED AS IT OCCURS THEN POSTED TO THE UNITED STATES NAVY MEMORIAL'S WEBSITE AND YOUTUBE CHANNEL. 10. VETERAN GROUP VISIT PROGRAM - THE UNITED STATES NAVY MEMORIAL ENTHUSIASTICALLY HOSTS VISITS BY ACTIVE-DUTY AND RETIRED MILITARY GROUPS, MILITARY REUNION GROUPS, VETERAN ORGANIZATIONS, AS WELL AS HIGH SCHOOL AND COLLEGE GROUPS THROUGHOUT THE YEAR. IN 2024 THESE GROUPS MADE MORE THAN 200 VISITS TO THE UNITED STATES NAVY MEMORIAL TOTALING MORE THAN 16,000 PEOPLE. THE UNITED STATES NAVY MEMORIAL'S VETERAN GROUP VISIT PROGRAM TAILORS EACH VISIT TO MEET THE UNIQUE NEEDS OF THAT GROUP. THESE VISITS ALSO PROVIDE ONE OF OUR MOST CHERISHED OPPORTUNITIES FOR THE UNITED STATES NAVY MEMORIAL TO HONOR, RECOGNIZE, AND CELEBRATE THE MEN AND WOMEN OF THE SEA SERVICES, PAST, PRESENT AND FUTURE; AND TO INFORM THE PUBLIC ABOUT THEIR SERVICE. 11. THEATRE CHAIR PROGRAM - PERMANENT COMMEMORATIVE NAME PLATES ARE AVAILABLE TO BE PLACED ON THE CHAIRS IN THE ARLEIGH AND ROBERTA BURKE THEATRE IN HONOR OR MEMORY OF SEA SERVICE VETERANS, FAMILIES, SHIPS, REUNION GROUPS, ETC. 12. BLESSING OF THE FLEET - AS A TRIBUTE TO OUR NATION'S RICH MARITIME HERITAGE AND THE MEN AND WOMEN WHO HAVE CONTRIBUTED TO ITS GROWTH AND SUCCESS, THE UNITED STATES NAVY MEMORIAL, IN CONJUNCTION WITH NAVAL DISTRICT WASHINGTON, THE UNITED STATES NAVY BAND AND CEREMONIAL GUARD, HOSTS THE ANNUAL BLESSING OF THE FLEET IN THE NATION'S CAPITAL. DURING THIS CEREMONY, WATER FROM THE 7 SEAS AND THE GREAT LAKES IS ADDED TO THE FOUNTAINS ON THE UNITED STATES NAVY MEMORIAL AS THEY ARE CHARGED TO LIFE, USHERING IN THE SPRING SEASON. THIS EVENT PROVIDES AN OPPORTUNITY FOR INDIVIDUALS AND GROUPS TO HONOR, RECOGNIZE AND CELEBRATE LOVED ONES AND SEA SERVICE VETERANS BY ADDING THEIR NAMES TO THE EVENT PROGRAM AND ON THE UNITED STATES NAVY MEMORIAL WEBSITE. 13. NAVY LOG PROGRAM - THE UNITED STATES NAVY MEMORIAL'S NAVY LOG IS THE NATION'S LARGEST PUBLICLY AVAILABLE REPOSITORY OF SEA SERVICE PERSONNEL AND THEIR STORIES. IT WAS ESTABLISHED AS A TRIBUTE TO THOSE WHO HAVE SERVED AND A PERMANENT ARCHIVE OF THEIR MILITARY SERVICE. OUR GOAL IS TO CREATE A LEGACY OF HONOR THAT REACHES ACROSS GENERATIONS AND TELLS THE STORY OF OUR SEA SERVICE VETERANS, PRESERVING NAVAL HERITAGE FOR FUTURE GENERATIONS TO COME. 14. COMMEMORATIVE WREATH LAYING CEREMONIES - THE UNITED STATES NAVY MEMORIAL, IN CONJUNCTION WITH NAVAL DISTRICT WASHINGTON, THE UNITED STATES NAVY CEREMONIAL GUARD AND UNITED STATES NAVY BAND, HOSTS FIVE COMMEMORATIVE WREATH LAYING CEREMONIES THROUGHOUT THE YEAR. THE CEREMONIES HONOR THOSE WHO HAVE FALLEN (MEMORIAL DAY), THOSE WHO HAVE SERVED OR ARE CURRENTLY SERVING (VETERANS DAY), AS WELL AS POW/MIA DAY AND PEARL HARBOR DAY COMMEMORATIONS. IN JUNE, THE BATTLE OF MIDWAY - THE MOST DECISIVE NAVAL VICTORY IN THE HISTORY OF THE UNITED STATES NAVY, IS COMMEMORATED WITH A WREATH LAYING CEREMONY ON THE UNITED STATES NAVY MEMORIAL PLAZA. ALL WREATH LAYING EVENTS ARE FREE AND OPEN TO THE PUBLIC. 15. CONCERTS ON THE AVENUE - TUESDAY EVENINGS FROM JUNE THROUGH AUGUST, THE UNITED STATES NAVY MEMORIAL IN CONJUNCTION WITH NAVAL DISTRICT WASHINGTON AND THE UNITED STATES NAVY BAND AND CEREMONIAL GUARD, HOST EVENING CONCERTS ON THE AVENUE. THESE CONCERTS ARE FREE AND OPEN TO THE PUBLIC.</p>
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS AUTHORIZED TO ACT ON BEHALF OF THE BOARD OF DIRECTORS. THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIRMAN OF THE BOARD, VICE-CHAIRMAN, SECRETARY, TREASURER AND ALL BOARD COMMITTEE CHAIRMEN, AS WELL AS THE PRESIDENT AND CEO OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE, EACH MEMBER OF THE FINANCE AND INVESTMENT COMMITTEE IS GIVEN A COPY FOR THEIR REVIEW. ONCE THE FINANCE AND INVESTMENT COMMITTEE HAS REVIEWED THE RETURNS, THE RETURNS ARE SENT TO THE ENTIRE GOVERNING BODY, WHICH HAS FIVE DAYS TO REVIEW AND SUBMIT QUESTIONS. ALL QUESTIONS ARE COLLECTIVELY ANSWERED ELECTRONICALLY PRIOR TO SUBMISSION OF THE 990.
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, AT THE SPRING MEETING, THE BOARD AND SENIOR STAFF COMPLETE THE CONFLICT OF INTEREST STATEMENT. IT IS EMAILED OR FAXED TO THOSE NOT ATTENDING THE MEETING. WHEN RETURNED, THE STATEMENTS ARE REVIEWED BY SENIOR MANAGEMENT. SENIOR MANAGEMENT IS USUALLY AWARE OF THE CONFLICT PRIOR TO ADDING THE PERSON TO THE BOARD OR TO THE STAFF. BETWEEN SPRING BOARD MEETINGS, THE CHAIRMAN ADVISES THE DIRECTORS AND SENIOR STAFF THAT THEY ARE TO UPDATE THE CONFLICT OF INTEREST STATEMENTS IN THE EVENT OF A POSSIBLE CONFLICT OF INTEREST. IN THE EVENT OF A CONFLICT OF INTEREST, THE INTERESTED PERSON MAY MAKE A PRESENTATION AT THE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION PROCESS AT THE UNITED STATES NAVY MEMORIAL FOUNDATION IS DESIGNED TO PROVIDE COMPENSATION THAT IS AT THE MEDIAN LEVEL OF FOUNDATIONS AND ASSOCIATIONS IN THE NATIONAL CAPITAL REGION. THE LEADERSHIP TEAM AT THE UNITED STATES NAVY MEMORIAL FOUNDATION, CONSISTING OF THE PRESIDENT, CEO AND THE CHIEF FINANCIAL OFFICER, MEET ANNUALLY TO REVIEW THE POSITION DESCRIPTIONS AND THE LEVEL OF WORK TO ENSURE THAT THE INDIVIDUALS IN THE FOUNDATION ARE EFFECTIVELY BEING COMPARED TO THEIR PEERS IN OTHER ORGANIZATIONS. DURING THE COMPENSATION REVIEW PROCESS, THE WORK PERFORMANCE OF ALL EMPLOYEES ARE REVIEWED, AND A DETERMINATION IS MADE REGARDING ANY INCREASES IN SALARY. ADDITIONALLY, A DECISION IS MADE ABOUT WHETHER ANY RAISE IS POSSIBLE BASED ON THE FOUNDATION'S FINANCIAL CONDITION. QUARTERLY, EMPLOYEES ARE REVIEWED ON THE BASIS OF PERFORMANCE. THE PERFORMANCE REVIEW DOCUMENT IS WRITTEN FOR EACH INDIVIDUAL EVALUATING THEIR PERFORMANCE AGAINST THE GOALS THAT ARE ESTABLISHED FOR THE YEAR. THE COMPENSATION COMMITTEE ALSO REVIEWS THE AGGREGATE SALARY STRUCTURE FOR THE REMAINDER OF THE EMPLOYEES TO ENSURE THAT THE AGGREGATE COMPENSATION APPEARS FAIR AND REASONABLE. THE COMPENSATION FOR THE PRESIDENT IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD. THE TOTAL COMPENSATION POOL FOR STAFF IS ALSO REVIEWED ANNUALLY BY THIS COMMITTEE. THE PRESIDENT AND CEO'S MOST RECENT COMPENSATION REVIEW WAS HELD IN DECEMBER 2023.
FORM 990, PART VI, SECTION C,	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC, HOWEVER THE AUDITED FINANCIAL STATEMENTS AND THE 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

LINE 19

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule O (Form 990) (Rev. 1-2025)

## Additional Data

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