efile	GR	RAPHIC	print - DO NOT PROCESS	As Filed Data -				DLN: 9	3493317081249
orm	90	20	Return of Org	janization Exem	pt From	n Income	Tax		OMB No 1545-0047
Form∛ ⇔ j	J	, U	Under section 501(c), 527, or 4		-			tions)	2018
_			1	al security numbers on this					
Departi Treasur		of the	► Go to <u>www.irs.go</u>	v/Form990 for instruction	ons and the	latest inform	ation.		Open to Public Inspection
[nterna]	l Reve	enue Service							- Anspection
			alendar year, or tax year begin C Name of organization	ning 01-01-2018 , and (ending 12-3	1-2018	1 p. El		£
		pplicable change	NAVY MUTUAL AID ASSOCIATION				1		fication number
□ Nar		-					53-011	6720	
☐ Init		turn n/terminated	Doing business as						
		n/terminated d return	Number and street (or P O box if m		ress) Room/su	ııte	E Telephor	ne numbe	r
□ App	olicati	on pending	29 CARPENTER RD - HENDERSON HA	ALL			(800) 6	28-601	1
			City or town, state or province, cour ARLINGTON, VA 22212	stry, and ZIP or foreign postal co	de				
			F Name and address of principa	Lofficar		1 11 ()		•	463,857,472
			BRUCE B ENGELHARDT			H(a) Is this	s a group re ·dinates?	turn for	□Yes ☑No
			29 CARPENTER RD - HENDERSO ARLINGTON, VA 22212	N HALL		H(b) Are a	ll subordinat	es	Yes No
[Tax	(-exer	mpt status	☐ 501(c)(3) ☑ 501(c)(23) ◀	(insert no) 4947(a)(1)	or	includ		list (see	e instructions)
J W	ebsit	te:▶ WW	/W NAVYMUTUAL ORG	(msere no) = 1317(a)(1)	327	H(c) Group	•		•
								ı	
K Form	n of o	rganızatıon	☐ Corporation ☐ Trust ☑ Asso	ciation 🔲 Other 🕨		L Year of form	ation 1879	M State	e of legal domicile VA
D.	ırt I	- Cum	mary						
	1 8	Briefly des	scribe the organization's mission o						
	/	AND FORM	1 990, PART III, LINE 1 TO PROVI	DE MEMBERS OF THE NAVY	, MARINES, C	OAST GUARD,	, NATIONAL	OCEAN!	IC AND
			ERIC ADMINISTRATION, PUBLIC H ") LIFE INSURANCE AT AS NEAR T						
2	F	FAMILIES	IN SECURING FEDERAL BENEFITS	TO WHICH THEY MAY BE L					
		AND THEI	R FAMILIES ON MATTERS OF FINA	NCIAL SECURITY					
Governance	-								
	-		🗆						
ACUVIUES &			is box $\blacktriangleright \square$ if the organization dis of voting members of the governin				of its net a	ssets 3	16
line			of independent voting members of					4	15
ב <u>ר</u>	5	Total nur	nber of individuals employed in ca	lendar year 2018 (Part V, lır	ne 2a)			5	158
∢	6	Total nur	nber of volunteers (estimate if nec	essary)				6	17
	7a	Total unr	elated business revenue from Part	VIII, column (C), line 12 .				7a	C
	b	Net unre	ated business taxable income fron	n Form 990-T, line 34 .				7b	C
						Pri	or Year		Current Year
ġ			ions and grants (Part VIII, line 1h)					0	(
Ravenue		-	service revenue (Part VIII, line 2g)				81,649,8		78,687,119
æ			ent income (Part VIII, column (A), I venue (Part VIII, column (A), lines !	•			176,341,		170,472,728
			enue—add lines 8 through 11 (mu				259,115,0		250,230,03
			nd similar amounts paid (Part IX, c		·· ·			0	(
			paid to or for members (Part IX, co	, ,,			147,772,9	949	159,981,710
တ္ဆ	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A),	lınes 5-10)		19,278,	989	20,836,871
Expenses	16a	Profession	onal fundraising fees (Part IX, colur	nn (A), line 11e)				0	(
e d	b	Total fund	raising expenses (Part IX, column (D), I	ine 25) ▶0					
a l	17	Other ex	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			81,677,0	014	68,022,151
		·	enses Add lines 13–17 (must equ		•		248,728,	952	248,840,732
	19	Revenue	less expenses Subtract line 18 fro	om line 12			10,386,		1,389,299
× 6 8						Beginning	of Current Y	ear	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)				3,076,919,	282	3,124,123,706
d B			ulities (Part X, line 26)				2,772,713,	_	2,817,302,355
			s or fund balances Subtract line 2				304,205,		306,821,351
Fu	22								
Pa Pa		Sign	ature Block					s. and to	the best of my
Pa Jnder	rt II pena	alties of p	erjury, I declare that I have exam						
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Pa Under knowl any ki Sign Here Paic	rt II pena edge nowle	alties of per and belief edge Signati BRUCE Type o	erjury, I declare that I have exam If, it is true, correct, and complete BENGELHARDT PRESIDENT r print name and title Irint/Type preparer's name Irim's name JOHNSON LAMBERT LL Irim's address 4242 SIX FORKS ROAD	Declaration of preparer (of	her than offic	201 Date Che self	9-11-13 e eck frequency if	PTIN P0122697	which preparer has
Pa Under Knowl Sign Here Paic Prep Use	rt II pena edge nowle	Signation of person of per	erjury, I declare that I have exam If, it is true, correct, and complete If E ENGELHARDT PRESIDENT If print name and title If int/Type preparer's name If JOHNSON LAMBERT LL	Preparer's signature SUITE 1500	ther than office	201 Date Che self	9-11-13 e eck feed if feemployed n's EIN ▶ 52-	PTIN P0122697-1446779	which preparer has

Form	990 (2018)				Page 2
Pa	t III Statemer	nt of Program Service Ac	complishments		
	——— Check ıf Scl	hedule O contains a response o	r note to any line in this Part III		🗆
1		e organization's mission	•		
SEE S	SCHEDULE O				
2	Did the organizatio	on undertake any significant pro	ogram services during the year w	hich were not listed on	
	the prior Form 990	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe t	hese new services on Schedule	0		
3	Did the organization	on cease conducting, or make s	ignificant changes in how it cond	ucts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe t	hese changes on Schedule O			
4	Section 501(c)(3)		required to report the amount of	largest program services, as measi of grants and allocations to others, i	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program ser	vices (Describe in Schedule O	l		
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program se	ervice expenses ►			
					Form 990 (2018)

Form	990 (2018)			Page 3
Par	tiv Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	1.03	No
,	Schedule A	2		No No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	3		No
4	for public office? If "Yes," complete Schedule C, Part I			
	Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	76 (Var.) 4 - 1 - 2 - 2 - 4 - 4 - 4 - 2 - 2 - 2 - 4 - 4		l	

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

No

Νo

20b

21

22

Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
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? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I \cdot	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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 $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;	•	<u>Ц</u> _
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 6,659		Yes	No

1b

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

10a

10b

11a

11b

12b

13b

13c

the following

13

14

Section C. Disclosure

Page 6 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 No 1a 16

1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 15 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο of officers, directors or trustees, or key employees to a management company or other person? .

Did the organization have members or stockholders?

Each committee with authority to act on behalf of the governing body? .

The organization's CEO, Executive Director, or top management official .

Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

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)

►ADAM MULLINS 29 CARPENTER ROAD-HENDERSON HALL ARLINGTON, VA 22212 (800) 628-6011

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

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

10a Did the organization have local chapters, branches, or affiliates? .

4 Nο 5 Nο 6 Yes 7a Yes 7b Nο

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? . 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 8a Yes Яh Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Yes Yes 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

No

Nο

Nο

Nο

Nο

Form 990 (2018)

16a

16h

orm 990 (2018)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee compe	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Г
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

EXAMONE INC

PO BOX 201395 DALLAS, TX 75320

compensation from the organization ▶ 19

(A)

(B)

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	oox, u an off ctor/tr	t che unles ficer rust		son a	(D) Reportable compensation from the organization (W	from related V- organizations (w-	Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2, 2000	2,10331120		relati organiza	ed	
See	Additional Data Table			+		\vdash		+			\dashv			
								\top						
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· 								\dagger			\dashv			
	Sub-Total						<u> </u>			<u> </u>	Ţ			
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	•					>		4,143,738		0		1,039,930	
2	Total number of individuals (including	g but not limited	to thos					o rec	· ' '	\$100,000				
ı	of reportable compensation from the	organization P	55 ———									1.,		
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>								ghest compensat	ed employee on	3	Yes	No No	
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than \$	\$150,00)0? <i>If</i>	"Yes,	s," c	omplet	te Sc					110	
5	Did any person listed on line 1a receiv								organization or i	ndvadual for	4	Yes		
	services rendered to the organization										5	;	No	
-	ection B. Independent Contract					_								
1	Complete this table for your five high- from the organization Report comper										mpei	nsation		
	Name :	(A) and business addre	ess						D	(B) escription of services		(C Compen		
WHIT										SING / MARKETING		· · · · · · · · · · · · · · · · · · ·	,564,892	
	WESTWOOD CENTER DRIVE 4TH FLO NS, VA 22182													
QUIN:	STREET INC								ADVERTI	SING / MARKETING			959,181	
PASA	DX 8398 DENA, CA 91109													
	NTURE LLP								ALIP CON	NSULTING			934,088	
FLOR	CAMPUS DRIVE SUITE 115 HAM PARK, NJ 07932													
	ONE WORLD WIDE									UNDERWRITING MEDICAL SERVICES			704,343	
DALL	OX 201392 AS, TX 75320								UNDER	DITING MEDICAL			657.765	
LXAM	ONE INC								IUNDERW	RITING MEDICAL			657,765	

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

(C)

(D)

(E)

SERVICES

Part	VII											
		Check if Schedul	e O contains	a respo	onse or note to any l	ne in this (A) Total rev		Rel e> fu	(B) ated or cempt nction	Unre busi reve	C) lated ness	(D) Revenue excluded from tax under sections
	1	a Federated campaig	ns	1a				re	venue			512 - 514
ants unts		b Membership dues		1b								
65.0E		c Fundraising events		1c								
ifts, ar A		d Related organizatio	ns	1 d								
m. <u>G</u>		e Government grants (co	ontributions)	1e								
ions I Si		f All other contributions and similar amounts n		1f								
Contributions, Gifts, Grants and Other Similar Amounts		above 9 Noncash contribution in lines 1a - 1f \$	ons included									
<u>Co</u>		h Total. Add lines 1a	-1f	•	🔸							
+					Business	Code						
Program Service Revenue		NET EARNED PREMIUM				524113		29,151	66,42			
á	_	ANNUITY CONSIDERATI				524298		67,438 90,530	11,46	0,530		
.MC€	C	SURVIVOR INCOME DEF	POSITS			524298		90,330		3,330		
Se.	c	d ————								-		+
jran.	•	e All other program co										
Prος		f All other program se			78,6	87,119						
		ITotal. Add lines 2a-2 Investment income (ii			Interest and other	1		1				
	:	sımılar amounts) .			•	1	73,252,147					173,252,147
		Income from investme		•	•							
	5	Royalties	(ı) Rea		(II) Personal	<u> </u>						
	62	a Gross rents			. , ,							
		b Less rental expenses										
	•	c Rental income or (loss)										
	•	d Net rental income o	r (loss)	•								
	7.	a Gross amount	(ı) Securit	ies	(II) Other							
	76	from sales of assets other	210,8	48,022								
		than inventory										
	ı	b Less cost or other basis and	213,6	27,441								
		sales expenses C Gain or (loss)	-2,7	79,419								
		d Net gain or (loss)			<u> </u>	\	-2,779,419					-2,779,419
Revenue	88	contributions reporte	ed on line 1c)	of								
eve		See Part IV, line 18										
F H		b Less direct expense c Net income or (loss)		b sing ev	ents	J						
Other	98	Gross income from g	jaming activit	es								
		See Part IV, line 19		a	}							
	ı	b Less direct expense	s	b								
		c Net income or (loss)		activit	ies							
	10	aGross sales of invent returns and allowand										
				a								
		b Less cost of goods s		b								
		<u>C Net income or (loss)</u> Miscellaneous		inven	Business Code							
	11	1a AMORTIZATION OF	IMR		524298		1,070,184					1,070,184
	١	ь		_								
		_										
	•	С										
		d All other revenue .										
		e Total. Add lines 11a			•	<u> </u>						
	12	2 Total revenue. See	Instructions				1,070,184					
					F	2	50,230,031		78,687,119		0	171,542,912 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	_			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16				
4 Benefits paid to or for members	159,981,710			
5 Compensation of current officers, directors, trustees, and key employees	3,574,860			
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	10,428,741			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,180,113			
9 Other employee benefits	3,730,215			
10 Payroll taxes	922,942			
11 Fees for services (non-employees)				
a Management				
b Legal	327,817			
c Accounting	244,429			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	560,134			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,768,118			
12 Advertising and promotion	4,250,377			
13 Office expenses	1,459,845			
14 Information technology	1,391,873			
15 Royalties				
16 Occupancy	289,194			
17 Travel	252,181			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,793,982			
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 CHANGE IN LIFE RESERVE	50,232,214			
	ı ' ' I		I	1

b MEDICAL EXPENSES c REINSURANCE d e All other expenses 25 Total functional expenses. Add lines 1 through 24e **26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

1,522,416 94,159 -164,588 248,840,732

Form **990** (2018)

Page **11**

22 23

24

25

26

27 28

29

30

31 32

33

34

2.780.197.889

2.817.302.355

306.821.351

306,821,351

3,124,123,706

Form **990** (2018)

2,740,715,421

2.772.713.522

304.205.760

304,205,760

3,076,919,282

Form 990 (2018)

Liabilities

23

24

26

27

28

29

30

31

32

33

34

Assets or Fund Balances

Net

		encer il sericadie o contains a response di noc		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing				1			
	2	Savings and temporary cash investments .			58,368,745	2	70,021,643		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			199,296	4	178,936		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	ated en	nployees Complete		5			
ıts	7	contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L						
Assets	8	Inventories for sale or use	_	169,425,914	7 8	169,934,206			
Ϋ́	9	Prepaid expenses and deferred charges	·		9				
:	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	50,738,754		_			
	b	Less accumulated depreciation	10b	50,437,663	622,260	10c	301,091		
:	11	Investments—publicly traded securities .			2,040,565,865	11	2,057,793,633		
:	12	Investments—other securities See Part IV, line	11 .		776,384,646	12	795,095,705		
- :	13	Investments—program-related See Part IV, line	e 11 .			13			
- :	14	Intangible assets				14			
- 1:	15	Other assets See Part IV, line 11			31,352,556	15	30,798,492		
- 1:	16	Total assets.Add lines 1 through 15 (must equ	ial line	34)	3,076,919,282	16	3,124,123,706		
	17	Accounts payable and accrued expenses			30,862,676	17	35,974,948		
	18	Grants payable				18			
1	19	Deferred revenue		1,109,251	19	1,089,354			
:	20	Tax-exempt bond liabilities			20				
ر ۸	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	26.174	21	40,164		

13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	31,352,556	15	30,798,492
16	Total assets.Add lines 1 through 15 (must equal line 34)	3,076,919,282	16	3,124,123,706
17	Accounts payable and accrued expenses	30,862,676	17	35,974,948
18	Grants payable		18	
19	Deferred revenue	1,109,251	19	1,089,354
20	Tax-exempt bond liabilities		20	

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: **EIN:** 53-0116720

Name: NAVY MUTUAL AID ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a:

THE NAVY MUTUAL AID ASSOCIATION ("NAVY MUTUAL") IS A MUTUAL AID ASSOCIATION THAT CONSERVATIVELY MANAGES ITS ASSETS TO PAY PROMISED LIFE INSURANCE BENEFITS TO ITS MEMBERS AND THEIR BENEFICIARIES. NAVY MUTUAL'S BENEFIT PLANS ARE DESIGNED AT AS NEAR ACTUAL NET COST AS POSSIBLE IN ORDER TO PROVIDE MEMBERS OF THE UNIFORMED SERVICES WITH LIFE INSURANCE COVERAGE THAT IS NOT LIMITED BY WAR, TERRORISM, OR AVIATION CLAUSES NAVY MUTUAL'S INSURANCE IS NOT SUBJECT TO LIMITS ON COVERAGE BASED ON ACTIVE DUTY STATUS OR GEOGRAPHICAL LOCATION

Form 990, Part III, Line 4b: AS A FEDERALLY RECOGNIZED VETERANS SERVICE ORGANIZATION, NAVY MUTUAL PRESENTS EDUCATIONAL PROGRAMS TO MEMBERS OF THE UNIFORMED SERVICES AND THEIR FAMILIES IN ORDER TO ASSIST THEM IN UNDERSTANDING MILITARY SURVIVOR BENEFITS

Form 990, Part III, Line 4c: AS A FEDERALLY RECOGNIZED VETERANS SERVICE ORGANIZATION, NAVY MUTUAL PROVIDES BENEFICIARY ASSISTANCE AND COUNSELING TO ASSIST MEMBERS' SURVIVORS THROUGH THE DEATH PROCESS AND TO HELP SECURE THE FEDERAL BENEFITS TO WHICH THEY MAY BE ENTITLED.

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per week (list person is both an officer from related from the compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

MAJ GEN CARL JENSEN

DIRECTOR (TO APR '18)

CAPT CATHERINE MULE

DIRECTOR

DIRECTOR

CAPT NITA SOOD

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RADM JOHN LUECKE CHAIR	1 00	×		×				0	0	0
ERIC CANDELORI VICE CHAIR	1 00	х		x				0	0	0
BGEN PETER B COLLINS DIRECTOR	1 00	х						0	0	0
CAPT ANTHONY COOPER	1 00	х						0	0	0

ERIC CANDELORI		l x	x		l n	
VICE CHAIR		^	χ.			
BGEN PETER B COLLINS	1 00	l 🗸			0	
DIRECTOR		^			0	
CAPT ANTHONY COOPER	1 00	×				
DIRECTOR		_ ^			U	
CHRISTOPHER DEAN	1 00	v				
DIRECTOR		×			l 0	

1 00

1 00

1 00

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EN PETER B COLLINS	1 00	×			0	0	
ECTOR		^			3	3	
PT ANTHONY COOPER	1 00	×			0	0	
ECTOR		^			3	,	
RISTOPHER DEAN	1 00	,	Ī				
FCTOR		*			U	U	l

DOEN TETER D COLLINS		l x			l o	0	
DIRECTOR						Ü	
CAPT ANTHONY COOPER	1 00	_			0	0	
DIRECTOR		_ ^				3	
CHRISTOPHER DEAN	1 00	×			0	0	
DIRECTOR		^				3	
ADM IONATHAN GREENERT	1 00						

DIRECTOR							
CHRISTOPHER DEAN	1 00	_			0	0	0
DIRECTOR		^			0	O	
ADM JONATHAN GREENERT	1 00	x			0	0	0
DIRECTOR		^			<u> </u>	J	
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DIRECTOR							
ADM JONATHAN GREENERT	1 00				0	0	
DIRECTOR		``			Ĭ		
RADM CHRISTINE HUNTER	1 00	l 🗸			0	0	
DIRECTOR		^			١	U	

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

LT GEN GEORGE J TRAUTMAN III

.......

......

DIRECTOR

DIRECTOR

DIRECTOR

PRESIDENT

DAVID FRIDELL

BRIAN LUTHER

GEN MIKE WILLIAMS

VADM ANTHONY WINNS

RADM BRUCE ENGELHARDT

CHIEF OPERATING OFFICER

CHIEF STRATEGY OFFICER

CHIEF FINANCIAL OFFICER (TO APR '18)

STEPHEN PIETROPAOLI

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
VADM STAN SZEMBORSKI DIRECTOR	1 00	х						0	0	(
RADM CARI B THOMAS DIRECTOR	1 00	x						0	0	(
RDML FRANK THORP IV DIRECTOR	1 00	х						0	0	(

1 00

1 00

1 00

40 00

40 00

40 00

40 00

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738,424

336,818

250,724

228,792

95,199

100,944

34,263

10,037

0

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and Independent Contractors

(A)

Name and Title

(B)

Average hours per than one box, unless

(C)

(D)

Reportable Reportable compensation compensation amount of other

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	hours per week (list any hours	pers	on is	both	n an	inless office ustee)		compensation from the organization	compensation from related organizations	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SANGEETA JACOB SENIOR VP, OPERATIONS AND SOLUTIONS & TECHNOLOGY	40 00				×			326,583	0	97,488
LAUREN BLOOM GENERAL COUNSEL / VP, GOVERNMENT AFFAIRS	40 00				×			281,342	0	119,081
JAMIE MALTESE VP, INVESTMENTS	40 00				x			280,590	0	85,010
MIRANDA DEDJA VP, HR, FACILITIES & ADMINISTRATION	40 00				×			277,874	0	80,277
ADAM MULLINS VP, FINANCE & ACCOUNTING	40 00				×			271,876	0	83,671
ROBERT HOLT VP, SALES	40 00				×			251,653	0	69,983
RYAN HUTCHISON SALES REPRESENTATIVE	40 00					x		189,408	0	34,117
CHRISTOPHER KURDLE DIRECTOR, UNDERWRITING	40 00					x		180,363	0	100,224

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189,030

165,031

0

0

54,501

32,647

40 00

40 00

......

CHRISTINA MARINO

CRAIG CRESSMAN

DIRECTOR, CLAIMS & CUSTOMER SERVICE

DIRECTOR, EDUCATION & VETERAN SERVICES

and Independent Contractors (A) Name and Title

PROJECT MANAGEMENT OFFICE LEADER

RONALD CARTER

week (list any hours for related organizations below dotted line)
40 00

(B)

Average hours per

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Institutio

person is both an officer and a director/trustee) employee

Position (do not check more than one box, unless Х

Reportable compensation from the organization (W- 2/1099-MISC)

(D)

compensation from related organizations (W- 2/1099-175,230

(E)

Reportable

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

42,488

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

DLN: 93493317081249 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

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	<u> </u>	ov/Form990 for the latest information.	Inspection
la IA\	me of the organization /Y MUTUAL AID ASSOCIATION		Employer identification number
			53-0116720
ŀ	Organizations Maintaining Donor Advis Complete if the organization answered "Yes		r Accounts.
	Complete if the organization answered Tes	(a) Donor advised funds	(b)Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc		vised funds are the
	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
a	rt II Conservation Easements. Complete if the	e organization answered "Yes" on Form	ı 990, Part IV, lıne 7.
	Purpose(s) of conservation easements held by the organ	ization (check all that apply)	
	\square Preservation of land for public use (e g , recreation	or education)	historically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a deasement on the last day of the tax year	qualified conservation contribution in the form	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	: structure included in (a)	2c
d	Number of conservation easements included in (c) acquir structure listed in the National Register	red after 7/25/06, and not on a historic	2d
	Number of conservation easements modified, transferred tax year ▶	d, released, extinguished, or terminated by t	he organization during the
	Number of states where property subject to conservation	n easement is located >	
	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations,
	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing co	
	Amount of expenses incurred in monitoring, inspecting, l \$	nandling of violations, and enforcing conserv	ation easements during the year
	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the requirements of section 17	'0(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial states	
ali	Complete If the organization answered "Yes		er Similar Assets.
а	If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finance.	public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for publi following amounts relating to these items		
((i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	ii)Assets included in Form 990, Part X		▶ \$
`	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		icial gain, provide the

Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	t II	Organizations M	aintaining Col	lections of A	Art, Histo	rical T	reası	ıres, oı	Other	Similar A	ssets (continue	d)
3		ng the organization's acq ms (check all that apply)	juisition, accessioi	n, and other re	cords, checl	cany of	the fo	llowing t	hat are a	significant	use of it	s collecti	on
а		Public exhibition			d		Loan	or excha	ange prog	ırams			
b		Scholarly research			е		Othe	r					
С		Preservation for future	e generations										
4		ovide a description of the t XIII	organization's col	lections and ex	plain how t	hey furtl	her the	e organız	zation's ex	kempt purpo	ose in		
5		ring the year, did the org sets to be sold to raise fur								ular	□ Ye	es [] No
Pa	rt I\	Escrow and Cust Complete if the or X, line 21.			n Form 99	0, Part	IV, lı	ne 9, oi	r reporte	ed an amou			
1a		the organization an agent luded on Form 990, Part		an or other inte	ermediary fo	or contri	bution	s or othe	er assets	not	☐ Y	es 🗸	No
Ь	T£ '	'Yes," explain the arrange	amant in Bart VIII	and complete	the followin	a table		[lmount		
C		ginning balance	ement in Part XIII	and complete	the followin	y table			1c		amount		
d		ditions during the year						ŀ	1d				
e		stributions during the year	r					l	1e				
f		ding balance	'					l	1f				
		the organization include	F	000 B+ V	l 24 - 6-			ا - ا- ا- ا			[J] v] No
2a												es L	ı No
	rt V	Yes," explain the arrange Endowment Fund											
FC	ii C V	Endowment Fun	us. Complete ii	(a)Current ye		Prior yea				(d)Three ye		(e)Four	years back
1a	Begi	nning of year balance .		(=,====,=	(-)	, ,		(-)		(-)		(-):	,
b	Cont	ributions											
С	Net	ınvestment earnıngs, gaır	ns, and losses										
d	Gran	nts or scholarships											
е		er expenditures for faciliti programs	es										
f	Adm	inistrative expenses .											
g	End	of year balance											
2	Pro	vide the estimated perce	ntage of the curre	ent year end ba	lance (line	1g, colu	mn (a)) held a	s				
а	Воа	ard designated or quasi-e	endowment 🟲										
b	Per	manent endowment 🕨											
c	Ter	mporarily restricted endo	wment 🟲										
	The	e percentages on lines 2a	, 2b, and 2c shou	ld equal 100%									
3a	org	e there endowment funds janization by	•	sion of the org	anızatıon th	at are h	eld an	d admını	istered fo	r the	_		es No
	٠,	unrelated organizations										a(i) a(ii)	
	If ") related organizations . Yes" on 3a(ii), are the re	lated organization	•			. ?	•				3b	
4		scribe in Part XIII the inte			endowmen	t funds							
Pa	rt V	Land, Buildings, Complete if the or			n Form QQ	n Part	TV li	ne 11a	See Fo	-m 990 P=	art X III	ne 10	
	Des	cription of property	(a) Cost or oth	ner basıs (b) Cost or oth	•				depreciation		(d) Book	value
1 a	Lanc	1											
b	Build	dings											
c	Leas	ehold improvements											
d	Equi	pment				50,7	38,754			50,437,663			301,091
e	Othe	er											
Tota	ıl. Ac	ld lines 1a through 1e (Co	olumn (d) must e	gual Form 990.	Part X. col	umn (B)	, line :	10(c))		>			301.091

See Form 990, Part X, line 12.	(b) Poole value	Z=3 KA +11	and of valuation
(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
) Financial derivatives			
) Closely-held equity interests			
REAL ESTATE LIMITED PARTNERSHIP	12,579		F
PRIVATE PLACEMENT BONDS	795,039,382		F
) REAL ESTATE CONSOLIDATED CORP & PARTNERSHIP	43,744		F
)			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)	795,095,705		
rt VIII Investments—Program Related.			
Complete if the organization answered 'Yes' on F (a) Description of investment	orm 990, Part IV, lır (b) Book value		, Part X, line 13.
	(b) Book value		of-year market value
)			
)			
)			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
art IX Other Assets. Complete if the organization answered		t IV, line 11d See Form	
Other Assets. Complete if the organization answered (a) Description		t IV, line 11d See Form	
Other Assets. Complete if the organization answered (a) Description		t IV, line 11d See Form	990, Part X, line 15 (b) Book value
Other Assets. Complete if the organization answered (a) Description)		t IV, line 11d See Form	
Other Assets. Complete if the organization answered (a) Description		t IV, line 11d See Form	
Other Assets. Complete if the organization answered (a) Description		t IV, line 11d See Form	
Other Assets. Complete if the organization answered (a) Description)		t IV, line 11d See Form	
Other Assets. Complete if the organization answered (a) Description (b)		t IV, line 11d See Form	
Other Assets. Complete if the organization answered (a) Description (b)		t IV, line 11d See Form	
Other Assets. Complete if the organization answered (a) Description		t IV, line 11d See Form	
Other Assets. Complete if the organization answered (a) Description		t IV, line 11d See Form	
Other Assets. Complete if the organization answered (a) Description (b) (c) (d) (d) (e) (e) (e) (f) (f		t IV, line 11d See Form	
Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description			(b) Book value
Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g)	nswered 'Yes' on Foi		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description	nswered 'Yes' on Foi		(b) Book valu
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	nswered 'Yes' on For		(b) Book valu
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability Federal income taxes SERVE FOR LIFE CONTRACTS	nswered 'Yes' on For		(b) Book valu
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability Federal income taxes SERVE FOR LIFE CONTRACTS IBILITY FOR DEPOSIT-TYPE CONTRACTS	nswered 'Yes' on For		(b) Book valu
Tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability Federal income taxes SERVE FOR LIFE CONTRACTS ABILITY FOR DEPOSIT-TYPE CONTRACTS SET VALUATION RESERVE FEREST MAINTENANCE RESERVE	nswered 'Yes' on For		(b) Book valu
Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description (g) Description (g) Description of liability (g) Description of liability (g) Description of liability (g) Description of Depositation (g) Description (g) Desc	nswered 'Yes' on For		(b) Book valu
Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description (g) Description (g) Description (g) Description of liability (g) Federal income taxes SERVE FOR LIFE CONTRACTS ABILITY FOR DEPOSIT-TYPE CONTRACTS SET VALUATION RESERVE TEREST MAINTENANCE RESERVE IPLOYEE BENEFITS	nswered 'Yes' on For		(b) Book valu
Other Assets. Complete if the organization answered (a) Description Description Description Other Liabilities and Description Part X Other Liabilities and Description of liability	nswered 'Yes' on For		(b) Book valu
Other Assets. Complete if the organization answered (a) Description Description Description Other Liabilities and Description Part X Other Liabilities and Description of liability	nswered 'Yes' on For		(b) Book valu
Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (h) Description (h) Description (h) Description of liability (h) Descri	nswered 'Yes' on For		(b) Book value
Other Assets. Complete if the organization answered (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g)	nswered 'Yes' on Foi		(b) Book valu

Part XI

2

b

3

3

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

1

2e

3

4c

5

3,720,134

812,168

-5,319,786

Page 4

244,308,430

4,532,302

248.840.732

Schedule D (Form 990) 2018

d Add lines 2a through 2d е

Add lines 2a through 2d .

Return Reference

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

2b Subtract line **2e** from line **1**

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c 2d

2a

4a

4b

Explanation

1 4- 1

e	-5,319,786
3	246,509,897
c	3,720,134
5	250.230.031

а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				3,720,134		
b	Other (Describe in Part XIII)	4b						
c	Add lines 4a and 4b						4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)						5	
Par	XII Reconciliation of Expenses per Audited Financial Statem				pen	ses per R	eturi	٦.
	Complete if the organization answered 'Yes' on Form 990, Part	: IV, lı	ne 1.	2a.				
1	Total expenses and losses per audited financial statements				•		1	
2	Amounts included on line 1 but not on Form 990. Part IX, line 25							

	Complete if the organization answered 'Yes' on Form 990, Part	IV, lı	ne 1.	2a.				
1	Total expenses and losses per audited financial statements				•	1	244,308,4	30
2	2 Amounts included on line 1 but not on Form 990, Part IX, line 25							_
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII)	2d						

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

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: **Software Version:**

> **EIN:** 53-0116720 Name: NAVY MUTUAL AID ASSOCIATION

Supplemental Information

PART IV, LINE 2B

Return Reference

NMAA HOLDS AMOUNTS IN ESCROW FOR MEDICAL AND DEPENDENT CARE

Explanation

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B - OTHER ADJUSTMENTS	DIVIDENDS TO POLICY HOLDERS 812,168						

efile GRAPHIC prin	t - DO NOT F	PROCESS	As Filed Data	a - DLN: 93493317					
SCHEDULE F (Form 990)	State	ement of	Activities (Outside the Un	;	OMB No 1545-0047			
(► Compl	ete if the organi		Yes" to Form 990, Part IV, I	ıne 14b, 15, or 16.		2018		
		Go to www irs		to Form 990. nstructions and the latest ii	nformation		Open to Public		
Department of the Treasury Internal Revenue Service	·		901,101,111,100 101 1	instructions and the fatest in			Inspection		
Name of the organization					Emplo	yer iden	tification number		
NAVY MUTUAL AID ASSO	CIATION				53-011	6720			
Part I General I	Information	on Activities	: Outside the I	Jnited States. Comple			nswered "Yes" to		
	Part IV, line		outside the t	ompie	ice ii eiie organii	zacion ai	15176164 165 16		
1 For grantmaker	s. Does the or	ganızatıon ma	intain records to	substantiate the amount	t of its grants and	d			
other assistance,	the grantees'	eligibility for th	ne grants or assis	stance, and the selection	criteria used				
to award the grar	nts or assistanc	ce?					☐ Yes ☐ No		
2 For grantmaker outside the United		Part V the org	anızatıon's proce	dures for monitoring the	use of its grants	and oth	er assistance		
3 Activites per Regio	n (The followin	ng Part I, line 3	table can be dupli	cated if additional space is	needed)				
(a) Region	(a) Region (b) Number of		(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	region (by type) (e g , fundraising, program vices, investments, grants precipients located in the				
(1) See Add'l Data									
(2)									
(3)									
(4)									
(5)									
3a Sub-total b Total from continua Part I	tion sheets to		0 0				333,892,000 0		
c Totals (add lines 3) For Paperwork Reduction		the Instruction	0 0 os for Form 980	C3+	No 50082W	Schodul	333,892,000 e F (Form 990) 2018		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2018

(4) (5) (6)

(7) (8) (9) (10) (11)

(12) (13) (14) (15) (16)

(17) (18) Page 3

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (h) Method of

(a) Type of grant of assistance	(b) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)							

	recipients	cash grant	aispursement	assistance	assistance	valuation (book, FMV, appraisal, other)
(1)						

(2) (3)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
	Instructions for Forms 3320 and 3320-A, don't life with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Colporations (see Instructions for Form 54/1)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(See Institution 16) 16) 16) 16)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	✓ Yes	□No

scneaule Fi	(Form 990) 2018	Page
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method expenditures per region); Part II, line 1 (accounting method); Part III (accounting mn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2018

Additional Data

EAST ASIA AND THE PACIFIC

Software ID: Software Version:

EIN: 53-0116720

Name: NAVY MUTUAL AID ASSOCIATION

35,589,000

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		42,914,000

0 INVESTMENTS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) **EUROPE** 0 INVESTMENTS 121,351,000 MIDDLE EAST AND NORTH 0 INVESTMENTS 29,059,000 AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 INVESTMENTS 96,900,000 NORTH AMERICA SOUTH AMERICA 0 INVESTMENTS 3,124,000

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) SOUTH ASIA 0 INVESTMENTS 4.955.000

efil	e GRAPHIC pr	rint - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	19331	17081	249		
Sch	nedule J	Con	npensati	ion Information	40	1B No	1545-0	0047		
(Form 990)		For certain Officers,								
		► Complete if the organ	Compensa ization answ	ited Employees ered "Yes" on Form 990, Part IV,	, line 23.	2018				
► Attach to Form 990.										
•	tment of the Treasurv al Revenue Service	Go to www.ns.gov/	101111990	mstructions and the latest mion		Insp	to Pul ectio	n		
	me of the organizary MUTUAL AID ASSO				Employer identificat	ion nu	ımber			
	T TIOTORE RED RES	och (10)			53-0116720					
Pa	rt I Questi	ons Regarding Compensatio	n							
							Yes	No		
1a				the following to or for a person liste y relevant information regarding thes						
		s or charter travel		Housing allowance or residence for	•					
	_	companions		Payments for business use of persoi						
		nification and gross-up payments nary spending account		Health or social club dues or initiation. Personal services (e.g., maid, chauf						
	LI Discretion	lary spending account	Ш	reisonal services (e.g., maid, chaul	reur, cher)					
b		xes in line 1a are checked, did the all of the above		ollow a written policy regarding paym plete Part III to explain	nent or reimbursement	1b	Yes			
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1-2	2	Yes			
	directors, truste	es, officers, including the CEO/Exe	cutive Director	r, regarding the items checked in line	: Ia'					
3		if any, of the following the filing org EO/Executive Director Check all th		d to establish the compensation of th	ne					
	_	•		CEO/Executive Director, but explain i	n Part III					
	✓ Compensa	ation committee	✓	Written employment contract						
		ent commensation consultant	✓	Compensation survey or study						
		of other organizations	<u></u>	Approval by the board or compensa	tion committee					
4), Part VII, Sec	ction A, line 1a, with respect to the fi	ling organization or a					
	related organiza					_				
a b		ance payment or change-of-control r receive payment from, a supplem		ified retirement plan?		4a 4b		No_ No		
C	•	r receive payment from, a supplem r receive payment from, an equity-	•	·		4c		No		
·	•			olicable amounts for each item in Part	: III					
5), 501(c)(4), and 501(c)(29) or ed on Form 990, Part VII, Section A	-	•						
5		ontingent on the revenues of		the organization pay or accrue any						
а	The organization	n?				5a				
b	Any related orga					5b				
	If "Yes," on line	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	, line 1a, did t	the organization pay or accrue any						
а	The organization	n?				6 a				
b	Any related orga					6b				
	If "Yes," on line	6a or 6b, describe in Part III								
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 67 If "Yes,"		the organization provide any nonfixed rt III	d	7				
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8				
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow t	he rebuttable	presumption procedure described in	Regulations section	9				
For F	Panerwork Redu	iction Act Notice, see the Instru	ctions for Fo	orm 990. Cat No 5	0053T Schedule J	(Forn	1 990)	2018		

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 (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns Compensation in compensation deferred (B)(ı)-(D) column (B) (i) Base (ii) (iii) Other compensation reported as reportable compensation Bonus & incentive deferred on prior compensation compensation Form 990 See Additional Data Table

			Schedule J (Fo	orm 990) 2018

Page 3									
Part III Supplemental Inform	Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Return Reference	Explanation								
PART I, LINE 1A	SOCIAL CLUB DUES WERE PROVIDED TO THE PRESIDENT OF NAVY MUTUAL AID ASSOCIATION THE ENTIRE COST OF \$1,560 WAS TREATED AS TAXABLE INCOME								

Schedule 1 (Form 990) 2018

TO THE RECIPIENT

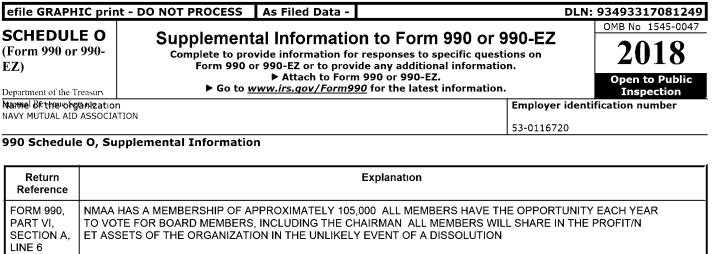
2018 Schedule 1

Software ID:

Software Version:

EIN: 53-0116720

Name: NAVY MUTUAL AID ASSOCIATION Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (ii) (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation RADM BRUCE ENGELHARDT (1) 405,365 320,000 13,059 60,214 34,985 833,623 PRESIDENT STEPHEN PIETROPAOLI 265,038 70,500 1,280 82,749 18,195 437,762 CHIEF OPERATING OFFICER DAVID FRIDELL 93,141 157,500 83 25,269 8,994 284,987 CHIEF FINANCIAL OFFICER (TO APR '18) BRIAN LUTHER 212,838 500 15,454 6,664 3,373 238,829 CHIEF STRATEGY OFFICER SANGEETA JACOB (1)239,621 86,500 462 55,353 42.135 424,071 SENIOR VP, OPERATIONS AND SOLUTIONS LAUREN BLOOM (i)279,925 89,131 1,417 29,950 400,423 GENERAL COUNSEL / VP, GOVERNMENT AFF JAMIE MALTESE (i)201,896 78,500 194 43,233 41,777 365,600 VP, INVESTMENTS MIRANDA DEDJA 197,912 (1)78,500 1,462 63,915 16,362 358,151 VP, HR, FACILITIES & **ADMINISTRATION** ADAM MULLINS 193,189 (1)78,500 187 51,901 31,770 355,547 VP, FINANCE & ACCOUNTING ROBERT HOLT 181,491 (1)70,000 162 52,279 17,704 321,636 VP, SALES RYAN HUTCHISON 88,002 151 16,377 101,255 17,740 223,525 SALES REPRESENTATIVE CHRISTOPHER KURDLE 144,933 35,000 430 59,402 40,822 280,587 DIRECTOR, UNDERWRITING CHRISTINA MARINO 153,616 35,000 414 38,585 15,916 243,531 DIRECTOR, CLAIMS & CUSTOMER SERVICE CRAIG CRESSMAN 144,617 20,000 414 28,969 3,678 197,678 DIRECTOR, EDUCATION & VETERAN SERVIC (11) RONALD CARTER 135,616 175 39,439 30,665 11,823 217,718 PROJECT MANAGEMENT OFFICE LEADER



Return Explanation
Reference

FORM 990,	NAVY MUTUAL HOLDS ANNUAL ELECTIONS IN WHICH ITS MEMBERS VOTE TO FILL OPEN BOARD POSITIONS
PART VI,	BOARD TERMS ARE EACH THREE YEARS, AND BOARD MEMBERS CAN SERVE FOR A MAXIMUM OF THREE CONS
SECTION A,	ECUTIVE TERMS
LINE 7A	

Return Explanation
Reference

LINE 11B

FORM 990, A DRAFT OF NAVY MUTUAL'S FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW P
PART VI,
RIOR TO FILING WITH THE IRS QUESTIONS ARE ANSWERED ON A TIMELY BASIS
SECTION B.

990 Schedule O, Supplemental Information

Return Explanation

FORM 990,	MEMBERS OF NAVY MUTUAL'S BOARD OF DIRECTORS ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST IN
PART VI,	WRITING OUR LEGAL DEPARTMENT REVIEWS THE DISCLOSURE STATEMENTS TO ENSURE COMPLIANCE WE
SECTION B,	POST OUR CODE OF ETHICS ON OUR INTRANET HOMEPAGE BREACHING THE CODE OF ETHICS OR CONFLICT
LINE 12C	OF INTEREST POLICY IS GROUNDS FOR DISCIPLINE. UP TO AND INCLUDING TERMINATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	MEMBERS OF NAVY MUTUAL'S BOARD CONSTITUTE OUR COMPENSATION COMMITTEE THIS COMMITTEE MEETS 2 TIMES/YEAR TO DISCUSS AND ANALYZE THE PRESIDENT'S AND STAFFS' SALARY AND BONUS FOR THE FOLLOWING YEAR THE COMMITTEE USES SEVERAL BENCHMARKS IN ITS DISCUSSION/ANALYSIS, INCLUDIN G AN INDEPENDENT NOT-FOR-PROFIT SALARY STUDY, AN INSURANCE COMPANY SALARY STUDY AND A LOCA L AREA SALARY STUDY THE COMMITTEE ALSO UTILIZES AN OUTSIDE COMPENSATION CONSULTANT TO VER IFY COMPENSATION BY GRADE AND BY JOB DESCRIPTION FOR ALL EMPLOYEES, INCLUDING THE PRESIDEN T THIS COMPARABILITY STUDY IS CONDUCTED EVERY 3 YEARS FOR EMPLOYEES AND EVERY YEAR FOR THE PRESIDENT THE RESULTS OF THE COMMITTEE'S ANALYSIS ARE PRESENTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL PRIOR TO IMPLEMENTATION THE PRESIDENT'S COMPENSATION WAS LAST REVIEW ED IN DECEMBER 2018

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

FORM 990, PART XI, GE IN ADDITIONAL MINIMUM LIABILITY FOR POSTRETIREMENT BENEFITS -608,543
LINE 9