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# SCANNED JUL 2 6 2010

Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

A F	or the	2008 calendar year, or tax year beginning SEP 1, 2008 and ending	AUG 31, 200	9
<b>B</b> c	Check if pplicable	Please use IRS	D Employer identi	fication number
	Addres	label or print or NAVAL ENLISTED RESERVE ASSOCIATION, INC	<u>.                                    </u>	
	Name change	by type Doing Business As	23-	7238557
	initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/si		
	Termir	Instruction   6 / U 3 FARRAGUT AVENUE	703	-534-1329
<u> </u>	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	323,255.
	Applic tion pendir	FADIS CHOKCH, VA 22042-2105	H(a) Is this a group	
		F Name and address of pnncipal officer: STEPHEN R. SANDY	for affiliates?	Yes X No
$\overline{}$	Tay ay	same as C above empt status: X 501(c) (19 ) ◀ (insert no.) 4947(a)(1) or 527	H(b) Are all affiliates i	ncluded? Yes Mo a list. (see instructions)
		te: > www.nera.org	H(c) Group exempt	
				M State of legal domicile; VA
	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities: TO PROVI	DE INFORMATI	ON & SUPPORT
Governance		SERVICES TO US MILITARY, VETERANS, CADETS, A	ND THEIR FAM	ILIES.
erns	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of its asso	ets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		
প্	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
ies	1	Total number of employees (Part V, line 2a)	5	4.0
Activities &	1	Total number of volunteers (estimate if necessary)	<u>.</u> <u></u>	
Aci	1	Total gross unrelated business revenue from Part VIII, line 12, column (C)		<del></del>
	b	Net unrelated business taxable income from Form 990-T, line 34		<del>-   </del>
		Contributions and grants (Part VIII, line 1h)	Prior Year 27,460	. Current Year . 28,321.
Revenue		Program service revenue (Part VIII, line 2g)	60,995	
š	L	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,626	
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,413	
	1	Total revenue - add_lines-8 through 11 (must_equal Part VIII, column (A), line 12)	141,494	
		Grants and similar amounts part (A) (Datum (A), Ines 1-3)	31,977	
		Benefits paid to or for nembers (Part IX, column (A) une 4)		
ģ	l	Salanes, other compensation, அராற்று தூர்விர்க் (Part IX, column (A), lines 5-10)	. 104,299.	
Expenses	16a	Professional fundral snag fees (Part IX, column (A), liber 1e)		
χbe	b	Total fundraising expenses (Part IX, column (D), line 25)		
Û	17	Other expenses (Part IX, (a) (m) (A) (m) (d) (11/241)	119,790	
	18	Total expenses. Add fines 13-17 (must equal Part IX, column (A), line 25)	237,448	
		Revenue less expenses. Subtract line 18 from line 12	-95,954	<u>-211,810.</u>
Net Assets or			Beginning of Year	End of Year
Sset	20	Total assets (Part X, line 16)	484,554	
et	21	Total liabilities (Part X, line 26)	2,952	
_	22 art II	Net assets or fund balances. Subtract line 21 from line 20	481,602	. 280,942.
<u> </u>	ai ( 11	Under penalties of persury I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my knowl	edge and belief, it is true, correct,
		and complete Declaration of preparer (other than offeer) is based on all information of which preparer has any knowle	edge	1
Sig	<b>n</b>	toll PX	1.5/19	3/10
He		Signature of officer	Date	/
110		STEPHEN R. SANDY, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Preparer's Date		parer's identifying number instructions)
Paid		signature 75 6 5/13/10		P00574306
	parer's	Firm's name (or MARTIN, DOLAN & HOLTON, LTD.	EIN ►	
use	Only	self-employed), 4435 WATERFRONT DRIVE, SUITE 200		
		ZIP+4 GLEN ALLEN, VA 23060	Phone no. ▶	<u>(804)346-9595</u>
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)	<del> </del>	X Yes No
8320	001 12-	18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form <b>990</b> (2008) &

	990 (2008) NAVAL ENLISTED RESERVE ASSOCIATION, INC. 23-7238557 Page 2 t III Statement of Program Service Accomplishments (see instructions)
1	Buefly describe the organization's mission:  TO PROVIDE INFORMATION AND SUPPORT SERVICES TO US NAVAL, US MARINE  CORPS AND US COAST GUARD RESERVISTS, VETERANS, CADETS, AND THEIR  FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes", describe these changes on Schedule O.
4	Describe these changes on schedule of.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PUBLICATION OF A QUARTERLY MAGAZINE "THE MARINER" WHICH IS MAILED TO EACH OF THE ASSOCIATION'S MEMBERS. THE PUBLICATION REPORTS ON NATIONAL EVENTS AND TRENDS THAT AFFECT SEA SERVICE RESERVISTS AND THEIR FAMILIES.
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PROVIDE CAREER COUNSELING, MENTORING, AND ASSISTANCE WITH RESERVIST BENEFIT ISSUES. SERVICE IS PROVIDED THROUGH PROFESSIONAL DEVELOPMENT SESSIONS AT REGIONAL AND NATIONAL CONFERENCES, THROUGH ONLINE DISCUSSIONS AND DATABASES, AND BY COOPERATIVE EFFORTS WITH OTHER
	RESERVIST ORGANIZATIONS.
4c	(Code: )(Expenses \$ including grants of \$ )(Revenue \$ )  ANNUAL COLLEGE SCHOLARSHIP PROGRAM TO PROMOTE SERVICE IN THE U.S.  RESERVES. SCHOLARSHIPS ARE AWARDED TO MEMBERS AND THEIR FAMILY BASED  UPON AN APPLICATION AND ESSAY. IN THE CURRENT FISCAL YEAR \$15,500 WAS  PAID TO 6 SCHOLARSHIP RECIPIENTS (5 SCHOLARSHIPS OF \$2,500 AND 1  SCHOLARSHIPS OF \$3,000).
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$ (Must equal Part IX, Line 25, column (B).)
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832002 12-18-08

### Form 990 (2008) Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	_	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
3	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
U	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		$\mathbf{x}_{-}$
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
•	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
-	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		_X_
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			}
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X_
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.		1	
	If "No", go to question 25	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	}		
	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_	<del>                                     </del>	
b	•		1	
	pnor year? If "Yes," complete Schedule L, Part I	25b	<del> </del>	+ -
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			_ v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<del>                                     </del>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			x
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 Form	gan	(2008)
		CULLIN	220	/111JC1

Checklist of Required Schedules (continued) Ye<u>s</u> No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 28 a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV X 28a b Have a family member who had a direct or indirect business relationship with the organization? X If "Yes," complete Schedule L, Part IV 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional X corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ... . . . 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X ...... 32 Schedule N. Part II .. ... Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 <u>34</u> Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

			7	
10	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
ıa	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	•		
	Financial Accounts.	_		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	Ea		
60	Tax Shelter Transaction?	<u>5с</u> 6а		<u>x</u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua_		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	_	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> X</u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<u>7h</u>		<u> </u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)		1	
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	_		
_	excess business holdings at any time during the year?	_8_		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	•		
a	Did the organization make any taxable distributions under section 4966?	9a_	-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
ь 11	Section 501(c)(12) organizations. Enter: N/A			
'' a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
		Form	990	2008)

Form 990 (2008)

NAVAL ENLISTED RESERVE ASSOCIATION, INC. 23-7238557

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code )

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent . 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u> _
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u> _
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		:	
	and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		'	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		<u> </u>
<u> </u>	tion B. Policies		.,	
		4.5	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b		401		
	to conflicts?	12b	-	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
40	In Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13 14		X
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
_	The organization's CEO, Executive Director, or top management official?	150		<u>x</u>
a	Other officers or key employees of the organization?	15a 15b		X
D	Describe the process in Schedule O. (see instructions)	130		
16=	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
-	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion.	·	
	THE ORGANIZATION - 703-534-1329			
83200	THE ORGANIZATION - 703-534-1329 6703 FARRAGUT AVENUE, FALLS CHURCH, VA 22042-2189			(2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			_ (0				(D)	(E)	(F) Estimated amount of	
Name and Title	Average hours	10		Posi		арр	kΛ	Reportable compensation	Reportable compensation		
	per	<u> </u>	T	l an	liiat	ДРР	, y,	from	from related	other	
	week	directo		}		Į,		the	organizations	compensation	
		tee or	ste			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
		at fus	a d		oloyee	E CO		(172) 1033 111100)		and related	
		Individual trustee or director	Institutional trustee	Officer	Key em	Highest compensated employee	Former			organizations	
NICK B. MARINE					$\vdash$						
VICE PRESIDENT/EDITOR	30.00	X		X				0.	0.	0.	
MICHAEL HAYES				1							
SECRETARY	5.00	X	<u> </u>	X	<u> </u>	_		0.	0.	0.	
PAUL SMURAWSKI									_	_	
TREASURER	15.00	X	<u> </u>	X			_	0.	0.	0.	
EUGENE MCCARTHY										•	
NATIONAL COUNSELOR	20.00	X	├	-	<u> </u>	$\vdash$		0.	0.	0.	
JOANNE M. ELLIOTT	20 00	7.5		7.				0.	0.	0.	
PRESIDENT	30.00	^	$\vdash$	X		-		<u> </u>		<u> </u>	
MICHAEL P. HUGHES DEPUTY EXECUTIVE DIRECTO	5.00			x				0.	0.	0.	
PENNY I. PADOUR	5.00	<del>                                     </del>		┢	-			0.	<u> </u>		
PAST PRESIDENT	2.00		i	X				0.	0.	0.	
STEPHEN R. SANDY	2.00		$\vdash$			1		,			
EXECUTIVE DIRECTOR	40.00			X				50,000.	0.	0.	
			<u> </u>	L		↓					
		1			1						
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		<del> </del> —	╁	-	├	╁	├				
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				1		1					

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Par	t VII Section A. Officers, Directors, Tru										<u> </u>	<del>, , , _</del>	1 age C
	. (A) Name and title	(B) Average hours			(C Posi	C) tion			(D) Reportable compensation	(E) Reportable compensation		(F Estim amou	ated
		per week	wal trustee or direct		Officer	Key employee	Highest compensated employee Former		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other compensation from the organization and related organizations	
				]									<del></del>
								-					
												_	
			_	-			ļ						<del></del>
				-	_	_					-	<u></u>	<del></del>
			$\vdash$	-	_							_	<u></u>
46	Total		<u></u>			L	_		50,000		0.	-	0.
2	Total	e in 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,			0		
	compensation from the organization	· .		•	•						<u> </u>	Y	0 es No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y en	nplo	yee,	or I	nighest compensated e	mployee on		3	x_
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes	, ° cc	ompl	ete	Sch	edul	e J	for such individual			4	x
5	Did any person listed on line 1a receive or the organization? If "Yes," complete School				from	an	y uni	elat	ed organization for ser	vices rendered to		5	x
Sec	tion B. Independent Contractors	idie o foi sacii	pers	3011									
1	Complete this table for your five highest countered the organization NONE	ompensated in	dep	ende	ent d	ont	racto	ors 1	that received more thai	1 \$100,000 of comp	oens	ation froi	n
	(A) Name and business	address		_					(B) Description of	services	С	(C) ompens	ation
													<del></del>
2	Total number of independent contractors (	_	e in	1) w	ho r	есе	ıved	mo	re than \$100,000 in coi	npensation			<del>_</del>
	from the organization	0								L		Form <b>9</b> 9	0 (2008)

$\overline{}$		(2008) NAVAL ENLISTE	) RESERVE	ASSOCIAT	ION, INC.	23-7238	557 Page <b>9</b>
Ра	rt VI	II Statement of Revenue					
	٠			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns 1a				·	
	k	Membership dues 1b					
ts, e	c	Fundraising events . 1c	2,100.				
ig ja	•	Related organizations 1d					
Sig.	•	Government grants (contributions) 1e					
er is	f	, ,					
급됨		<del></del>	26,221.				
듯핉	_	Noncash contributions included in lines 1a-1f \$		28,321.			
<del>"</del>	<u>r</u>	Total. Add lines 1a-1f	Business Code	20,341.			
	2.	MEMBERSHIP DUES	900099	48,117.	48,117.		
Š		CONFERENCE INCOME	900099	8,482.	8,482.		
Sel			700055	0/1021	- 0,1000		
Program Service Revenue							
Par.	•						
ሬ	1	All other program service revenue				. =	
		Total. Add lines 2a-2f	<u> </u>	56,599.			
	3	Investment income (including dividends, interes					
		other similar amounts)		17,737.			<u>17,737.</u>
	4	Income from investment of tax-exempt bond pro	oceeds 🕨 📙	0.006			0.006
	5	Royalties	42.5	8,026.	-		8,026.
	_	(i) Real	(ii) Personal				
		Gross Rents Less: rental expenses				ŀ	
	t	Rental income or (loss)				,	
		Net rental income or (loss)	<b>—</b>			•	
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 168,947.	(4, - 3,				
İ	ŧ	Less: cost or other basis					
		and sales expenses 232,018.					
	•	Gain or (loss)63,071.				į	
	•	Net gain or (loss)	. •	-63,071.			<u>-63,071.</u>
9	8 8	Gross income from fundraising events (not					
le l		including \$ of					
Other Revenue		contributions reported on line 1c). See					
ĕ		Part IV, line 18 a	170				
ਰ∣		Less: direct expenses b ∟     Net income or (loss) from fundraising events	172.	-172.	-172.		
		Gross income from gaming activities. See		-1/2.	-1/2•		
ĺ	3 6	Part IV, line 19 a	29,700.	-		l	
		Less: direct expenses b	22,375.				
		Net income or (loss) from gaming activities	<b>&gt;</b>	7,325.	7,325.		
		Gross sales of inventory, less returns					
		and allowances a					
	ı	Less: cost of goods sold b					
ļ		Net income or (loss) from sales of inventory	<b>b</b>				
			Business Code				
		ADVERTISING INCOME	541800	13,925.		13,925.	
	ı						
-	(			-			<del></del>
		I All other revenue	<b>—</b>	13,925.		-	
	12	• Total. Add lines 11a-11d  Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c	: -	68,690.	63,752.	13.925	-37,308.
83200 02-02		11 24, 0, 7, 0, 00, 10, 00, 00, 100	,				Form <b>990</b> (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B). (C). and (D).

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 G	rants and other assistance to governments and				
or	ganizations in the U.S. See Part IV, line 21	3,892.			
2 G	rants and other assistance to individuals in				
th	ne U.S. See Part IV, line 22	15,500.			
3 G	rants and other assistance to governments,				
O	rganizations, and individuals outside the U.S.				
	ee Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees	50,000.			
	ompensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	ther salanes and wages	46,175.			
	ension plan contributions (include section 401(k)				-
	nd section 403(b) employer contributions)				
	other employee benefits	·			
	ayroll taxes	8,124.			
	ees for services (non-employees):	-,			
	lanagement				
	egal				
	ccounting	3,025.			
	abbuna	<u> </u>			
	rofessional fundraising services. See Part IV, line 17				
	evestment management fees		<del></del>		
	other	660.			
•	dvertising and promotion	3,507.			
	office expenses	10,913.			···
	nformation technology	12,543.			
		12,545.			
	,	8,527.			
	i	5,619.			
-	ravel	J,019.			
	ayments of travel or entertainment expenses or any federal, state, or local public officials				
	conferences, conventions, and meetings	15,309.		<del>                                     </del>	
		10,000.		<del>                                     </del>	
	nterest				
_	exyments to affiliates	4,217.			
-		2,952.			
	nsurance there expenses not covered	4,334.			
al	bove. (Expenses grouped together and labeled				
m	niscellàneous may not exceed 5% of total expenses shown on line 25 below.)				
	PUBLICATION COSTS	64,544.		<del> </del>	
_	MEMBERSHIP CARDS PRINTI	10,485.		<del>                                     </del>	
	ISCELLANEOUS EXPENSES	9,766.		<del> </del>	
_	CREDIT CARD PROCESSING	3,766.		<del> </del>	
_		1,669.	<u> </u>		
_	WARDS & PINS	1,009.			<del></del>
	Il other expenses Add lines 1 through 245	200 500			
	otal functional expenses Add lines 1 through 24f	280,500.			
	oint Costs. Check here Lif following				
	OP 98-2. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation .				Form <b>990</b> (2

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Form **990** (2008)

Par	tΧ	Balance Sheet									
					(A) Beginning of year		( <b>B</b> End of	year			
	1	Cash - non-interest-bearing			12,961.	1		6,8	79.		
	2	Savings and temporary cash investments			5,147.	2	3	8,6	47.		
	3	Pledges and grants receivable, net				3					
	4					4					
1	5	Receivables from current and former officers, dire	ectors,	trustees, key							
		employees, or other related parties. Complete Pa	rt II of	Schedule L		5					
	6	Receivables from other disqualified persons (as d	defined	under section							
		4958(f)(1)) and persons described in section 4958	B(c)(3)(	B). Complete							
		Part II of Schedule L				6					
ध	7	Notes and loans receivable, net				7			_		
Assets	8	Inventories for sale or use				8					
₹	9	Prepaid expenses and deferred charges			4,695.	9		<u>1,1</u>	20.		
	10a	Land, buildings, and equipment: cost basis	10a	151,565.							
	b	Less: accumulated depreciation. Complete									
		Part VI of Schedule D	10b	113,889.	41,893.				<u>76.</u>		
	11	Investments - publicly traded securities			419,858.	11	20	<u>6,3</u>	<u> 18.</u>		
	12	Investments - other securities. See Part IV, line 11	1			12					
	13	Investments - program-related. See Part IV, line 1	1 .			13					
	14	Intangible assets				14					
	15	Other assets. See Part IV, line 11				15					
	16	Total assets. Add lines 1 through 15 (must equal	l line 3	4)	484,554.	16	29	0,6	<u>40.</u>		
	17	Accounts payable and accrued expenses				17					
	18	Grants payable			18_						
	19	Deferred revenue				19					
Liabilities	20					20					
	21	Escrow account liability. Complete Part IV of School	edule l	D		21					
	22	Payables to current and former officers, directors							•		
		highest compensated employees, and disqualifie of Schedule L		22							
	23	Secured mortgages and notes payable to unrelat	ted thir	d parties		23					
	24	Unsecured notes and loans payable				24					
	25	Other liabilities. Complete Part X of Schedule D	••		2,952.			9,698.			
	26	Total liabilities. Add lines 17 through 25			2,952.	26		<u>9,6</u>	<u>98.</u>		
		Organizations that follow SFAS 117, check her	re 🕨	and complete							
es		lines 27 through 29, and lines 33 and 34.									
anc	27	Unrestricted net assets		-		27	-				
Bal	28	Temporanly restricted net assets				28					
힏	29	Permanently restricted net assets				29					
교		Organizations that do not follow SFAS 117, ch	eck he	ere 🕨 💹 and							
ō		complete lines 30 through 34.		1		ŀ			_		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			0.				<u> 0.</u>		
As	31	Paid-in or capital surplus, or land, building, or equ			0.	31			0.		
det	32	Retained earnings, endowment, accumulated inc	ome, c	or other funds	481,602.	32			42.		
_	33	Total net assets or fund balances			481,602.	33			42.		
Da	34_	Total liabilities and net assets/fund balances		<u> </u>	484,554.	34		0,0	40.		
Pai	rt XI	Financial Statements and Reporting						Yes	No		
			ਦੀ ∧-		Other		F	1.00			
1		ounting method used to prepare the Form 990:			Other		0-		х		
		the organization's financial statements compiled to		•	countant?		2a	<del>  -</del>	X		
b		the organization's financial statements audited by	•	•			. <u>2b</u>	<del>                                     </del>	┢┸		
С		es" to lines 2a or 2b, does the organization have a				e auon	t,   2c		1		
ο-	review, or compilation of its financial statements and selection of an independent accountant?  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								_		
3a		resuit of a federal award, was the organization req and OMB Circular A-133?	յսու <b>ե</b> ն ն	o unuergo arraudit di addi	re de ser iorni ili nie elif	jio Aut	3a		х		
		es," did the organization undergo the required aud	it or a	 			3b		<del></del>		
	1 12-18	<del></del>	Vi al	.c	· · · · · · · · · · · · · · · · · · ·			990	(2008)		

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection

Employer identification number

	NAVAL ENLISTED RES	ERVE ASSOCIATION, INC	. 23-7238557
Par		ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible priv	rate benefit? Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cons	ervation easement on the last day
	of the tax year.		
			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 str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the taxable
	year ▶	_	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, violations, an	
	enforcement of the conservation easements it holds?		L Yes L No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	_	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	ne organization's accounting for
Pai	conservation easements. t III   Organizations Maintaining Collections o	of Art. Historical Treasures, or Of	her Similar Assets.
1 (4)	Complete if the organization answered "Yes" to Form		
12	If the organization elected, as permitted under SFAS 116, no	of to report in its revenue statement and ba	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	the footnote to its financial statements that describes these		,
b	If the organization elected, as permitted under SFAS 116, to		ce sheet works of art, historical treasures,
_	or other similar assets held for public exhibition, education, of	-	
	these items:	•	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
			<b>▶</b> \$
2	If the organization received or held works of art, historical tre	· · · · · · · · · · · · · · · · · · ·	gain, provide
_	the following amounts required to be reported under SFAS 1	·	-
а	Devenius and used in Form 000. Float VIII. Inc. 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		• \$
		<u></u>	
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.	Schedule D (Form 990) 2008

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	dule D (Form 990) 2008 NAVAL EN	ILISTED RE								
	Using the organization's accession and other									
	that apply):	records, ericon uri,	01 1110 11	onowing tha	t uro a orginire	ant doo			<b></b>	
а	Public exhibition	d		oan or exc	hange prograi	ms				
b	Scholarly research	e			nango progra					
	Preservation for future generations	•	٠ ـــا ٬	Julie1						
C	_	llaations and avalsi	n haw th	a. futbar t	ha araaa;zatia	n'n avan	nt numana in E	Part VIV		
4	Provide a description of the organization's co							ait Aiv.		
5	During the year, did the organization solicit or					rsimilar	assets [		<b>— "</b>	
Dav	to be sold to raise funds rather than to be ma							Yes	No_	
Par	t IV Trust, Escrow and Custodial	_	- Compi	ete it organi	zation answei	rea "Yes	to Form 990, F	art IV, line 9,	or	
	reported an amount on Form 990, Part					<del></del>				
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for o	contribution	is or other ass	ets not i	ncluded 1		<b>—</b>	
	on Form 990, Part X?						ا	Yes	L No	
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing t	able:						
								Amount		
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year .						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?					Yes	∟ No	
<u>b</u>	b If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if	organization answe	ered "Ye	s" to Form 9	990, Part IV, lii	ne 10.				
		(a) Current year	<b>(b)</b> P	пог уеаг	(c) Two years	back (	d) Three years ba	ck (e) Four ye	ars back_	
1a	Beginning of year balance									
	Contributions									
c	Investment earnings or losses									
ď	Grants or scholarships						-		<del></del>	
e	Other expenditures for facilities									
	and programs				•					
	Administrative expenses									
_		and halanaa hald s			<u> </u>		-	<u> </u>	<del></del>	
2	Provide the estimated percentage of the year		15. %							
	Board designated or quasi-endowment		70							
b	Permanent endowment	%								
С	Term endowment >9	•				16. 11				
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	it are neid a	na aaminister	ea for th	e organization	<u> </u>		
	by:								es No	
								3a(i)	<del></del>	
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations				• •			3b_		
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Building					0.				
	Description of investment	(a) Cost or o			or other	(c) De	preciation	(d) Book v	alue	
		basis (investr	nent)		(other)					
1a	Land				0,000.				<u>,000.</u>	
b	Buildings			6	3,445.		53,550.	9	<u>,895.</u>	
	Leasehold improvements				]					
d	Equipment			6	0,439.		57,632.	2	<u>,807.</u>	
	Other				7,681.		2,707.	4	,974.	
	Add lines 1a-1e (Column (d) should equal Fo	rm 990 Part X colu	ımn (B)	line 10(c) )			<b></b>		,676.	

Schedule D (Form 990) 2008

(a) Description of security or category	(b) Book value		Method of valuation.
(including name of security)	(0) 30011 1220	Cost or	end-of-year market value
ancial derivatives and other financial products			
sely-held equity interests			
er			
		<del> </del>	
II. (Col (b) should equal Form 990, Part X, col (B) line 12.)	<b>&gt;</b>		
art VIII Investments - Program Related.		ne 13.	
· · · · · · · · · · · · · · · · · · ·	(b) Book value		Method of valuation:
(a) Description of investment type	(b) BOOK Value	Cost or	end-of-year market value
tal. (Col (b) should equal Form 990, Part X, col (B) line 13.)			
art IX Other Assets. See Form 990, Part X, II	ne 15.		
	a) Description		(b) Book value
	. <u>-</u>		
tal. (Column (b) should equal Form 990, Part X, col (B			<u></u>
art X Other Liabilities. See Form 990, Part	X, line 25.	(h) Amount	
(a) Description of liability		(b) Amount	
deral income taxes			
CCRUED PAYROLL TAX LIABILIT	CIES	2,535.	
REDIT CARD PAYABLE		2,102.	
NCOME TAX WITHHELD ON RAFFI	E PRIZE	5,061.	
ACOME IAM WITHHIDD ON MAILI			
WEIGHT ON MITTER			
NCOME TAX WITHHILL ON THE T			
NCOME TAX WITHHILD ON TAXET			
NCOME TAX WITHHILDS ON TONI I			
NCOME TAX WITHHILLS ON TONI I			
tal. (Column (b) should equal Form 990, Part X, col (B		9,698.	

	edule D (Form 990) 2008 NAVAL ENLISTED RESERVE ASSOC	CIATION,	INC.	23-7238557 Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to F	inancial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	•	3	
4	Net unrealized gains (losses) on investments	•	4	
5	Donated services and use of facilities	•	5	
6	Investment expenses	•	6	
7	Draw paned adjustments	• • • •	7	
8	Other (Describe to Bort VIVA	•	8	
_	Total adjustments (net). Add lines 4-8		9	
9	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	
10 Pai	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts With Rever		Return
	Total revenue, gains, and other support per audited financial statements		100 por 1	1
1	· · · · · · · · · · · · · · · · · · ·		••••	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	0-		
a	Net unrealized gains on investments	2a		-
Ь	Donated services and use of facilities	2b		1
C	Recoveries of prior year grants	2c		<del> </del>
d		2d		1
е				2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4
b	Other (Describe in Part XIV)	4b		4 _ 1
C				4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) rt XIII Reconciliation of Expenses per Audited Financial Statemer	nto With Evne	DOOG DOF	Poturn
		into with Expe	ilises per	
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:	_ 1		1
а		2a		-
b		2b		-
С	• • • • • • • • • • • • • • • • • • • •	2c		-
d	,	2d		-
е				2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4
b	Other (Describe in Part XIV)	4b	<del>_</del>	4
C	Add lines 4a and 4b			4c
5_	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	<u> </u>		
$\overline{}$	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4; Pa	art IV, lines 1	b and 2b; Part V, line 4; Part
X; Pa	art XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			
			· · -	
		<del></del>		
		<del> </del>		<del></del>
_				O. b d 1. D. 07
				Schedule D (Form 990) 2008

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

Department of the Treasury Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Name of the organization							Employer idea	ntification number
NAVAL E	NLISTED RESERVE AS	SSOC	IAT	ION,	INC.		23-7238	557
Part I Fundraising Activities	Complete if the organization answ	ered "\	'es" to	Form 990	, Part IV, I	ine 1		
Indicate whether the organization rais	e Solicita f Solicita g X Special or oral agreement with any individua art VII) or entity in connection with pividuals or entities (fundraisers) purs	tion of tion of fundra I (include profess suant to	non-g govern using of ding of ional f o agree	overnment nment gradevents fficers, dire undraising ements un	grants ints ectors, trus services? der which	stees the fi	Yes	X No
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contrib	ustody trol of	(iv) Gross from a		tò (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No					
		1						
		-		<u>'</u>				
<del></del>								
		—		ļ <u>-</u> .				
		<del> </del>		<u>.                                    </u>		<del>                                     </del>		
Total .								
List all states in which the organizatio     VA			or has	been not	fied it is ex	cempt	from registrati	on or licensing.
		<del>_</del>						
	<del></del>				<del> </del>		<u> </u>	
				<del></del> _				
				· - · — · · ·	-			
HA For Privacy Act and Panerwork Re	eduction Act Notice see the Instru	ıctions	for F	orm 990		Scher	tule G (Form 9	90 or 990-EZ) 2008

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events (Add col. (a) through col. (c)) (total number) (event type) (event type) Gross receipts 2 Less: Chantable contributions Gross revenue (line 1 minus line 2) Cash prizes Non-cash prizes Direct Expenses Rent/facility costs Other direct expenses Direct expense summary. Add lines 4 through 7 in column (d) Net income summary. Combine lines 3 and 8 in column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 29,700. 29,700. Gross revenue 2 Cash prizes Direct Expenses 21,246. 21,246. 3 Non-cash prizes Rent/facility costs 1,129. Other direct expenses % Yes Yes X Volunteer labor 22,375<sub>a</sub> Direct expense summary Add lines 2 through 5 in column (d) 7,32<u>5.</u> Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No Enter the state(s) in which the organization operates gaming activities: PA a Is the organization licensed to operate gaming activities in each of these states? 9a\_ b If "No," Explain: X 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain. X Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming? Schedule G (Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 NAVAL ENLISTED RESERVE ASSOCIATION, INC23-7238557 Page 2

Schedule G (Form 990 or 990-EZ) 2008 NAVAL ENLISTED RESERVE ASSOCIATION, INC23-	723855	7 Pa	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	<b>)</b> %		
b An outside facility	%		
14 Provide 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?	15a		<u> </u>
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:			
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			<b>.</b>
retain the state gaming license?	17 <u>a</u>	+	X
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 ▶ \$			<u> </u>

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I								OMB No 1545-0047	-0047
Form 990)			Grants and Governn	rants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations luals in the U.S.	٠.		5008	
Department of the Treasury nternal Revenue Service		▲ Comp	► Complete if the organizatio	n answered "Yes," on F ▼ Attach to Form 990.	," on Form 990, Pa m 990.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22.  Attach to Form 990.		Open to Public Inspection	ublic on '
Vame of the organization	ation NAVAI. RNI.ISTED		RESERVE ASSOCT	SSOCTATION INC	ئ		ŭ	Employer identification number 23 8 5 5 7	number 3557
Part I General	General Information on Grants and Assistance	nd Assistance	1	1					
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selection		
criteria used to	criteria used to award the grants or assistance?	tance?						X Yes	Š
2 Describe in Par	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	d States.				
Part II Grants a	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Governments and	Organizations in the	United States. C	omplete if the orga	ınization answered "Y	es" on Form 990, Part IV	V, line 21, for any	[
recipient	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	55,000. Check this	box if no one recipien	t received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if additional	space is needed	•
1 (a) Name and or g	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	t t
	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					<b>A</b> .	
-1	Enter total number of other organizations	8							
LHA For Privacy A	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	90) 2008

23-7238557 Schedule I (Form 990) 2008 NAVAL ENLISTED RESERVE ASSOCIATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

Page 2

(a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-cash assistance (e) Method of valuation (f) Description of non-cash assistance recipients cash grant cash assistance (book, FMV, appraisal, other)	6 15 500.			Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Part I, Line 2: A VOLUNTEER COMMITTEE OF MEMBERS READS AND	JUDGES SCHOLARSHIP APPLICATIONS WHICH INCLUDE: THE APPLICATION, HIGH SCHOOL	AND AN ESSAY DISCUSSING CAREER GOALS AND THE IMPORTANCE OF	Ω	اناحها	
(a) Typ	OLLEGE SCHOLARSHIPS			Part IV Supplements	schedule I, E	DGES SCHOLA	FRANSCRIPTS,	SERVISTS TO	STITUTION V	

Schedule I (Form 990) 2008

### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

NAVAL ENLISTED RESERVE ASSOCIATION, INC.

Employer identification number 23 – 7238557

Form 990, Part III, Line 4d, Other Program Services:
CORRESPONDENCE BY NERA VOLUNTEERS WITH THE VA SECRETARY OF RESERVE
AFFAIRS TO IMPROVE MILITARY ID CARDS, CORRECT NAVAL RESERVE RETIREMENT
POINTS SYSTEM, AND TO EXPAND VARIOUS INSURANCE PROGRAMS FOR VETERANS.
Form 990, Part VI, Section A, line 6: NERA HAS FOUR CLASSES OF MEMBERS
DESCRIBED IN ITS ARTICLES OF INCORPORATION. TWO CLASSES HAVE VOTING RIGHTS.
Form 990, Part VI, Section A, line 7a: DIRECTORS ARE ELECTED BY THE VOTING
CLASS MEMBERS AT THE ANNUAL CONFERENCE.
Form 990, Part VI, Section A, line 7b: DECISIONS OF THE GOVERNING BODY ARE
DISCUSSED AND APPROVED AT THE ANNUAL MEETING.
Form 990, Part VI, Section A, line 10: A DRAFT OF THE FORM 990 IS PROVIDED
TO THE EXECUTIVE DIRECTOR PRIOR TO FINAL PREPARATION BY THE CPA. THE
EXECUTIVE DIRECTOR WILL REVIEW THE FINANCIAL INFORMATION AND PROGRAM
INFORMATION IN THE 990. THE EXECUTIVE DIRECTOR WILL ASK AT LEAST ONE MEMBER
OF THE VOTING BOARD OF DIRECTORS TO REVIEW THE GOVERNANCE, POLICY, AND
DISCLOSURE STATEMENTS IN THE FORM 990.
Form 990, Part VI, Section C, Line 19: GOVERNING DOCUMENTS ARE AVAILABLE
TO THE PUBLIC ON THE ORGANIZATION WEBSITE.

Form 8868 (Rev. 4-2009)			Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	оох		► X
Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously file	d Form	8868	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed)	
Type or Name of Exempt Organization	Emp	oloyer idei	ntification number
print NAVAL ENLISTED RESERVE ASSOCIATION, INC.	2	<u> 23-723</u>	8557
extended Number, street, and room or suite no. If a PO box, see instructions due date for 6703 FARRAGIT AVENUE.	For	IRS use or	ily
return See instructions  FALLS CHURCH, VA 22042-2189			
Check type of return to be filed (File a separate application for each return)  X Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 990-BL Form 990 PF Form 990-T (trust other than above) Form 4720	=	orm 5227 orm 6069	Form 8870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly file	ed Form 8	868.
THE ORGANIZATION			
• The books are in the care of ▶ 6703 FARRAGUT AVENUE - FALLS CHURCH, V.	A 22	042-2	189
Telephone No ▶ <u>703-534-1329</u> FAX No ▶			_
If the organization does not have an office or place of business in the United States, check this box			<b>▶</b> □
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the second content of	his is fo	r the whol	e group, check this
box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of a	l memb	ers the ex	tension is for
4 I request an additional 3 month extension of time until <u>July 15, 2010</u>			
5 For calendar year, or other tax year beginning <u>SEP 1, 2008</u> , and ending	AUG	31,	2009
6 If this tax year is for less than 12 months, check reason Initial return Final return		Change in	accounting period
7 State in detail why you need the extension			
ADDITIONAL TIME IS REQUESTED TO OBTAIN THIRD PARTY IN	FORM	ATION	NEEDED TO
PREPARE A COMPLETE AND ACCURATE INFORMATION RETURN.	.,	, ——	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonrefundable credits. See instructions	8a_	\$	
b If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
tax payments made Include any prior year overpayment allowed as a credit and any amount paid			
previously with Form 8868	8b_	\$	
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	N/A
Signature and Verification			
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to that it is true, correct, and complete, and that I am authorized to grepare the form	e best o	f my knowle	edge and belief,
	0 - :	. 4	1,4/10
Signature CPA	Date		m <b>8868</b> (Rev 4-2009)

Martin, Dolan & Holton, Ltd. 4435 Waterfront Drive, Suite 200 Glen Allen, VA 23060 54-1065763

823832 05-26-09

## Form 8868

(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	<b>▶</b> X
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	nis form)
Oo not complete Part II unless you have already been granted an automatic 3 month extension on a previously	y filed Form 8868
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)	
A corporation required to file Form 990-T and requesting an automatic 6-month extension check this box and c	omplete
Part I only	<b>▶</b> □
NI other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request	an extension of time
o file income tax returns	
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3 month automatic exten noted below (6 months for a corporation required to file Form 990 T). However, you cannot file Form 8868 electronot automatic) 3-month extension or (2) you file Forms 990 BL, 6069, or 8870, group returns, or a composite or you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic yown in gov/efile and click on e-file for Chanties & Nonprofits.	onically if (1) you want the additional consolidated Form 990-T Instead,
Type or Name of Exempt Organization	Employer identification number
orint Description and Descript	
NAVAL ENLISTED RESERVE ASSOCIATION, INC.	23-7238557
Number, street, and room or suite no. If a P O box, see instructions Ing your 6703 FARRAGUT AVENUE	
esturn See City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
FALLS CHURCH, VA 22042-2189	
Check type of return to be filed (file a separate application for each return).	
X Form 990 Form 990-T (corporation) Form	4700
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form	
Form 990 EZ Form 990-T (trust other than above)	
Form 990-PF Form 1041-A Form	
Telephone No ► 703-534-1329  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If hox ► If it is for part of the group, check this box ► and attach a list with the names and EINs of a state of the group is the group of the group.	<del>-</del> ·
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time usual to the organization of time usual to the organization of the organization named is for the organization's return for:  □ calendar year or □ X tax year beginning SEP 1, 2008 , and ending AUG 31, 2009	
2 If this tax year is for less than 12 months, check reason Initial return Final return	Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefundable credits. See instructions	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	0. 0
tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	
See instructions	3c \$ N/A
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and For	m 8879-EO for payment instructions
HA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	m 8879-EO for payment instructions Form 8868 (Rev 4-2009)