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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2015

Open to Public Inspection

Short Form

Return of Organization Exempt From Income Tax

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

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

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

A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NAVAL ENLISTED RESERVE ASSOCIATION INC

Number and street (or P O box, if mail is not delivered to street address)Room/suite
6703 FARRAGUT AVENUE

City or town, state or province, country, and ZIP or foreign postal code
FALLS CHURCH, VA 220422189

D Employer identification number
23-7238557

ETelephone number
(703) 534-1329

FGroup Exemption Number ▶

G Accounting Method ☐ Cash ☐ Accrual Other (specify) ▶
MODIFIED CASH BASIS

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶WWW.NERA.ORG

J Tax-exempt status(check only one) - ☐ 501(c)(3) ☒ 501(c)(19) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 139,466

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I ☒									
Revenue	1	Contributions, gifts, grants, and similar amounts received		1	23,639				
	2	Program service revenue including government fees and contracts		2	26,016				
	3	Membership dues and assessments		3	19,888				
	4	Investment income		4	4,224				
	5a	Gross amount from sale of assets other than inventory	5a	5c					
	b	Less cost or other basis and sales expenses	5b						
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6	Gaming and fundraising events		6d					
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a						
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b						
Expenses	c	Less direct expenses from gaming and fundraising events	6c						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)							
	7a	Gross sales of inventory, less returns and allowances	7a	7c					
	b	Less cost of goods sold	7b						
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
	8	Other revenue (describe in Schedule O)		8	65,699				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	139,466				
	10	Grants and similar amounts paid (list in Schedule O)		10	20,200				
	11	Benefits paid to or for members		11					
	12	Salaries, other compensation, and employee benefits		12	63,028				
Net Assets	13	Professional fees and other payments to independent contractors		13	8,727				
	14	Occupancy, rent, utilities, and maintenance		14	9,532				
	15	Printing, publications, postage, and shipping		15	34,195				
	16	Other expenses (describe in Schedule O)		16	32,674				
	17	Total expenses. Add lines 10 through 16		17	168,356				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-28,890				
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	171,076				
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-4,249				
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	137,937				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ(2015)

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	138,729	22	106,306
23 Land and buildings	32,347	23	31,631
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	171,076	25	137,937
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	171,076	27	137,937

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO PROVIDE INFORMATION AND SUPPORT SERVICES TO US NAVAL, US MARINE CORPS AND US COAST GUARD RESERVISTS, VETERANS, CADETS, AND THEIR FAMILIES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHEAL HUGHES EXECUTIVE DIRECTOR	40 00	0	0	0
CHARLES COX VICE PRESIDENT	2 00	0	0	0
MARIANNE MOSHER SECRETARY	2 00	0	0	0
JOANNE M ELLIOTT TREASURER	2 00	0	0	0
STEPHEN R SANDY PRESIDENT	10 00	0	0	0
EUGENE KOELKER PAST PRESIDENT	1 00	0	0	0
DEBRA FALLON natl COUNSELOR	2 00	0	0	0

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	Yes	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	Yes	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ VA		
42a	The organization's books are in care of ▶ STEPHEN R SANDY Telephone no ▶ (703) 534-1329 Located at ▶ 6703 FARRAGUT AVENUE FALLS CHURCH, VA ZIP + 4 ▶ 220422189		
b	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)?	Yes	No
	If "Yes," enter the name of the foreign country ▶	42b	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
f Total number of other employees paid over \$100,000 ►				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
d Total number of other independent contractors each receiving over \$100,000. ►		

52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	Yes	No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2017-02-07 Date	
	STEPHEN R SANDY EXECUTIVE DIRECTOR Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name PATRICIA A O'MALLEY CPA	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00285909
	Firm's name ► RUBINO AND COMPANY CHARTERED			Firm's EIN ► 52-1186096	
	Firm's address ► 6903 ROCKLEDGE DRIVE SUITE 1200 BETHESDA, MD 208171818			Phone no (301) 564-3636	

May the IRS discuss this return with the preparer shown above? See instructions	Yes	No
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Additional Data

Software ID:
Software Version:
EIN: 23-7238557
Name: NAVAL ENLISTED RESERVE ASSOCIATION INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 PUBLICATION PUBLICATION OF A QUARTERLY MAGAZINE "THE MARINER" WHICH IS PROVIDED ONLINE AND/OR MAILED TO EACH OF THE ASSOCIATION'S MEMBERS THE PUBLICATION REPORTS ON NATIONAL EVENTS AND TRENDS THAT AFFECT SEA SERVICE RESERVISTS AND THEIR FAMILIES (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	28a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments

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29 ANNUAL COLLEGE SCHOLARSHIP PROGRAM TO PROMOTE SERVICE IN THE US RESERVES SCHOLARSHIPS ARE AWARDED TO MEMBERS AND THEIR FAMILY BASED UPON AN APPLICATION AND ESSAY IN THE CURRENT FISCAL YEAR, \$16,000 WAS PAID TO 6 SCHOLARSHIP RECIPIENTS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	29a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
30 ANNUAL NATIONAL CONFERENCE NERA SPONSORED EVENT TO EDUCATE MEMBERS THROUGH SPEAKERS, ON RIGHTS AND BENEFITS FOR NAVAL RESERVISTS (Grants \$ 0) If this amount includes foreign grants, check here ☐	30a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
PROFESSIONAL DEVELOPMENT 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 (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		0

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: NAVAL ENLISTED RESERVE ASSOCIATION INC

EIN: 23-7238557

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
NAVAL ENLISTED RESERVE ASSOCIATION INC**Employer identification number**

23-7238557

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description Interest Income Amount 236 Description Dividends Income Amount 3,988 Total Included on Form 990-EZ, line 4 4,224
Form 990-EZ, Part I, Line 8 - Other Revenue	Description Miscellaneous Amount 699 Description ROYALTIES Amount 65,000 Total to Form 990-EZ, line 8 65,699

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description Office Expenses Amount 5,101 Description Conferences Amount 5,765 Description Fundraising Amount 1,977 Description Taxes Amount 3,159 Description Technology Amount 13,819 Description Insurance Amount 2,103 Description Travel Amount 34 Description Depreciation Amount 716 Total to Form 990-EZ, line 16 32,674
Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets	Description Unrealized Gains Amount -4,249