**Short Form** Form 990-EZ **Return of Organization Exempt From Income Tax** 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection Department of the Treasu Internal Revenue Service ▶ Go to www irs.gov/Form990EZ for instructions and the latest information. , 20 , 2017, and ending SEPETEMBER 30 A For the 2017 calendar year, or tax year beginning OCTOBEP 1 D Employer identification number 2 C Name of organization ? B Check if applicable 010840239 NAVAL ORDER OF THE UNITED STATES FOUNDATION Address change Room/suite Number and street (or P.O. box, if mail is not delivered to street address). E Telephone number Name change Initial return (408) 358-1477 108 Ann Arbor CT Final return/terminated City or town, state or province country, and ZIP or foreign postal code F Group Exemption Amended return os Galos, CA 95032-4703 Number ► 7 Application pending ✓ Cash Accrual Other (specify) H Check ► ☑ if the organization is not G Accounting Method www.navalorder.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF) ) ◀ (insert no ) ☐ 4947(a)(1) or J Tax-exempt status (check only one) - 501(c)(3) 501(c) ( K Form of organization Corporation Other Trust Association 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 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 V Contributions, gifts, grants, and similar amounts received 16762 71 2 Program service revenue including government fees and contracts 2 7 3 3 Membership dues and assessments ?: Investment income 4 18 4 Gross arrount from sale of assets other than inventory 5a 5a Less, cost or other basis and sales expenses 5h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Reverue \$15,000) 6a 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 Less direct expenses from gaming and funoraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a 7b Less, cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O) 8 75000 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c and 8 9 91780 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members . . 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 2 13 14 14 Occuparcy, rent, utilities, and maintenance

For Paperwork Reduction Act Notice, see the separate instructions.

Printing, publications postage, and shipping

Total expenses. Add lines 10 through 16

Other expenses (describe in Schedule O) 27 .

end-of-year figure reported on prior year's return)

Excess or (deficit) for the year (Subtract line 17 from line 9)

Other changes in net assets or fund balances (explain in Schedule O).

Net assets or fund balances at end of year. Compine lines 18 through 20

Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with

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16

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18

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Assets 19

Cat No 106421

Form 990-EZ (2017)

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118122

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20 21

Form	990-EZ	(2017)
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Page 2

Pa	rt II Balan	ce Sheets (see the instructions f	or Part II)	<del></del>			
		if the organization used Schedule	O to respond to a	iny question in this l	Part II .		🗆
					(A) Beginning of year	_	(B) End of year
22.	Cash, saving	s, and investments		. [	26522	22	11812
23	Land and bu	ıldıngs	•			23	
24	Other assets	(describe in Schedule O)				24	
25	Total asset				26522	25	11812
26	Total habilit	ies (describe in Schedule O) .			<del></del>	26	
27	Net assets	or fund balances (line 27 of column	(B) must agree wit	h line 21)	26522	-	11812
Par		nent of Program Service Accomp			art III)		
	Check	if the organization used Schedule	O to respond to a	ny question in this l	Part III 🔲		Expenses
Wha	t is the organiz	ation's primary exempt purpose?	Recording and pres	ervation of Naval Hist	ory		uired for section c)(3) and 501(c)(4)
Desc	cribe the organ	ization's program service accomplis	hments for each o	of its three largest of	rogram services		nizations optional to
		penses. In a clear and concise m				other	rs)
		and other relevant information for ea		·		1	
28							
	•••••		***************************************				
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?:	(Grants \$	) If this amount	includes foreign gr	ants, check here .	. ▶ 🗆	28a	
29	<u> </u>				<del></del>		
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	(Grants \$	) If this amount		******* ****		29a	
30	<u> </u>				<del></del>	-	
		·····					1
	(Grants \$	) If this amount	ıncludes foreign gr	ants, check here		30a	ł
31		services (describe in Schedule O)				1	
•	(Grants \$	) It this amount	includes foreign ar	ants chack here	▶ □	31a	
32	<del></del>	service expenses (add lines 28a t		unto check here	<u> </u>	32	<del></del>
		Officers, Directors, Trustees, and Key		h one even if not come	pencated coathau		tions for Part IV
		if the organization used Schedule				13000	,110/13/10/1 art 14)
	<u> </u>	ii the organization abou conocare		(c) Reportable ?	(d) Health benefits	Ť	
	?1	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	_		devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensatio		ther compensation
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Mich	ele Lockwood, [	irector	1	1		1	$\wedge$
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Greg	ory F, Streeter,	Director	1	7	^		^
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Part	Other Information (Note the Schedule A and personal benefit contract statement requiren	nents in th	ie	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	n this Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes," provide detailed description of each activity in Schedule O	de a 33		·
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformation of the amended documents if they reflect a change to the organization's name. Otherwise, explain change on Schedule O (see instructions)			~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from busin activities (such as those reported on lines 2, 6a, and 7a, among others)?			~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedul Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) not reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assiduring the year? If "Yes," complete applicable parts of Schedule N			~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions   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 vany such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	vere 38a		,
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b Section 501(c)(7) organizations. Enter:		.",	,
a b	Initiation fees and capital contributions included on line 9			
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 4 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part	958   « year		,
С	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.	^*	**	3
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		**************************************	?
9	All organizations At any time during the tax year was the organization a party to a prohibited tax she transaction? If "Yes," complete Form 8886-T	elter 🗽 :		, ,
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Kenneth E. Arendt  Located at ► 108 Ann Arbor Ct, Los Gatos, CA  ZIP + 4 ►	(408) 3! 95032	58-14 2-4 <b>70</b> 3	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account) If "Yes," enter the name of the foreign country. ▶	<sup>7</sup> 42b		•
	See the instructions for exceptions and filing requirements for FinCEN Form 114. Report of Foreign Bank Financial Accounts (FBAR).	and **	. (	
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	. 42c		<b>'</b>
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	.	<b>▶</b> [
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must completed instead of Form 990-EZ	be 44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must completed instead of Form 990-EZ			,
c d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provides	. <b>44c</b>		•
45a	explanation in Schedule O	44d 45a		-
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead	the	*	.,
	TOTH 350-L4 (See instructions) .	Form <b>99</b> (	D-EZ	(201

b           Yes,     was the related organization a section 527 organization?	Yes	No	0
Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the table 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  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  48 Is the organization as school as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  49 Did the organization as a section 527 organization?  50 Complete this table for the organization is sive highest compensated employees (other than officers directors. In If "Yes," was the related organization is 100,000 of compensation from the organization if there is none, enter organization and the second of the	**	Γ	
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Complete this table for the organization's five highest compensated independent contractors who each reces 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  (c) Type of service  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Independent contractors each receiving over \$100,000  Judge penalties of penjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge note, correct, and complete Declaration of preparer tother than officer; is based on all information of which preparer has any knowledge  Place  Place  Pirm's per preparer is name  Preparer's signature  Preparer's preparer is preparer is preparer is preparer is preparer is preparer is preparer.  Prim's address Preparer is preparer is preparer is preparer.  Proper preparer is preparer is preparer.			
Complete this table for the organization's five highest compensated independent contractors who each reces 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  (c) Type of service  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Independent contractors each receiving over \$100,000  Judge penalties of penjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge note, correct, and complete Declaration of preparer tother than officer; is based on all information of which preparer has any knowledge  Place  Place  Pirm's per preparer is name  Preparer's signature  Preparer's preparer is preparer is preparer is preparer is preparer is preparer is preparer.  Prim's address Preparer is preparer is preparer is preparer.  Proper preparer is preparer is preparer.			_
Complete this table for the organization's five highest compensated independent contractors who each reces 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  (c) Type of service  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Independent contractors each receiving over \$100,000  Judge penalties of penjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge note, correct, and complete Declaration of preparer tother than officer; is based on all information of which preparer has any knowledge  Place  Place  Pirm's per preparer is name  Preparer's signature  Preparer's preparer is preparer is preparer is preparer is preparer is preparer is preparer.  Prim's address Preparer is preparer is preparer is preparer.  Proper preparer is preparer is preparer.			
Complete this table for the organization's five highest compensated independent contractors who each reces 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  (c) Type of service  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Independent contractors each receiving over \$100,000  Judge penalties of penjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge note, correct, and complete Declaration of preparer tother than officer; is based on all information of which preparer has any knowledge  Place  Place  Pirm's per preparer is name  Preparer's signature  Preparer's preparer is preparer is preparer is preparer is preparer is preparer is preparer.  Prim's address Preparer is preparer is preparer is preparer.  Proper preparer is preparer is preparer.			
Complete this table for the organization's five highest compensated independent contractors who each receiving one in the organization in the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A			
Complete this table for the organization's five highest compensated independent contractors who each reces \$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  (c) Type of service  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Index penalties of penjury I declars that I have examined this return including accompanying schedules and statements, and to the best of my knowledge rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Paid  Preparer  Selonly  Pinnt/Type or pint name and title  Preparer  Selonly  Firm's address ►  Firm's address ►  Phone no			_
\$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  (c) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (e) Type of service  (f) Type of service  (g) Compensation  (g) Type of service  (h) Type of service  (p) Type of se	eved more	tha	an
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  Inder penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledgence, correct, and complete Declaration of preparer tother than officer) is based on all information of which preparer has any knowledge  Sign  Allan F P Cruz, President  Type or print name and title  Preparer  Use Only  Firm's same ▶  Firm's sadress ▶  Phone no			
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  Inder penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledgence, correct, and complete Declaration of preparer tother than officer) is based on all information of which preparer has any knowledge  Sign  Allan F P Cruz, President  Type or print name and title  Preparer  Use Only  Firm's same ▶  Firm's sadress ▶  Phone no	ensation		
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			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A			
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A			_
completed Schedule A			_
Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge rue, correct, and complete Declaration of preparer tother than officer) is based on all information of which preparer has any knowledge  Sign Here  Allan F P Cruz, President  Type or print name and title  Preparer  Preparer's signature  Date  Check ☐ if setf-employed  Firm's name ▶ Firm's statess ▶ Phone no	Vac 🗀 •	N.	
rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Sign   Signature of officer   Date		No	
Sign Here  Signature of officer  Allan F P Cruz, President  Type or print name and title  Preparer  Use Only  Firm's name  Firm's address ▶  Phone no	je and belief, i	πIS	
Allan F P Cruz, President  Type or print name and title  Paid Preparer  Preparer's signature  Date Check if setf-employed  Firm's name Firm's address > Phone no	771	9/	1
Allan F P Cruz, President  Type or print name and title  Paid Preparer  Preparer's signature  Preparer  Date  Check if setf-employed  Firm's name Firm's address Firm's address Phone no	<del>-//</del>		_
Type or print name and title  Paid  Preparer  Preparer's signature  Date  Check if self-employed  Firm's name Firm's address Firm's address Phone no			
Paid Preparer s name Preparer's signature Date Check ☐ if self-employed Preparer  Use Only Firm's name ► Firm's address ► Phone no			_
Preparer Use Only Firm's name ► Firm's address ► Phone no	PTIN		_
Firm's name ► Firm's EIN ► Phone no			
Firm's address Phone no			_
			-
,	Yes 🗌 N	No	
Fow	m 990-EZ		17

Form 990-EZ (2017)

#### SCHEDULE A (Form 990 or 990-EZ)

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Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization NAVAL ORDER OF THE UNITED STATES FOUNDATION 010840239 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness regulirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (is) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of isted in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Part.II

Scrieduid		D 01 330 EZ/ 2011						
Part.	I Sur	port Schedule for Organiza	tions Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(vi	i)
	(Co	mplete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organızatıo	n failed to qu	alify under
	Par	III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
Section		olic Support	<del>'</del>					
		or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
			(4) 2010	(3) 2011	(0) = 0.0	(-,	'	
1		,						
		hip fees received. (Do not						
	include a	hy "unusual grants.")       .    .						
2		venues levied for the					}	
		ion's benefit and either paid						
	to or exp	ended on its behalf						
3	The valu	e of services or facilities						
		by a governmental unit to the					Ì	
		ion without charge						
4	-	d lines 1 through 3						
4		· · · · · · · · · · · · · · · · · · ·				7		-11
5	•	ion of total contributions by			/	ľ		
	=	person (other than a						
	governm							
		d organization) included on		:				
		at exceeds 2% of the amount				1		
	shown or	line 11, column (f)						
6	Public su	pport. Subtract line 5 from line 4				<u> </u>		
Section	on B. To	al Support						
Calen	dar vear (	or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016_	(e) 2017	(f) Total
7		from line 4		-				
8		come from interest, dividends,						
0		s received on securities loans,						
		pyalties, and income from						
		ources		1	1	1		
					<del> </del>			
9		me from unrelated business			İ			
		whether or not the business						ļ
	-	rly carried on				ļ		
10		ome. Do not include gain or					1	
	loss from	n the sale of capital assets						
	(Explain i	n Part VI.). . . . .			<u> </u>			
11	Total su	pport. Add lines 7 through 10	1					
12		ceipts from related activities, etc	. (see instructi	ons)			12	
13	First five	years. If the Form 990 is for th	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
. •		tion, check this box and stop he						🕨 🗀
Sacti		mputation of Public Suppor						
		pport percentage for 2017 (line			(f)		14	%
14		ipport percentage from 2016 Sci					15	%
15	Public St	upport test—2017. If the organ	reture A, Fart	toback the bo	v on line 13 a	nd line 14 is 3		
16a	33'/3% S	stop here. The organization qua	lifice on a pub	lich supported	k on line 10, a Lorganization	nd line 14 is o	0 73 70 01 111010	•
	box and	stop nere. The organization qua	unies as a pub	incry supported	r Organization	Co. and line 1E		ore shock
b	33 <sup>1</sup> /3% s	upport test-2016. If the organi	ization did not	cneck a box o	on line 13 or 10	oa, and line to	18 33 73% OF 11	iore, check
		and stop here, The organization						
17a	10%-fac	ts-and-circumstances test - 2	<b>017.</b> If the org	janization did r	not check a bo	ox on line 13,	16a, or 16b, ar	id line 14 is
	10% or	more, and if the organization me	eets the "facts	s-and-circumst	tances" test, c	heck this box	and stop here	. Explain in
	Part VI h	ow the organization meets the '	facts-and-circ	cumstances" te	est. The organ	ızatıon qualıfıe	es as a publicly	supported
	organiza	_						<b>&gt;</b> 🔲
<b>L</b>	•	ts-and-circumstances test – 2						
D	1070-180	% or more, and if the organization	ation meets th	ne 'facts-and-	circumstances	" test, check	this box and	stop here.
	Evalaia :	n Part VI how the organization is	mosts the "for	te-and-circum	stances" test	The organizat	tion qualifies a	s a publicly
		d organization						
18		oundation. If the organization d						
	instruction	ons			· · · · ·			
	/					So	:hedule A (Form 9	90 or 990-EZ) 2017

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	12433	4425	7861	23451	16762	64932
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			1			
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		,				
	unrelated trade or business under section 513				·		·
4	Tax revenues levied for the	ŀ	İ			Į.	
	organization's benefit and either paid to		ļ	İ		1	
	or expended on its behalf						
5	The value of services or facilities		<u> </u>		İ		
	furnished by a governmental unit to the		ł		ł	ł	
	organization without charge						<del></del>
6	Total. Add lines 1 through 5	124.33	4425	7861	23451	16762	64932
7a	Amounts included on lines 1, 2, and 3		1		1		
	received from disqualified persons .					<u> </u>	
b	Amounts included on lines 2 and 3	j					
	received from other than disqualified		Ì	}		,	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ĺ	ĺ		ĺ	1	
	•						
С 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
0	line 6.)				ĺ	1	0.4000
Secti	on B. Total Support	<del> </del>				<u> </u>	64932
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	12433	4425	7861	23451	16762	64932
10a	Gross income from interest, dividends,					1	
	payments received on securities loans, rents,		ļ			-	
	royalties, and income from similar sources.	9	10	10	11	18	58
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	9	10	10	11	18	58
11	Net income from unrelated business				ļ		
	activities not included in line 10b, whether		į			j	
	or not the business is regularly carried on						
12	Other income. Do not include gain or	i			į		
	loss from the sale of capital assets				İ		
10	(Explain in Part VI)					75000	75000
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	ŀ		İ			
14	First five years. If the Form 990 is for the	o organization'	e firet second	third fourth	or fifth tax vo	ar as a soction	139990
17	organization, check this box and <b>stop he</b>	•					T 301(c)(3)
Secti	on C. Computation of Public Suppor				<del></del>	<del> </del>	<u> </u>
15	Public support percentage for 2017 (line 8			3. column (f))		15	46.38 %
16	Public support percentage from 2016 Sch		•			16	99.96 %
	on D. Computation of Investment Inc				<u> </u>	<del> </del>	30,00 /0
17	Investment income percentage for 2017 (			line 13, colum	n (f))	17	.04 %
18	Investment income percentage from 2016					18	.04 %
19a	331/3% support tests-2017. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2016. If the organiz						3 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this b	oox and stop he	re. The organiz	ation qualifies	as a publicly su	pported organi	zation 🕨 📝
20	Private foundation. If the organization die	d not check a b	ox on line 14,	19a, or 19b, cl	heck this box a	and see instruc	tions 🕨 🗌

#### Part IV Supporting Organizations

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

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

Part	Supporting Organizations (continued)			
			Yes	No
<b>;1</b>	Has the organization accepted a gift or contribution from any of the following persons?			7
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_ c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		•	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			,
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			Ì
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	•	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			1
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	]		
	supervised, or controlled the supporting organization	2		Ì
Section	on C. Type II Supporting Organizations		<u> </u>	
	on type is supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	7
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		`	
	or management of the supporting organization was vested in the same persons that controlled or managed		"	
	the supported organization(s).			
Soction	on D. All Type III Supporting Organizations	1		<u> </u>
Secur	on b. All Type III Supporting Organizations		W	NI.
4	Did the exemplation may add to each of the summent of exemplation in the last day of the fifth we salt of the		Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		~	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			~
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			Ì
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		ľ	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			.,·
	significant voice in the organization's investment policies and in directing the use of the organization's		.* * \	<i>.</i>
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The drganization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s	caa in	etructi	ione)
·	The diguinzation deposited a governmental citary. Describe in 1 of 11 now you supported a government citary is	, , ,	Stracti	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		, *	,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the prganization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	,	చ్చు
	activities but for the organization's involvement.	2b	^	
3	Parent of Supported Organizations. Answer (a) and (b) below.	<del></del> -	w/ (	7
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a		
	Did the drganization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3ь	•	

Part V Typ	e III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
	nere if the organization satisfied the Integral Part Test as a qualifying tions. All other Type III non-functionally integrated supporting organ			
Section A - Ad	justed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-te	erm capital gaın	1		
2 Recoveries	of prior-year distributions	2		
3 Other gross	income (see instructions)	3		
4 Add lines 1	through 3.	4		
5 Depreciation	n and depletion	5		
6 Portion of c	perating expenses paid or incurred for production or			
	pross income or for management, conservation, or			
maintenance	of property held for production of income (see iristructions)	6		
7 Other expe	nses (see instructions)	7		
8 Adjusted N	et Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Mi	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	air market value of all non-exempt-use assets (see or short tax year or assets held for part of year)			
	onthly value of securities	1a		
	onthly cash balances	1b		
	t value of other non-exempt-use assets	1c		
	lines 1a, 1b, and 1c)	1d		
<del></del>	claimed for blockage or other	1		
	ain in detail in <b>Part VI</b> ):	1	<b>x</b>	,
	indebtedness applicable to non-exempt-use assets	2		
	e 2 from line 1d.	3		*
4 Cash deem see instruction	ed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ns).	4		
5 Net value o	non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line		6		
	of prior-year distributions	7		
	sset Amount (add line 7 to line 6)	8		
Section C - Dis	tributable Amount			Current Year
1 Adjusted ne	t income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85%	of line 1.	2		
3 Minimum a	sset amount for prior year (from Section B, line 8, Column A)	3		
	er of line 2 or line 3	4		
5 Income tax	imposed in prior year	5		
6 Distributat	le Amount. Subtract line 5 from line 4, unless subject to	T	····	
	mporary reduction (see instructions)	6		
7 Check	nere if the current year is the organization's first as a non-functional	ly int	egrated Type III supporti	ng organization (see
instruct	lions).			

Part		e III Non-Functionally integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti		tributions			Current Year
• 1	Amounts	paid to supported organizations to accomplish	exempt purposes		
2	Amounts	paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizat	ons, in excess of income from activity			
3	Administr	ative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4		paid to acquire exempt-use assets			
5		set-aside amounts (prior IRS approval required)			
6		ributions (describe in Part VI). See instructions.			
7		ual distributions. Add lines 1 through 6.			
8		ons to attentive supported organizations to which	h the organization is res	nonsive	
O		tetails in <b>Part VI</b> ). See instructions.	THE OTGANIZATION TO TOO	Policito	
9		ble amount for 2017 from Section C, line 6			, , , , , , , , , , , , , , , , , , ,
		ount divided by line 9 amount			···
10	Line o an	ount divided by line 9 amount		(ii)	(iii)
Se	ection E -	Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributa	ble amount for 2017 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·
2	Underdis	ributions, if any, for years prior to 2017			
		le cause required—explain in Part VI). See			
	instructio	•			
3	Excess d	stributions carryover, if any, to 2017			
а	A (		<u>.</u>		
b	From 201	3			
С	From 201				, , ,
d	From 201				` ^\$
e	From 201				^
f		nes 3a through e			, * * * * * * * * * * * * * * * * * * *
g		underdistributions of prior years			* / * *
		2017 distributable amount			
<u>-</u>		from 2012 not applied (see instructions)			
i		er. Subtract lines 3g, 3h, and 3i from 3f.			
4		ons for 2017 from	<b></b>		**************************************
•	Section E				* *
		underdistributions of prior years			
b		2017 distributable amount			
		er. Subtract lines 4a and 4b from 4.		<u>, , , , , , , , , , , , , , , , , , , </u>	,
5		g underdistributions for years prior to 2017, if			<del></del>
•		ract lines 3g and 4a from line 2. For result			*******
		an zero, explain in <b>Part VI.</b> See instructions.			· **
6		g underdistributions for 2017 Subtract lines 3h			
U		pm line 1. For result greater than zero, explain in			
		see instructions.			
7		istributions carryover to 2018. Add lines 3	<u> </u>	* ************************************	
,	and 4c.	istributions carryover to 2010. Add intes of			, , , , , , ,
8		vn of line 7:			· · · · · · · · · · · · · · · · · · ·
	Excess fr				
<u>a</u>		om 2014			
b		om 2014 om 2015			
<u> </u>					
d	Excess fr				, ; »
<u>e</u>	Excess fr	om 2017	(		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
This amoun	t of \$75,000 was received from a donor's bequeath to a newly formed colleague Naval Order Foundation, called the San
Francisco N	aval Order Commandery Foundation, undergoing its 501c3 Application process. The monies are being held "in escrow" for them
and will be	eported on their tax return in the next fiscal year.
**-*-	

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

2017

**Employer identification number** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

NAVAL ORDER O	F THE UNITED STATES FOUNDATION	010840239
Part 1, Line 8: \$75	000 was received from a deceased donor as a bequeath to a newly formed colleague	Foundation, called the San
Francisco Naval C	Order Foundation, undergoing its 501c3 application process. The monies are being h	eld "ın escrow" for them and wıll be
reported on their	ax return in the next fiscal year.	
Part 1, Line 16: Ot	her expenses as to: Government fees to State of Oregon for \$70; reimburse member	for obtaining a maquette for
new US Navy ship	o for \$110.	