432001 11-07-14

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

<u> </u>	Or thi	e 2014 calendar year, or tax year beginning OCT 1, 2014 an	d ending 2	DEF 30, 2013					
B	Check if opplicabl	e: C Name of organization		D Employer identifi	cation number				
	Addre		ON		106545				
	Name	Doing business as		53-0	196547				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number						
	Final return	2111 WILSON BOULEVARD	400	703-	522-1820				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	28,913,913.				
	Amen	ded ADI INCHIONI 37A 22201	H(a) Is this a group r	eturn					
	Applic			s? Yes X No					
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes									
I Tax-exempt status: X 501(c)(3)									
		te: > WWW.NDIA.ORG		H(c) Group exemption					
		organization: X Corporation	L Year		M State of legal domicile; DC				
	art I	Summary			A CONTRACTOR OF THE CONTRACTOR				
			PROMOTE	THE SAFETY	AND				
Activities & Governance	i i	SECURITY OF THE NATION							
rne	2	Check this box if the organization discontinued its operations or disp	osed of more	than 25% of its net as	sets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	30				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			30				
S	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	67				
į	6	Total number of volunteers (estimate if necessary)			1700				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12							
_ ⋖	b	Net unrelated business taxable income from Form 990-T, line 34		7b	-2,060.				
				Prior Year	Current Year				
đ)	8	Contributions and grants (Part VIII, line 1h)		106,360.					
ž	9	Program service revenue (Part VIII, line 2g)		22,403,241.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,345,074.					
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,736,911.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	.4.4.4.4.4.5	26,591,586.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		69,186.	72,427.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0,	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,128,002.	7,334,222.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
per	Ь	Total fundraising expenses (Part IX, column (D), line 25)	^ 1						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,880,179.	16,662,059.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,077,367.	24,068,708.				
	19	Revenue less expenses. Subtract line 18 from line 12		2,514,219.	2,128,937.				
700				eginning of Current Year	End of Year				
ets	20	Total assets (Part X, line 16)		61,107,605.	59,708,892.				
Assets or	21	Total liabilities (Part X, line 26)	0.0.0.000000000000000000000000000000000	16,728,163.	17,278,639.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		44,379,442.	42,430,253.				
-	art II	Signature Block	- Commercial III						
		alties of perjury, I declare that I have examined this return, including accompanying schedu	iles and statem	ents, and to the best of m	y knowledge and belief, it is				
		et, and complete. Declaration of preparer (other than officer) is based on all information of							
Sig	n	Signature of officer		Date					
Her		CRAIG R. MCKINLEY, CEO/PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature,		Date Check if	PTIN				
Paid	j	R MICHAEL SORRELLS	20 4	18 Puib self-emplo					
Preparer Firm's name TATE AND TRYON Firm's EIN 52									
	Only	Firm's address 2021 L STREET, NW SUITE 400							
	-	WASHINGTON, DC 20036		Phone no. (2					
May	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
_	01 11-0		tions.		Form 990 (2014)				

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: AS THE WORLD'S TRUSTED LEADER IN PROFESSIONAL NATIONAL SECURITY AND
	DEFENSE ASSOCIATIONS, NDIA CONVENES THE MOST THOUGHTFUL AND INNOVATIVE
	LEADERS TO ADVANCE AND ADVOCATE FOR BEST PRACTICES, INITIATIVES, AND
	PRODUCTS IN DEFENSE, TO ENSURE THE SAFETY AND SECURITY OF OUR NATION,
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,272,355. including grants of \$ 72,427.) (Revenue \$ 18,319,625.)
	THE NDIA PROMOTES ACTIVITIES AND FORUMS FOR THE INTERCHANGE BETWEEN
	INDUSTRY AND GOVERNMENT ON TECHNOLOGY AND ACQUISITION DEVELOPMENTS. IN
	ADDITION, IT PROVIDES STATE OF THE ART DEFENSE TECHNOLOGY UPDATES AND
	PROMOTES BETTER MANAGEMENT TECHNIQUES THROUGH SYMPOSIA. NDIA'S OVER 30
	DIVISIONS COVER A WIDE SPECTRUM OF INTEREST AREAS THAT ARE IMPORTANT TO
	THE NATIONAL DEFENSE PREPAREDNESS EFFORT. THE DIVISIONS ARE ORGANIZED
	TO PROMOTE THE EXCHANGE OF TECHNICAL INFORMATION RELATED TO THE
	RESEARCH, DEVELOPMENT, PRODUCTION, LOGISTICS, AND MANAGEMENT OF WEAPONS
	SYSTEMS, POLICY, ASSOCIATED SUPPORT, AND TRAINING AMONG THE DEPARTMENT
	OF DEFENSE, OTHER FEDERAL GOVERNMENT AND STATE AGENCIES, INDUSTRY,
	ACADEMIA, AND SCIENTIFIC AGENCIES.
4b	(Code:) (Expenses \$2,633,437. including grants of \$) (Revenue \$2,437,402.)
	CHAPTERS AND DIVISIONS: THE NDIA AND WID CHAPTERS ARE PART OF THE NDIA
	ENTITY AND ARE ORGANIZED GEOGRAPHICALLY FOR THE PURPOSE OF ENCOURAGING
	ACTIVITIES THAT SUPPORT THE ASSOCIATION'S VISION, MISSION, AND GOALS.
	MANY ARE LOCATED NEAR MAJOR MILITARY COMMANDS, RESEARCH CENTERS, AND
	DEFENSE AGENCIES AND CONDUCT PROGRAMS TO INFORM THEIR MEMBERS AND
	COMMUNITIES ABOUT NATIONAL SECURITY AND THE INDUSTRIAL BASE.
	-
4c	(Code:) (Expenses \$ 3,379,872. including grants of \$) (Revenue \$ 1,351,866.)
	EDUCATIONAL SERVICES: THE NATIONAL DEFENSE MAGAZINE IS A MONTHLY
	MAGAZINE THAT IS PUBLISHED TO HELP EDUCATE GOVERNMENT, INDUSTRY, AND
	THE PUBLIC REGARDING DEFENSE ISSUES AND RELATED TECHNOLOGY
	DEVELOPMENTS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{1.6.005}\$\text{) (Revenue \$}\$\text{)}
4e	Total program service expenses ► 16,285,664.
	Form 990 (2014)

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		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	٦		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а		11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 1a	- 21	
b	·	11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u		11d		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 21	
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
ıza		12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b		12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		1-74		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-10		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,		17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''-		
10		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	•	19		х
20-2	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
	ii 165 to iine 20a, did the organization attaon a copy of its addited illiancial statements to this return?		000	(004.4)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			\ .
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	000		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	· · ·

Form **990** (2014)

Form 990 (2014) NATIONAL DEFENSE INDUSTRIAL ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	61						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le 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 return	2a	67						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 a	accoun	t)?	4a		X			
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		_X_			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			37			
_	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts						
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).	n	royidad to the naver	7-		Х			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices p	ovided to the payor?	7a 7b					
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		Х			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	N/A						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b					
10	Section 501(c)(7) organizations. Enter:	۱							
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A	11a							
		11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b							
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{}$	12b		u					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b	000				
				Form	990	(2014)			

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

						X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	b Enter the number of voting members included in line 1a, above, who are independent lb 30										
2	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 customarily performed by or under the	direc	t supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X					
6	Did the organization have members or stockholders?			6	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?			7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or								
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:								
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the								
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe								
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	=								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
_	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											
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	finterest policy, and	financ	ial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records:								
	THE ORGANIZATION - 703-522-1820 2111 WILSON BOILEVARD NO. 400 ARLINGTON VA 2220	.1									
	ZIII WILSON BOILBVARD NO ZUU ARLINGTON VA 2220										

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per	(do box	(C) Position (do not check more than of box, unless person is both		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	od a di	Key employee	Highest compensated //tra		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MAJ GEN ARNOLD L. PUNARO, USMC (RET)	1.00	.,		7.7					0	0
BOARD CHAIR SID ASHWORTH	1 00	Х		Х				0.	0.	0.
BOARD VICE CHAIR	1.00	Х		х				0.	0.	0.
HON. SEAN O'KEEFE	1.00	77				\vdash		0.	0.	<u></u>
IMMEDIATE PAST BOARD CHAIR	1.00	Х		Х				0.	0.	0.
GEN RICHARD A. CODY, USA (RET)	1.00								-	
DIRECTOR		Х						0.	0.	0.
KAREN E. CONTI	1.00									
DIRECTOR		Х						0.	0.	0.
LTG ROBERT E. DURBIN, USA (RET)	1.00									
DIRECTOR		Х						0.	0.	0.
VADM JOSEPH W. DYER, USN (RET)	1.00									
DIRECTOR		Х						0.	0.	0.
BRADLEY H. FELDMANN	1.00									
DIRECTOR		Х						0.	0.	0.
MAURICE A. GAUTHIER	1.00									
DIRECTOR		Х						0.	0.	0.
RICHARD L. HAVER	1.00	1								_
DIRECTOR		Х						0.	0.	0.
WILLIAM C. HOOVER	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
R. ANDREW HOVE	1.00								•	•
DIRECTOR	1 00	Х				_		0.	0.	0.
STEPHEN E. KELLY	1.00	3,7							0	0
DIRECTOR	1 00	Х				┝		0.	0.	0.
JAMES LASSWELL	1.00	v							0.	_
DIRECTOR TOANNA T LAIL	1 00	Х				\vdash		0.	U •	0.
JOANNA T. LAU DIRECTOR	1.00	Х						0.	0.	0.
ELLEN LORD	1.00	Δ.		\vdash	\vdash	\vdash			0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
MAJ GEN EUGENE A. LUPIA, USAF (RET)	1.00	21						0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
	1		ı			1			J •	Form 990 (2014)

432007 11-07-14

Form **990** (2014)

								ASSOCIATION	53-0196	54/ Page 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)	<u> </u>
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any				II CCIO	174443	100)	from	from related	other
	hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099****100)	organization
	organizations	truste	Institutional trustee		yee	ım peı		(** =/ :000 *********************************		and related
	below	idual	ution	la e	Key employee	est co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
HON. WILLIAM J. LYNN, III	1.00									
DIRECTOR		Х						0.	0.	0.
KEN MASSON	1.00									_
DIRECTOR		Х						0.	0.	0.
JAMES MCALEESE	1.00									_
DIRECTOR		Х						0.	0.	0.
RICHARD D. MCCONN	1.00									
DIRECTOR		Х						0.	0.	0.
TERRANCE J. MCKEARNEY	1.00									
DIRECTOR		Х						0.	0.	0.
HON. JOSEPH R. REEDER	1.00									
DIRECTOR		Х						0.	0.	0.
HON. ROBERT A. STURGELL	1.00									
DIRECTOR		Х						0.	0.	0.
PETER SWAN	1.00									_
DIRECTOR		Х						0.	0.	0.
THOMAS A. VECCHIOLLA	1.00	1								_
DIRECTOR		Х						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part V								1,927,733.	0.	323,450.
d Total (add lines 1b and 1c)							<u> </u>	1,927,733.	0.	323,450.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	4 =
compensation from the organization										15
										Yes No

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

the organization: Heport compensation for the calculat year chaing with or with	in the organization of tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
CLIFTON LARSON ALLEN, 9515 DEERECO ROAD	·	
SUITE 500, TIMONIUM, MD 21093	CONSULTING	442,187.
OLD TOWN IT, 625 N. WASHINGTON ST. ,		
ALEXANDRIA , VA 22314	IT	193,200.
INTEGRATED NETWORKING TECH		
P.O. BOX 569, MARLTON, NJ 08053	IT	164,363.
JIM BARROS, 6480 KATHERINE RD. #72, SIMI		
VALLEY, CA 93063	CONSULTING	160,398.
LEONARD VINCENT		
6059 WOOLEN MILL COURT, HAYMARKET, VA 20169	CONSULTING	130,000.
2 Total number of independent contractors (including but not limited to those listed		
\$100,000 of compensation from the organization > 5	·	
ODE DADE LITE COORTON A COMMINITARION CHI		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2014)

Form 990	NATIONAL	DEFENSE	: 1	.ND	บร	TR	.LA	ப	ASSOCIATION	53-019	6547
Part VII	Section A. Officers, Directors, Tru	rustees, Key Employees, and Highest Compensated Employees (continued)									
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average		Position		Reportable	Reportable	Estimated			
		hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
		per							from	from related	other
		week (list any	.0r				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
		hours for	direct				d em		(W-2/1099-MISC)	(***2/1099-141130)	organization
		related	ee or	stee			nsate		(** 27 1000 111100)		and related
		organizations	trust	nal tr		oyee	ed mo				organizations
		below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
		line)	pul	Inst)Hi	Ke	Hig	For			
FRANCIS N	M. WALTON	1.00							_	_	_
DIRECTOR			Х						0.	0.	0.
GREGORY V	WENZEL	1.00									
DIRECTOR			X						0.	0.	0.
	GLENN YARBOROUGH, JR.	1.00									
DIRECTOR			X						0.	0.	0.
	. YOH III	1.00									
DIRECTOR		40.00	X						0.	0.	0.
	P FARRELL JR.	40.00			l				200 010	•	05 005
CEO (THRU		40.00			Х				389,919.	0.	87,885.
	G R. MCKINLEY	40.00								•	•
CEO (FROM		40.00			Х				0.	0.	0.
-	I SWEETNAM	40.00			,,				_	0	•
COO (FROM		40.00			Х				0.	0.	0.
JAMES A H		40.00				37			227 220	0	F4 670
PRESIDEN'		40.00				Х			227,229.	0.	54,670.
BARRY BA		40.00				37			266 645	0	22 000
VICE PRES		40.00				Х			266,645.	0.	23,000.
VICE PRES		40.00				Х			177 250	0.	12 027
E RICHARI		40.00				Λ			177,250.	0.	13,027.
CONTROLLI		40.00					x		146,444.	0.	11,766.
	CHESEBROUGH	40.00					^		140,444.	0.	11,700.
PRESIDEN'		40.00					X		141,723.	0.	16,798.
THOMAS A		40.00							141,725	0.	10,750.
	SIDENT (THRU 1/15)	40.00					x		139,184.	0.	23,000.
SCOTT REI		40.00					22		133,104.	<u> </u>	23,000
VICE PRES		40.00					x		134,661.	0.	44,793.
SASAN OGI		40.00							134,001.	•	11,755
DIRECTOR		1000					x		132,449.	0.	35,378.
	W P PROKUSKI	40.00							202,1230		33,373
COO (THRU		1000						Х	172,229.	0.	13,133.
										•	
			L		L						
	rt VII, Section A, line 1c								1,927,733.		323,450.

Form 990 (2014) NATIONA Part VIII Statement of Revenue

		Check if Schedule O contain	ins a response i	or note to any lin	e in this Part VIII			
		Officer if Schedule O Contain	ins a response	or note to any iiii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1 :	a Federated campaigns	1a					012 014
ant		b Membership dues						
P G		c Fundraising events						
ffs, r A		d Related organizations						
nia G		e Government grants (contributio						
Sir		f All other contributions, gifts, grants						
outi her		similar amounts not included above	l I	181,519.				
g ţ		g Noncash contributions included in lines 1a		•				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f		>	181,519.			
				Business Code				
o l	2	a MEETINGS		900099	9,144,110.	9,144,110.		
· vic		b EXHIBITS		900099	7,193,743.	7,193,743.		
Program Service Revenue		c MEMBERSHIP DUES		900099	2,908,468.	2,908,468.		
am		d SPONSORSHIPS		900099	1,365,761.	1,365,761.		
oge B		e PUBLICATIONS		541800	1,351,866.	24,729.	1,327,137.	
Pr	,	f All other program service reven	ue					
		g Total. Add lines 2a-2f		>	21,963,948.			
	3	Investment income (including d	ividends, intere	st, and				
		other similar amounts)			1,818,385.			1,818,385.
	4	Income from investment of tax-	roceeds					
	5	Royalties		_				
		_	(i) Real	(ii) Personal				
		a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	4,327,247.					
		b Less: cost or other basis	2.716.260					
		and sales expenses	2,716,268. 1,610,979.					
		c Gain or (loss)			1 610 070			1 610 070
		d Net gain or (loss)		>	1,610,979.			1,610,979.
ne	8	a Gross income from fundraising	•					
Ven		including \$	of					
Re		contributions reported on line 1	•					
Other Revenu		Part IV, line 18 b Less: direct expenses						
ᅙ		c Net income or (loss) from fundr						
		a Gross income from gaming acti	-					
	3	Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gamir						
		a Gross sales of inventory, less re						
		and allowances a Less: cost of goods sold b						
		c Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 :	a MISCELLANEOUS REVENUE		900099	477,869.		66,909.	410,960.
		b CHAPTER REVENUE		900099	144,945.	144,945.		
		с						
		d All other revenue						
		e Total. Add lines 11a-11d			622,814.			
	12				26,197,645.	20,781,756.	1,394,046.	3,840,324.
432009 11-07-) 14			_ 				Form 990 (2014)

Cooti	on FO1(a)(2) and FO1(a)(4) argonizations must some	oloto all calumana. All athe		anlata aaluman (A)								
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX											
		(A)	(B)	(C)	(D)							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to domestic organizations		САРСПЭСЭ	general expenses	схрензез							
•	and domestic governments. See Part IV, line 21	5,500.	5,500.									
2	Grants and other assistance to domestic	3/3001	3,3001									
2		66,927.	66,927.									
3	Grants and other assistance to foreign	00/52/1	00/32/1									
3	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
3	trustees, and key employees	1,244,665.	633,420.	611,245.								
6	Compensation not included above, to disqualified	1,211,0031	033,1201	011/2131								
Ü	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	5,079,369.	2,716,820.	2,362,549.								
8	Pension plan accruals and contributions (include	<u> </u>										
3	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits	640,772.	633,663.	7,109.	_							
10	Payroll taxes	369,416.	000,0000	369,416.								
11	Fees for services (non-employees):	303,1201		303,1201								
a												
b	Legal											
	Accounting	663,778.	7,562.	656,216.								
d	Lobbying	•	,	,								
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees	212,617.		212,617.								
g	Other. (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch O.)	2,670,686.		1,605,190.								
12	Advertising and promotion	373,750.		759.								
13	Office expenses	395,350.		163,529.								
14	Information technology	579,248.		539,812.								
15	Royalties	1,585.										
16	Occupancy	845,007.		470,223.								
17	Travel	490,167.	389,449.	100,718.								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	7 000 000	7 752 572	020 021								
19	Conferences, conventions, and meetings	7,992,803.	7,753,572.	239,231.								
20	Interest											
21	Payments to affiliates	26,076.		26,076.								
22	Depreciation, depletion, and amortization	20,070.		20,070.								
23 24	Other expenses. Itemize expenses not covered											
24	above. (List miscellaneous expenses in line 24e. If line											
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)											
а	OTHER EXPENSES	819,182.	534,485.	284,697.								
b	PUBLICATIONS	736,066.		10,966.								
c	CHAPTER EXPENSE	693,449.		2,263.								
d	BAD DEBTS	95,800.		95,800.	-							
	All other expenses	66,495.		24,628.								
25	Total functional expenses. Add lines 1 through 24e	24,068,708.		7,783,044.	0.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											

Form **990** (2014)

Form 990 (2014) Part X Balance Sheet

ı aı	τχ	balance Sneet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			11,927,766.	1	6,867,723.
	2	Savings and temporary cash investments		2	193,730.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			473,645.	4	317,141.
	5	Loans and other receivables from current and for	·		·		
		trustees, key employees, and highest compensa		· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of secti					
,,		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use		8			
	9				1,286,399.	9	1,039,142
	_	Land, buildings, and equipment: cost or other	 I I			Ť	_,,,,,,
	104		10a	2.210.802.			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10h	2.138.311.	86,965.	10c	72,491.
	11	Investments - publicly traded securities			36,017,029.	11	51,064,261
	12	Investments - other securities. See Part IV, line 1			8,637,108.	12	62,898
	13	Investments - program-related. See Part IV, line 1			0,00,1,100.	13	027030
	14	Intangible assets		1		14	
	15	Other assets. See Part IV, line 11			2,678,693.	15	91,506
	16	Total assets. Add lines 1 through 15 (must equa		61,107,605.	16	59,708,892	
	17	Accounts payable and accrued expenses	2,122,108.	17	2,119,711		
	18	Grants payable			2,222,2001	18	
	19	Deferred revenue			6,898,276.	19	7,918,289
	20				0,030,270.	20	, , , , , , , , , , , , , , , , , , , ,
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to current and former					
Liabilities	22	key employees, highest compensated employees					
ρili		Complete Part II of Schedule L	•			22	
Lia	23	Secured mortgages and notes payable to unrela		Land Affin		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25					-24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
			,		7,707,779.	25	7 240 639.
	26	T. 10 100 A 110 470 105			16,728,163.	26	7,240,639, 17,278,639,
	20	Organizations that follow SFAS 117 (ASC 958)		here X and	10,720,103.	20	17,270,033
		complete lines 27 through 29, and lines 33 and		nore P == una			
ces	27	Unrestricted net assets			42,925,068.	27	40,977,247
lan	28	Temporarily restricted net assets		816,874.	28	811,506	
Ba	29	Democratic metal start and a sector			637,500.	29	641,500.
pur	23	Organizations that do not follow SFAS 117 (AS		check here	00770001		012,000
ᇿ		and complete lines 30 through 34.	JO 330)	, check here			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or eq				31	
As	32					32	
	32	Retained earnings, endowment, accumulated inc	JUITIE, O				10 100 050
₽ 	33	Total net assets or fund balances		l	44,379,442.	33	42,430,253.

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,19		
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,06		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,37	<u>9,4</u>	<u>42.</u>
5	Net unrealized gains (losses) on investments	5	-4,08	<u>5,2</u>	<u>08.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		7,0	82.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	42,43	0,2	<u>53.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

432012 11-07-14

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

					INDUSTRIA				5	3-0196547
Pa	rt I	Reason for Public (Charity State	JS (All org	anizations must	complete th	is part.) Se	e instructions.		
Γhe	organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)									
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in secti	ion 170(b)(1)(A)	(ii). (Attacl	n Schedule E.)					
3		A hospital or a cooperative			•	section 170)(b)(1)(A)(ii	i).		
4		A medical research organization	•	-				-	ii). Enter	the hospital's name,
		city, and state:	·	,	·			C K K K	•	, ,
5		An organization operated for	or the benefit of	a college o	or university owne	ed or operat	ed by a go	vernmental unit	t describe	ed in
_		section 170(b)(1)(A)(iv). (C			,		, 5			
6		A federal, state, or local gov			unit described in	section 1	70(b)(1)(A)	(v)		
7		An organization that norma	-						general r	oublic described in
•	ш	section 170(b)(1)(A)(vi). (C	-	-	art or its support	nom a gov	Jiiiii Ciitai t		general	dubile described in
8		A community trust describe	· ·		vi) (Complete Pa	art II \				
	X	•					contribution	ne momborchir	o food an	d gross rossints from
9	22	An organization that norma	•					•		•
		activities related to its exem	•	-	· ·					-
		income and unrelated busin		ome (less :	section 511 tax) t	rom busines	sses acquir	red by the orgai	nization a	πer June 30, 1975.
		See section 509(a)(2). (Cor	-							
10	Н	An organization organized a								
11		An organization organized a								
		more publicly supported or	_							Check the box in
		lines 11a through 11d that	describes the ty	pe of supp	orting organization	on and com	plete lines	11e, 11f, and 1	1g.	
а		Type I. A supporting orga	anization operat	ed, superv	ised, or controlled	d by its sup	oorted orga	anization(s), typ	ically by (giving
		the supported organization	on(s) the power	to regularly	appoint or elect	a majority of	of the direc	tors or trustees	of the su	pporting
	_	organization. You must o	complete Part I	V, Section	s A and B.					
b		Type II. A supporting org	anization super	vised or co	ntrolled in conne	ction with it	s supporte	d organization(s), by hav	ing
		control or management o	f the supporting	g organizat	ion vested in the	same perso	ns that cor	ntrol or manage	the supp	orted
		organization(s). You mus	t complete Par	t IV, Secti	ons A and C.					
С		Type III functionally inte	grated. A supp	orting orga	anization operated	d in connec	tion with, a	and functionally	integrate	d with,
		its supported organization	n(s) (see instruc	tions). Yo ı	u must complete	Part IV, Se	ections A,	D, and E.		
d		☐ Type III non-functionally	integrated. A	supporting	g organization ope	erated in co	nnection w	ith its supporte	ed organiz	ation(s)
		that is not functionally int	egrated. The or	ganization	generally must sa	atisfy a distr	ibution req	luirement and a	n attentiv	reness
		requirement (see instructi	ions). You mus	t complete	Part IV, Section	ns A and D,	and Part	V.		
е		Check this box if the orga	anization receive	ed a writter	n determination fr	om the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or	Type III non-fu	nctionally i	ntegrated suppor	ting organiz	ation.			
f	Ente	r the number of supported o	organizations .							
g	Prov	ride the following information		ported org	anization(s).					
	(Name of supported	(ii) EIN		ype of organization	(iv) Is the c	rganization in your	l		(vi) Amount of
		organization		,	scribed on lines 1-9 ove or IRC section		document?	support (s Instruction		other support (see Instructions)
					ee instructions))	Yes	No	iristruction	15)	instructions)
Cota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		• •	• •			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_							
	Public support. Subtract line 5 from line 4.						
		(-) 0040	(1-) 0044	(-) 0040	(4) 0040	(-) 004.4	(f) T-+-!
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2013. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2014. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶ □
b	10% -facts-and-circumstances test	- 2013. If the org	anization did not o	check a box on line			
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization		-	•			• • • • • • • • • • • • • • • • • • •
			,	, , ,, 118		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2014 NATIONAL DEFENSE INDUSTRIAL ASSOCIATION 53-0196547 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Callendar year (or fiscal year beginning in Callendar year (or fiscal itsea furnished in any activity what 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 at a case or the congruing of the congruing	Sec	Section A. Public Support							
Membership fees received. (Do not included any Yunsusal grants.) 3655107. 294,884. 135,431. 106,360. 181,519. 4373301.	Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
include any *unusual grants.*) 2 Gross receipts from admissions, and a surprise state of the organization is transverse purpose. The production of the surprise state of the organization is transverse purpose. 3 Gross receipts from admission is transverse purpose. 4 Tax revenues levels for the organization to the organization of its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total, Add lines 1 through 5	1	, 0 ,							
Section B. Total Support Section B. Total Su			3655107.	294,884.	135,431.	106,360.	181,519.	4373301.	
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 1 Amounts included on lines 1, 2, and 3 received from disqualified persons but more disqualified persons but more than 31 received from disqualified persons but more than 33 received from disqualified persons but more than 33 received from disqualified persons but more than 33 received from disqualified persons but more disqualified persons b	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	31573440.	32737108.	21335664.	22152501.	20781756.	128580469	
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 2228547, 33031992, 21471095, 22258861, 20963275, 132953770 7 Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5.00 for which the person of the manufacture in the second through the person that exceed the greater of \$5.00 for which the analysis of the another than disqualified persons that exceed the greater of \$5.00 for which the person of the person that the person of the pers	2		323732200	52757266					
ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Announts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2, and 3 received from disqualified persons but assent the greater of \$5,000 or the off the paid and the state of the great of \$5,000 or the off the paid and the state of the great of \$5,000 or the off the paid and the state of \$6,000 or the	J	are not an unrelated trade or bus-							
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tom other than disqualified persons that exceed the general of \$5,000 or 15% of the amount on line 13 for the year co. Add lines 7 a and 7 b	7a	, ,						0.	
c Add lines 7a and 7b 8 Public support (spinter the 7 tonn line 6) 1 32953770 Section B. Total Support Calendar year (or fiscal year beginning in) ► 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 1 Total Support Calendar year (or fiscal year beginning in) ► 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 1 Total Support section (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 1 Net income from the sale for apital assets (Explain in Part VI). 2 Total support, (Add lines, 10c, 11, and 12). 3 Total support, (Add lines, 10c, 11, and 12). 3 Total support, (Add lines, 10c, 11, and 12). 3 Total support percentage from 2013 Schedule A, Part III, line 15 5 Public support percentage from 2013 Schedule A, Part III, line 15 1 Public support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. Last of the progenization of programment in come percentage from 2013 Schedule A, Part III, line 17 1 Investment income percentage from 2013 Schedule A, Part III, line 17 1 Investment income percentage from 2013 Schedule A, Part III, line 17 1 Investment income percentage from 2013 Schedule A, Part III, line 17 1 Investment income percentage from 2013 Schedule A, Part III, line 17 1 Investment income percentage from 2013 Schedule A, Part III, line 17 1 Investment income percentage from 2013 Schedule A, Part III, line 17 1 Investment income percentage from 2013 Schedule A, Part III, line 17 1 Investment income percentage from 2013 Schedule A, Part III, line 17 1 Inves	b	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.	
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Calendar year (or fiscal year beginning in)								<u> </u>	
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11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2013 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2013 Schedule A, Part III, line 17 18 Investment income percentage from 2013 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 11 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 12 Other income percentage from 2013 Schedule A, Part III, line 17 13 1145563. 938,403. 781,148. 343,417. 410,960. 3619491. 3619491. 3619491. 37147059. 34754704. 23164844. 23611959. 23192620. 141871186 15 93.71 % 15 93.71 % 16 94.58 % 16 94.58 % 17 Investment income percentage from 2013 Schedule A, Part III, line 15 18 Investment income percentage from 2013 Schedule A, Part III, line 17 19 3.73 % 18 19 19 19 19 19 19 19 19 19 19 19 19 19									
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	b	33 1/3% support tests - 2013. If the	e organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	re than 33 1/3%, a	ind	
	20								

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
Ja		
3b		
0-		
3c		
4a		
4b		
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5a		
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-		
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10a		
10b		
990 or 99	0-F <i>7</i>)	2014

	edule A (Form 990 or 990-EZ) 2014 NATIONAL DEFENSE INDUSTRIAL ASSOCIATION 53-U1	9654	7 Pa	age 5
Ра	rt IV Supporting Organizations (continued)		ı	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
L	below, the governing body of a supported organization?	11a		\vdash
b	A family member of a person described in (a) above? 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.	11b 11c		
Sec	tion B. Type I Supporting Organizations	110		
	and an appearant organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		ı	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>Sac</u>	the supported organization(s). tion D. Type III Supporting Organizations	1		
300	tion b. Type in Supporting Organizations		Vaa	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions).	Voc	No
2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 NATIONAL DEFENSE INDUSTRIAL ASSOCIATION 53-0196547 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A)

2

3

4

5

6

Schedule A (Form 990 or 990-EZ) 2014

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3

4

5

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2014 NATIONAL DEFENSE INDUSTRIAL ASSOCIATION 53-0196547 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	T		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013e Excess from 2014

Part VI	(Form 990 or 990-EZ) 2014 NATIONAL DEFENSE INDUSTRIAL ASSOCIATION 53-0196547 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

-) (see separate instructions), then Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III			
	ne of organization	tions. Complete Fait III.		Em	oloyer identification number
	NATIONA	L DEFENSE INDUSTR	IAL ASSOCIA	rion	53-0196547
Pa	rt I-A Complete if the org	janization is exempt under	section 501(c) o	r is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	·		>	\$
Pa	rt I-B Complete if the org	janization is exempt under	section 501(c)(3)).	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	>	\$
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				-\/0\
	Enter the amount directly expended	janization is exempt under		<u></u>	,,,
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	a. Add lines 1 and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN) tion listed, enter the amount paid fomptly and directly delivered to a second comptly and directly delivered to a second	of all section 527 polition the filing organiza separate political organ	ical organizations to which tion's funds. Also enter the hization, such as a separate	Yes No the the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014	NATION	AL DE	FENSE INDUS	TRIAL ASSOC	IATION 53-0	196547 Page 2		
Part II-A Complete if the org	ganization	is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ection under		
section 501(h)).								
				Part IV each affiliated	group member's name	e, address, EIN,		
expenses, and sha		, ,	•	. data a a a a a b				
B Check ▶ if the filing organiza	ation checked	o box A ar	nd "limited control" pro	visions apply.	(a) Filipp	(la) Affiliated annum		
	its on Lobby ditures" mea	•	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to infl	la Total lobbying expenditures to influence public opinion (grass roots lobbying)							
b Total lobbying expenditures to infl	luence a legis	lative bod	y (direct lobbying)		1,572.			
c Total lobbying expenditures (add I	lines 1a and 1	b)			1,572.			
d Other exempt purpose expenditur	es				23,641,902.			
e Total exempt purpose expenditure	es (add lines ⁻	1c and 1d)		23,643,474.			
f Lobbying nontaxable amount. Ent	er the amour	t from the	following table in both	n columns.	1,000,000.			
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:				
Not over \$500,000		20% of 1	the amount on line 1e.					
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exce	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.				
Over \$17,000,000		\$1,000,000.						
g Grassroots nontaxable amount (er	nter 25% of li	ne 1f)			250,000.			
h Subtract line 1g from line 1a. If zer	ro or less, en	ter -0			0.			
i Subtract line 1f from line 1c. If zer	•				0.			
j If there is an amount other than ze	ero on either I	ine 1h or l	ine 1i, did the organiza	ation file Form 4720	_			
reporting section 4911 tax for this	_					Yes No		
(Some organizations t	that made a	section 50	eraging Period Under D1(h) election do not l ate instructions for lir	nave to complete all o	of the five columns be	elow.		
	Lobby	ing Exper	nditures During 4-Yea	r Averaging Period	_			
Calendar year (or fiscal year beginning in)	(a) 20	111	(b) 2012	(c) 2013	(d) 2014	(e) Total		
2a Lobbying nontaxable amount	1,000	,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
b Lobbying ceiling amount (150% of line 2a, column(e))						6,000,000.		
c Total lobbying expenditures	128	<u>,765.</u>	125,041.	44,646.	1,572.	300,024.		
d Grassroots nontaxable amount	250	,000.	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount (150% of line 2d, column (e))						1,500,000.		

Schedule C (Form 990 or 990-EZ) 2014

743.

465.

f Grassroots lobbying expenditures

278.

Schedule C (Form 990 or 990-EZ) 2014 NATIONAL DEFENSE INDUSTRIAL ASSOCIATION 53-0196547 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	ō), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
<u> </u>	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		•		e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
а	Current year		2a		
	Carryover from last year				
	Total				
	4		١ .		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

Employer identification number 53-0196547

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		-
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax 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 stru		
d	Number of conservation easements included in (c) acquired at	fter 8/17/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
_			
9	In Part XIII, describe how the organization reports conservatio		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes th	e organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Oth	per Similar Assets
ı u	Complete if the organization answered "Yes" to Form 9		ici olilliai Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC		ant and halance shoot works of art
Ia	historical treasures, or other similar assets held for public exhi		•
	the text of the footnote to its financial statements that describ		se of public service, provide, iff art Am,
h	If the organization elected, as permitted under SFAS 116 (ASC		and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	deation, or research in furtherance of publi	ic service, provide the following amounts
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		· · · · · · · · · · · · · · · · · · ·
~	the following amounts required to be reported under SFAS 11	•	gain, provide
а	Revenue included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
-			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

72,491

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" t			
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
(1)			
(2)		1	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
art IX Other Assets.			
Complete if the organization answered "Yes" t		11d. See Form 990, Pa	
(a) [o Form 990, Part IV, line Description	11d. See Form 990, Pa	art X, line 15. (b) Book value
(a) [11d. See Form 990, Pa	
(a) [(1) (2)		11d. See Form 990, Pa	
(a) [(1) (2) (3)		11d. See Form 990, Pa	
(a) [(1) (2) (3) (4)		11d. See Form 990, Pa	
(a) [(1) (2) (3) (4) (5)		11d. See Form 990, Pa	
(a) [(1) (2) (3) (4) (5) (6)		11d. See Form 990, Pa	
(a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Pa	
(a) [(1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Pa	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Pa	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description 15.)		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t	Description 15.)	11e or 11f. See Form §	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability	Description 15.)		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes	Description 15.) o Form 990, Part IV, line	11e or 11f. See Form 9 (b) Book value	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION OBLI	Description 15.) o Form 990, Part IV, line	11e or 11f. See Form 9 (b) Book value 7,051,382.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes	Description 15.) o Form 990, Part IV, line	11e or 11f. See Form 9 (b) Book value	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" tal. (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION OBLI	Description 15.) o Form 990, Part IV, line	11e or 11f. See Form 9 (b) Book value 7,051,382.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION OBLI (3) DEFERRED RENT	Description 15.) o Form 990, Part IV, line	11e or 11f. See Form 9 (b) Book value 7,051,382.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION OBLI (3) DEFERRED RENT (4)	Description 15.) o Form 990, Part IV, line	11e or 11f. See Form 9 (b) Book value 7,051,382.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION OBLI (3) DEFERRED RENT (4) (5)	Description 15.) o Form 990, Part IV, line	11e or 11f. See Form 9 (b) Book value 7,051,382.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION OBLI (3) DEFERRED RENT (4) (5) (6) (7)	Description 15.) o Form 990, Part IV, line	11e or 11f. See Form 9 (b) Book value 7,051,382.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION OBLI (3) DEFERRED RENT (4) (5) (6) (7) (8)	Description 15.) o Form 990, Part IV, line	11e or 11f. See Form 9 (b) Book value 7,051,382.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION OBLI (3) DEFERRED RENT (4) (5) (6) (7) (8) (9)	15.) o Form 990, Part IV, line	11e or 11f. See Form 9 (b) Book value 7,051,382. 189,257.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) DEFERRED COMPENSATION OBLI (3) DEFERRED RENT (4) (5) (6) (7) (8)	25.)	11e or 11f. See Form 9 (b) Book value 7,051,382. 189,257.	(b) Book value

10-01-

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

NATIONAL DEFENS	SE INDUST	RIAL ASSO	CIATION		53-019654	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part	IV, line 14b.					
			ds to substantiate the amount of its gra			
the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and otl	ner assistance outs	side the
3 Activities per Region. (The following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND						
HE CARIBBEAN -						
ANTIGUA & BARBUDA,						
ARUBA, BAHAMAS,	0	0	INVESTMENT IN REGION			154,589.
	1					1
3 a Sub-total	0	0				154,589.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				154,589.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2014

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			recognized as charities by the					•		
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities									

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

Schedule F (Form 990) 2014 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization					•		Employer identification number		
	NATIONAL DEFENSE INDUSTRIAL ASSOCIATION 53-0196547								
Part I General Information on Grants a	and Assistance								
1 Does the organization maintain records		-			-				
criteria used to award the grants or assi	stance?						X Yes No		
2 Describe in Part IV the organization's pr									
Part II Grants and Other Assistance to					anization answered "Y	es" to Form 990, Part	IV, line 21, for any		
recipient that received more than		1	onal space is need	ed.	(f) Method of	1	,		
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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SPECIAL OPERATIONS WARRIOR									
FOUNDATION - PO BOX 13483 - TAMPA.							GENERAL OPERATING		
FL 33681	52-1183585	501C3	5,500.	0.			CONTRIBUTION		
				-					
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table				1.		
3 Enter total number of other organization	s listed in the line	1 table					> 0.		
LHA For Paperwork Reduction Act Notice	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2014)		

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
3	15,000.	0.					
9	9,000.	0.					
5	30,927.	0.					
1	5,000.	0.					
1	1,000.	0.					
quired in Part I, lin	ne 2, Part III, column	(b), and any other ac	dditional information.				
ARSHIP AW	NARD FUNDEL	BY THE AN	NUAL				
AT THE M	ASTERS LEV	EL IN THE	AMOUNT OF				
THE AMOUN	T OF \$10,0	000. APPLI	CANTS MUST				
-TIME MAS	STERS OR DO	OCTORAL PRO	GRAM IN				
ZEN, AND H	IAVE A STAT	ED INTERES	T AND CAREER				
TRAINING	SYSTEM AN	ID/OR EDUCA	TION				
ON STUDE	ENT MERIT A	AND NEEDS A	S DETERMINED				
	(b) Number of recipients 3 9 5 1 quired in Part I, lin ARSHIP AV AT THE M THE AMOUN THE AM	(b) Number of recipients (c) Amount of cash grant 3 15,000. 9 9,000. 1 1,000. 1 1,000. Quired in Part I, line 2, Part III, column ARSHIP AWARD FUNDEL O AT THE MASTERS LEVE THE AMOUNT OF \$10,000 JUIN THE MASTERS OR DO SEN, AND HAVE A STATE TRAINING SYSTEM AND TRAINING SYSTEM AND	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (a) Amount of recipients (c) Amount of cash assistance (a) Amount of cash grant (a) Amount of non-cash assistance (a) Amount of 2,000. (a) (b) Amount of non-cash assistance (a) Amount of 2,000. (b) Amount of 2,000. (c) Amount of 2,000. (c) Amount of 2,000. (c) Amount of 2,000. (d)	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (book, FMV, appraisal, other) 9 9,000. 0. 5 30,927. 0.			

FROM THE SUBMITTED APPLICATION DOCUMENTS. IF THE AWARDEE TERMINATES

(a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-							
(a) Type of graft of assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance		
USWD FELLOWSHIP AWARD	2.	5,000.	0.				
MARTELL-BUSHNELL AWARD	1.	1,000.	0.				

HIS/HER GRADUATE STUDIES AND THERE ARE REMAINING FUNDS, THE INSTITUTION WILL RETAIN SUCH FUNDS FOR AWARD TO ANOTHER STUDENT OF ITS CHOICE FOLLOWING THE ELIGIBILITY GUIDELINES. A PANEL CONSISTING OF CURRENT AND PAST I/ITSEC LEADERS AND MEMBERS OF THE EDUCATION COMMUNITY DETERMINE THE SELECTION. UNDERSEA WARFARE FUND: THE NDIA UNDERSEA SYSTEMS WARFARE DIVISION (USWD) UNIVERSITY FELLOWSHIP FUND IS TO FUND SCHOLARSHIPS FOR DOCTORAL CANDIDATES IN SCIENCE AND ENGINEERING RELATED TO UNDERSEA WARFARE AT THE UNIVERSITY OF TEXAS AUSTIN, THE PENNSYLVANIA STATE UNIVERSITY AT STATE COLLEGE, AND THE UNIVERSITY OF WASHINGTON SEATTLE. SPECIFIC ELIGIBILITY RULES FOR THE FELLOWSHIP ARE ESTABLISHED AT THE PARTICIPATING UNIVERSITIES, WHICH FORWARD CANDIDATES TO THE RESEARCH ENGINEER AT THE PENNSYLVANIA STATE UNIVERSITY FOR REVIEW & APPROVAL BY THE UNDERSEA WARFARE EXECUTIVE BOARD. FELLOWSHIP IS NORMALLY FOR ONE YEAR NOT TO EXCEED IN-STATE TUITION COSTS &FEES, EXTENDIBLE TO A SECOND YEAR BASED ON STUDENT PERFORMANCE. THE SCHOLARSHIP IS INTENDED TO PROVIDE FINANCIAL HORIZONS SCHOLARSHIP: ASSISTANCE TO FURTHER EDUCATIONAL OBJECTIVES OF WOMEN WHO ARE US CITIZENS EITHER EMPLOYED OR PLANNING CAREERS IN DEFENSE OR NATIONAL SECURITY AREAS (THIS IS NOT LAW ENFORCEMENT OR CRIMINAL JUSTICE). THE AMOUNT OF THE AWARDS VARIES EACH YEAR. THE APPLICANT MUST BE CURRENTLY ENROLLED EITHER PART- OR FULL-TIME AT AN ACCREDITED UNIVERSITY OR COLLEGE WITH A MINIMUM GRADE POINT AVERAGE OF 3.25. AWARDS ARE BASED ON ACADEMIC ACHIEVEMENT, PARTICIPATION IN DEFENSE AND NATIONAL SECURITY ACTIVITIES, FIELD OF STUDY, WORK EXPERIENCE, STATEMENTS OF OBJECTIVES, RECOMMENDATIONS, AND FINANCIAL A PANEL OF JUDGES, COMPOSED OF WID (NDIA AFFILIATE) MEMBERS, CONSIDERS APPLICATIONS AND MAKES AWARDS ONCE EACH YEAR. HUBERT D. HARRIS MEMORIAL SCHOLARSHIP FUND: THESE SCHOLARSHIPS ARE OPEN TO SPECIFIC CANDIDATES PURSUING AN UNDERGRADUATE DEGREE WHO HAVE AN INTEREST IN A SCIENTIFIC, ENGINEERING, OR MATHEMATICAL (STEM) CAREER. THE

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.
➤ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

Employer identification number 53-0196547

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		_X_
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	۱۵		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
LAWRENCE P FARRELL JR.	(i)	370,104.	0.	19,815.	87,885.	1,680.	479,484.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
JAMES A ROBB	(i)	207,304.	0.	19,925.	54,670.	1,680.	283,579.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
BARRY BATES	(i)	262,835.	0.	3,810.	23,000.	1,680.	291,325.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
PETER M STEFFES	(i)	176,716.	0.	534.	4,310.	8,717.	190,277.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
E RICHARD TAYLOR	(i)	146,374.	0.	70.	5,850.	7,596.	159,890.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
DAVID E CHESEBROUGH	(i)	139,467.	0.	2,256.	3,120.	15,358.	160,201.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
THOMAS A OWENS	(i)	139,184.	0.	0.	23,000.	0.	162,184.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
SCOTT REKDAL	(i)	134,441.	0.	220.	30,788.	14,005.	179,454.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
SASAN OGHLIDOS	(i)	131,618.	0.	831.	23,000.	14,058.	169,507.	0.	
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
BRONISLAW P PROKUSKI	(i)	171,046.	0.	1,183.	12,009.	2,804.	187,042.	0.	
COO (THRU 8/14)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
PART I, LINE 4B:							
LAWRENCE P. FARRELL JR. AND BRONISLAW PROKUSKI JR. BOTH PARTICIPATE IN THE							
457(F) PLAN. NO CONTRIBUTIONS WERE MADE DURING THE YEAR ENDED 9/30/2015.							

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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

2014
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

Employer identification number 53-0196547

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ITS ALLIES AND PARTNERS. NDIA PROVIDES TRUSTED LEADERSHIP THROUGH THE

CONVENING AND COLLABORATION OF GLOBAL LEADERS TO SOLVE THE MOST COMPLEX

CHALLENGES IN DEFENSE AND NATIONAL SECURITY.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIRMAN AND VICE CHAIRMAN OF
THE BOARD OF DIRECTORS, THE IMMEDIATE PAST CHAIRMAN, AND FOUR ADDITIONAL
MEMBERS ELECTED BY THE BOARD OF DIRECTORS FOR A TERM OF OFFICE OF ONE YEAR.
THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD
OF DIRECTORS IN THE MANAGEMENT OF THE ASSOCIATION EXCEPT THE AUTHORITY TO
ADOPT AMENDMENTS TO THE BY-LAWS. IN ADDITION, IT SHALL REVIEW INDIVIDUAL,
CORPORATE, AND GOVERNMENT MEMBERSHIP STANDINGS AT EACH OF ITS REGULAR
MEETINGS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION HAS THREE CLASSES OF MEMBERSHIP: INDIVIDUAL, CORPORATE, AND ALLIED INDIVIDUAL. MEMBERSHIP SHALL BE EITHER REGULAR, LIFE, STUDENT, OR HONORARY, AS DESCRIBED BELOW.

INDIVIDUAL MEMBERS MUST BE UNITED STATES CITIZENS. INDIVIDUAL MEMBERS SHALL

BE ENTITLED TO VOTE AS A MEMBER OF ONE OF THE ASSOCIATION'S CHAPTERS ONLY

ON MATTERS AFFECTING THE CHAPTER.

- (A) REGULAR MEMBERSHIP IS OPEN TO THOSE INDIVIDUALS WHO DO NOT QUALIFY FOR ANY OTHER TYPE OF INDIVIDUAL MEMBERSHIP.
- (B) LIFE MEMBERSHIP IS OPEN TO INDIVIDUAL MEMBERS UPON PAYMENT OF LIFE-TIME

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

 Schedule O (Form 990 or 990-EZ) (2014)

 632211
 68-27-14

Schedule O (Form 990 or 990-EZ) (2014) Page 2 **Employer identification number** Name of the organization 53-0196547 NATIONAL DEFENSE INDUSTRIAL ASSOCIATION MEMBERSHIP DUES (C) STUDENT MEMBERSHIP IS OPEN TO STUDENTS IN COLLEGES AND TECHNICAL SCHOOLS (D) HONORARY MEMBERSHIP IS CONFERRED IN THE DISCRETION OF THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE ON THOSE WHO HAVE RENDERED MERITORIOUS SERVICE IN THE CAUSE OF DEFENSE PREPAREDNESS AND NATIONAL SECURITY. HONORARY MEMBERS WILL PAY NO DUES. CORPORATE MEMBERS SHALL BE TERMED REGULAR CORPORATE MEMBERS. REGULAR CORPORATE MEMBERSHIP IS OPEN TO ALL BUSINESSES, INCLUDING PARTNERSHIPS, SOLE PROPRIETORSHIPS, CORPORATIONS, FIRMS, EDUCATIONAL INSTITUTIONS, FOUNDATIONS, ASSOCIATION, AND COMPONENTS THEREOF (HEREINAFTER REFERRED TO AS "CORPORATIONS") ORGANIZED OR OTHERWISE CHARTERED WITHIN THE UNITED STATES. A KEY REPRESENTATIVE, EMPOWERED TO SPEAK (VOTE) FOR HIS OR HER CORPORATION ON MATTERS AFFECTING THE ASSOCIATION AS A WHOLE (HEREINAFTER REFERRED TO AS "KEY REPRESENTATIVE") WILL BE DESIGNATED BY EACH REGULAR CORPORATE MEMBER. REGULAR CORPORATE MEMBERS SHALL HAVE THE RIGHT TO NOMINATE EMPLOYEES TO REGULAR MEMBERSHIP IN THE ASSOCIATION. THE TOTAL NUMBER OF SUCH MEMBERSHIP TO BE RELATED TO THE ANNUAL MEMBERSHIP DUES OF THE REGULAR CORPORATE MEMBER, AS MAY BE PRESCRIBED BY THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE. SUCH MEMBERS SHALL NOT BE REQUIRED TO PAY INDIVIDUAL MEMBERSHIP DUES. ALLIED MEMBERSHIP SHALL BE EITHER INDIVIDUAL OR CORPORATE AS DESCRIBED **BELOW:**

(A) ALLIED INDIVIDUAL MEMBERSHIP MAY BE CONFERRED BY THE PRESIDENT OF THE ASSOCIATION ON INDIVIDUALS WHO ARE CITIZENS OF (1) NATIONS BELONGING TO THE NATO ALLIANCE, (2) JAPAN, AUSTRALIA, OR NEW ZEALAND, (3) NATIONS WITH WHICH Schedule O (Form 990 or 990-EZ) (2014) Name of the organization

Employer identification number

53-0196547

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION THE UNITED STATES MAINTAINS A RECIPROCAL PROCUREMENT AGREEMENT, (4) NATIONS WITH WHICH THE UNITED STATES DEPARTMENT OF DEFENSE HAS SPECIFICALLY REQUESTED THE ASSOCIATION TO CONDUCT MEETINGS AND ENHANCE COMMUNICATIONS ON AN INDUSTRY-TO-INDUSTRY BASIS. ALLIED INDIVIDUAL MEMBERS MAY PARTICIPATE AS INDIVIDUAL, NON-VOTING MEMBERS IN THE ACTIVITIES OF THE CHAPTERS, SUBJECT TO ANY RESTRICTIONS THAT MAY BE PLACED ON SUCH PARTICIPATION BY THE UNITED STATES GOVERNMENT. IN THE CASE OF CHAPTERS LOCATED OUTSIDE THE FIFTY STATES, ALLIED MEMBERS MAY PARTICIPATE AS INDIVIDUAL VOTING MEMBERS IN THE ACTIVITIES OF THOSE CHAPTERS.

(B) ALLIED CORPORATE MEMBERSHIP MAY BE CONFERRED BY THE PRESIDENT OF THE ASSOCIATION ON CORPORATIONS WHICH ARE CHARTERED AND CONTROLLED UNDER THE LAWS OF (1) NATIONS BELONGING TO THE NATO ALLIANCE, (2) JAPAN, AUSTRALIA, OR NEW ZEALAND, (3) NATIONS WITH WHICH THE UNITED STATES MAINTAINS A RECIPROCAL PROCUREMENT AGREEMENT, (4) NATIONS WITH WHICH THE UNITED STATES DEPARTMENT OF DEFENSE HAS SPECIFICALLY REQUESTED THE ASSOCIATION TO CONDUCT MEETINGS AND ENHANCE COMMUNICATIONS ON AN INDUSTRY-TO-INDUSTRY BASIS. ALLIED CORPORATE MEMBERS SHALL HAVE THE RIGHT TO NOMINATE A DESIGNATED NUMBER OF EMPLOYEES AS THEIR REPRESENTATIVES TO RECEIVE ALL BENEFITS OF ALLIED INDIVIDUAL MEMBERS. SUCH MEMBERS SHALL NOT BE REQUIRED TO PAY INDIVIDUAL MEMBERSHIP DUES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ASSOCIATION'S BOARD OF DIRECTORS ARE ELECTED BY A MAJORITY VOTE FROM THE FOLLOWING ELECTORS. THE PRESIDENT OF EACH CHAPTER IN THE FIFTY STATES SHALL BE AN ELECTOR WHO SHALL HAVE ONE VOTE FOR EACH 100 INDIVIDUAL MEMBERS OF THE CHAPTER, OR A PORTION THEREOF. THE CHAIRMAN OF EACH DIVISION SHALL BE AN ELECTOR WHO SHALL HAVE ONE VOTE. THE KEY REPRESENTATIVE OF EACH

REGULAR CORPORATE MEMBER SHALL BE AN ELECTOR WHO SHALL HAVE ONE VOTE.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

Employer identification number 53-0196547

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND IS PROVIDED PRIOR TO FILING TO THE NDIA EXECUTIVE COMMITTEE, WHICH HAS BOARD AUTHORITY DESIGNATED TO IT, FOR ITS INFORMATION AND REVIEW. AT THE SAME TIME, A DETAILED REVIEW IS CONDUCTED BY THE THE NDIA CHIEF OPERATING OFFICER, AND THE NDIA CONTROLLER. ALL PARTIES ARE ABLE TO ASK QUESTIONS AND REQUEST CHANGES TO THE FORM 990 PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEETING BEGINS WITH A REVIEW OF A CHART OUTLINING THE CONFLICT OF INTEREST POLICY AND THE BOARD CHAIRMAN CALLING FOR ANY DISCLOSURES. THE POLICY IS ALSO OUTLINED IN THE DIRECTOR'S HANDBOOK, WHICH EACH BOARD MEMBER RECEIVES. BOARD MEMBERS, OFFICERS, AND INDIVIDUALS HOLDING STAFF EXECUTIVE POSITIONS ARE REQUIRED TO COMPLETE DISCLOSURE FORMS ANNUALLY AT THE BEGINNING OF EACH FISCAL YEAR, LISTING ALL INTERESTS WHICH EITHER DO, OR POTENTIALLY COULD, REPRESENT A CONFLICT OF INTEREST. OFFICERS AND THOSE INDIVIDUALS HOLDING EXECUTIVE POSITIONS ARE REQUIRED TO UPDATE THEIR DISCLOSURE FORMS THROUGHOUT THE YEAR SHOULD CIRCUMSTANCES CHANGE. THE DISCLOSURE FORM IS A THREE PART FORM. THE FIRST SECTION ASKS IF THERE ARE ANY RELEVANT RELATIONSHIPS TO DISCLOSE (RELEVANT BEING THOSE RELATIONSHIPS RELATED TO THE INTERESTS AND ACTIVITIES OF NDIA AND ITS AFFILIATES). THE SECOND SECTION REQUESTS DISCLOSURE OF RELEVANT FINANCIAL, COMMERCIAL, OR OTHER ORGANIZATIONAL RELATIONSHIPS, AND THE FINAL SECTION REQUESTS A CATEGORY LISTING OF RELATIONSHIPS TO BE DISCLOSED AS APPROPRIATE. ANY ISSUES RAISED WOULD BE PRESENTED TO THE PRESIDENT AND CEO OF NDIA, SUBSEQUENTLY TO THE NDIA FINANCE COMMITTEE CHAIRMAN AND THE NDIA BOARD

08-27-1

Schedule O (Form 990 or 990-EZ) (2014)

EXECUTIVE COMMITTEE FOR APPROPRIATE ACTION.

Name of the organization

NATIONAL DEFENSE INDUSTRIAL ASSOCIATION

Employer identification number 53-0196547

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION FOR THE PRESIDENT & CEO OF NDIA IS SET BY CONTRACT SIGNED

BY THE PRESIDENT AND THE CHAIRMAN, NDIA, AFTER CONSULTATION WITH AN

EXTERNAL COMPENSATION EXPERT USING DATA FROM SURVEY COMPENSATION DATA. THE

PRESIDENT'S BASE COMPENSATION IS REVIEWED ON AN ANNUAL BASIS BY THE NDIA

COMPENSATION COMMITTEE, NORMALLY AS PART OF ITS REVIEW OF THE INCENTIVE

AWARDS JUSTIFICATIONS, WITH SUBSEQUENT REVIEW AND APPROVAL BY THE NDIA

EXECUTIVE COMMITTEE. THE MOST RECENT REVIEW WAS IN FEBRUARY 2015. THE

JUSTIFICATION PACKAGE PRESENTED TO BOTH COMMITTEES INCLUDES SURVEY

COMPENSATION DATA OF LIKE ENTITIES IN THE NON PROFIT INDUSTRY.

THE COMPENSATION OF THE OTHER EXECUTIVES IS REVIEWED ON AN ANNUAL BASIS BY
THE NDIA PRESIDENT AND THE NDIA COMPENSATION COMMITTEE AS PART OF ITS
REVIEW OF THE INCENTIVE AWARDS JUSTIFICATIONS PRESENTED TO IT AND
SUBSEQUENTLY TO THE NDIA EXECUTIVE COMMITTEE. ALL EMPLOYEES' COMPENSATION
IS REVIEWED ON AN ANNUAL BASIS BY THE NDIA COO USING THE APPROPRIATE
COMPARABILITY DATA AND INFORMATION FROM INDIVIDUAL PERFORMANCE INCENTIVE
REVIEWS. EMPLOYEE COMPENSATION IS INDIRECTLY REVIEWED BY NDIA'S FINANCE
COMMITTEE AS PART OF THE ANNUAL BUDGETING PROCESS. IT SHOULD BE NOTED THAT
FY 2014 COMPENSATION REVIEWS WITH THE INCLUSION OF PERFORMANCE INCENTIVE
DISTRIBUTIONS FOR VICE PRESIDENTS AND KEY EMPLOYEES WERE EXTENDED INTO FY
2015 DUE TO DELAYS IN FINALIZING FY 2014 CORPORATE FINANCIAL PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization NATIONAL DEFENSE INDUSTRIAL ASSOCIATION	Employer identification number 53-0196547
FORM 990, PART IX, LINE 11G, OTHER FEES:	
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	541,961.
MANAGEMENT AND GENERAL EXPENSES	166,322.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	708,283.
TEMPORARY HELP:	
PROGRAM SERVICE EXPENSES	64 202
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	•
TOTAL EXPENSES	65 055
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	462,142.
MANAGEMENT AND GENERAL EXPENSES	1,435,004.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,897,146.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,670,686.
FORM 990, PART XII, LINE 2C THE OVERSIGHT PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR	
CONSULTANTS: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	462,142 1,435,004 0 1,897,146 2,670,686

Form	990-T	Exempt Organization Business Income Tax Return						- -	OMB No. 1545-0687
		(and proxy tax under section 6033(e)) For calendar year 2014 or other tax year beginning OCT 1, 2014, and ending SEP 30, 2015							
		Forca						<u></u>	2014
Depar	tment of the Treasury al Revenue Service	l ⊳	Information about For Do not enter SSN numbers						pen to Public Inspection for 01(c)(3) Organizations Only
A	Check box if address changed		Name of organization (D Employ (Emplo instruc	er identification number yees' trust, see tions.)
B E	xempt under section	Print	NATIONAL DEF	ENSE INDUS	RIA	L ASSOCIATION	ON		3-0196547
X] 501(c)(3)	or	' I Number, street, and room of suite no. If a P.O. box, see instructions.						ed business activity codes structions.)
] 408(e) [220(e)	Туре	2111 WILSON						
	408A530(a)		City or town, state or provi	= 440					
	529(a)		ARLINGTON, V		5418	300			
Cat	ok value of all assets end of year , 708,892.		exemption number (See in			Leavenance	404(=) +		7 Other trust
			corganization type			501(c) trust	401(a) trust		Other trust
			ary unrelated business activi poration a subsidiary in an af					Yes	X No
			tifying number of the parent		1-200211	nary controlled group?	······································	163	[22] 140
			THE ORGANIZAT			Telepho	ne number > 7	03-5	22-1820
			de or Business Inco			(A) Income	(B) Expenses		(C) Net
_	Gross receipts or sale							- 10	
b	Less returns and allo			c Balance	1c				
2	Cost of goods sold (S	Schedule	A, line 7)		2				
3	Gross profit. Subtrac	t line 2 fr	om line 1c		3			1000	
4 a			h Schedule D)		4a				
b			art II, line 17) (attach Form		4b			V	
C			sts		4c				
5			ips and S corporations (atta		5				
6					6			-	
7			ne (Schedule E)		7 8			_	
8			and rents from controlled or on 501(c)(7), (9), or (17) org		_			-	
9 10			me (Schedule I)		10	472,241.	220,7	20.	251,521.
11			3 J)		11	921,805.	579,4		342,401.
12			ns; attach schedule)		12			707	
13			gh 12		13	1,394,046.	800,1	24.	593,922.
Pa			ot Taken Elsewhere						
_			utions, deductions must l						
14	Compensation of of	ficers, di	rectors, and trustees (Sched	fule K)			.,	14	
15								15	
16								16	
17								17	
18	•							19	
19			e instructions for limitation i					20	
20 21			562)						
22	Less depreciation of	laimed o	n Schedule A and elsewhere	on return	*********	22a		22b	
23			Sivi. Nil					23	
24			mpensation plans					24	
25								25	
26	Excess exempt expe	enses (So	chedule I)				s	26	251,521.
27	Excess readership of	osts (Sc	hedule J)					27	342,401.
28			nedule)					28	2,060.
29			nes 14 through 28					29	595,982.
30			ncome before net operating					30	-2,060.
31			(limited to the amount on I					31	-2,060.
32			ncome before specific deduc y \$1,000, but see line 33 ins					33	1,000.
33 34			y \$ 1,000, but see line 33 ins income. Subtract line 33 fi					- 55	
34			micome. Subtract fine 33 ii					34	-2,060.
4237 01-13	01 LUA For Do		Reduction Act Notice, see						Form 990-T (2014)

Pa	rt III	Tax Computation		
3	35 C	rganizations Taxable as Corporations. See instructions for tax computation.	12.5	
	C	ontrolled group members (sections 1561 and 1563) check here 🕨 🔙 See instructions and:		
	a E	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	HAV	
	(1) \$ (2) \$ (3) \$	ST.	
	b E	nter organization's share of: (1) Additional 5% tax (not more than \$11,750)	15	
	(2) Additional 3% tax (not more than \$100,000)		
		ocome tax on the amount on line 34	35c	0.
3	36 T	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
		Tax rate schedule or Schedule D (Form 1041)	36	
3	37 P	roxy tax. See instructions	37	
		Iternative minimum tax	38	
Tarif.		otal. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.
		Tax and Payments		
		oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	1889	
		ther credits (see instructions)	#A11	
		eneral business credit. Attach Form 3800 40c		
		redit for prior year minimum tax (attach Form 8801 or 8827)	1.00	
		otal credits. Add lines 40a through 40d	40e	
,		ubtract line 40e from line 39	41	0.
	12 C	ther taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42	
		otal tax. Add lines 41 and 42	43	0.
		ayments: A 2013 overpayment credited to 2014	0.00	
		014 estimated tax payments	100	
		ax deposited with Form 8868 44c	TO LES	
		oreign organizations: Tax paid or withheld at source (see instructions)	100	
		ackup withholding (see instructions)	200	
		redit for small employer health insurance premiums (Attach Form 8941)		
		Today of chian employer mount instrume premium ()	135	
	gı	ther credits and payments: Form 2439 Other Total ►		
	<u>.</u> 	FORM 4 130 Other Other	45	
		otal payments. Add lines 44a through 44gstimated tax penalty (see instructions). Check if Form 2220 is attached	46	
		ax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
		verpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
		nter the amount of line 48 you want: Credited to 2015 estimated tax	49	
Pai		Statements Regarding Certain Activities and Other Information (see instructions)	70]	
		time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial acco	ount (bank.	Yes No
		ties, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and		
	Accou	into If VES enter the name of the foreign country here.		X
2	During	ints. If YES, enter the name of the foreign country here the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? see instructions for other forms the organization may have to file.		Х
3	If YES,	see instructions for other forms the organization may have to file. the amount of tax-exempt interest received or accrued during the tax year \$\infty\$		OH LEAD
		le A - Cost of Goods Sold. Enter method of inventory valuation N/A		
1	11 Contractor	tory at beginning of year 1 6 Inventory at end of year	6	
2 3		ases 2 7 Cost of goods sold. Subtract line 6 of labor 3 from line 5. Enter here and in Part I, line 2	7	
-		a Dull of the control		Yes No
				100 110
_		Construction Construction		
_5	Total	Add lines 1 through 4b 5 the organization? Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	ge and belief, it is true,	
Sigi	n	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Her		CEO/PRESIDENT #50	y the IRS discuss this re preparer shown below	
	•		tructions)? X Yes	
	_			110
	_	Tring type property of name	1 1104	
Pa		D MICHARI CORREITS WINES h CPN 8/15/2014	P000017	137
	epar	er Manuel And Mayon	52-1855	
Us	e Or	2021 L STREET, NW SUITE 400	JH 1000	
			202) 293-	2200
				0-T (2014)
42371	1 01-1	3-15	COLLI	= (4014)

(4)				
Nonexempt Controlled Orga	anizations			
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line B, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals		>	0.	0.

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Form 990-T (2014)

423721 01-13-15

Form 990-1 (2014) INALLOINA	AL DELEMSE	TMDOSIVIA	D WOOOCTWIT	714	33 0	TOOTE	rage 4
Schedule G - Investmer	nt Income of a S						
	iption of income		2. Amount of income	3. Deductions directly connected (attach schedule)		Get-asides ch schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)		-					
(2)							
(3)							
(4)							
			Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals			0.				0.
Schedule I - Exploited E	•	Income, Other	Than Advertising	ncome			
(See Institut	Ctions	стит /	A N		S TIN	4T 5	TI
Description of exploited activity	2. Gross unrelated business income from trade or business	STMT 4 3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	 Gross income from activity that is not unrelated business income 	6. attri	Expenses butable to olumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4) STATEMENT 3	472,241.	220,720.	251,521.		36	2,267	
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B),					Enter here and on page 1, Part II, line 26,
Totals	472,241.	220,720.		The May as The	100		251,521.
Schedule J - Advertisin Part I Income From P	g Income (see	instructions)	nalidated Pagis				
Part I Income From F	reriodicais nep	orted on a Cons	solidated basis				
	2. Gross	3. Direct	4. Advertising gain or (loss) (col. 2 minus	5. Circulation	6. Re	eadership	7. Excess readership costs (column 6 minus
1. Name of periodical	advertising income	advertising costs	col. 3). If a gain, compute cols. 5 through 7.	income		costs	column 5, but not more than column 4).
(1) ENEWSLETTERS (2) NATIONAL DEFEN	17,25 NSE	0. 18,323	-	0	•	0.	
(3) MAGAZINE	904,55	5. 561,081		230,113	. 122	0111.	
(4)							
Totals (carry to Part II, line (5))	▶ 921,80	5. 579,404	. 342,401.	230,113	. 122	0111.	342,401.
Part II Income From F			arate Basis (For ea	ach periodical lis	ted in Part	II, fill in	
columns 2 through	7 on a line-by-line ba	asis.)					
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7,	5. Circulation income		eadership costs	Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)			_				
(4)			-			1 5 2 1	242 401
Totals from Part I	921,80					JUL 1	342,401. Enter here and
	Enter here and page 1, Part I line 11, col. (A	, page 1, Part I, line 11, col. (B).					on page 1, Part II, line 27
Totals, Part II (lines 1-5) Schedule K - Compens	▶ 921,80			nstructions)			342,401.
1. N		is, Directors, ar	2. Title	3. Pe	rcent of evoted to siness		ensation attributable related business
				bus			
(1)					%		
(2)					%		
WH!					791		

423731 01-13-15

(4)

0.

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION TAX PREPARATION FEES		AMOUNT 2,060.
TOTAL TO FORM 990-T, PAGE 1	, LINE 28	2,060.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/08	1,950.	1,925.	25.	25.
09/30/09	2,000.	0.	2,000.	2,000.
09/30/10	2,000.	0.	2,000.	2,000.
09/30/11	2,000.	0.	2,000.	2,000.
09/30/12	2,000.	0.	2,000.	2,000.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	8,025.	8,025.

FORM 990-T	SCHEDULE	I - EXPLOI	TED EXEMPT	ACTIVITY	INCOME ST	ATEMENT 3
(1) DESCRIPTION OF ACTIVITY	(2) GROSS UBI	(3) UBI EXPENSES	(4) NET INCOME	(5) GROSS INCOME	(6) COL 5 EXPENSES	(7) EXCESS EXEMPT EXP
ITSEC/SOFIC EVEN	T PUBLICAT		232,404.	-	326,789.	232,404.
WEBSITE ADVERTIS	•	4,683.	19,117.		35,478.	19,117.
COLUMN TOTALS	472,241.	220,720.	251,521.		362,267.	251,521.

FORM 990-T SCHEDU	STATEMENT 4			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
ITSEC/SOFIC EXPENSES	- SUBTOTAL -	1	216,037.	216,037.
WEBSITE EXPENSES	- SUBTOTAL -	3	4,683.	4,683.
TOTAL OF FORM 990-T,	SCHEDULE I, COLUMN	3		220,720.

	I - EXPENSES NOT DUCTION OF UNRELAT			STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
ITSEC/SOFIC EXPENSES	- SUBTOTAL -	1	326,789.	326,789.
WEBSITE EXPENSES	- SUBTOTAL -	3	55,470.	35,478.
TOTAL OF FORM 990-T, SO	CHEDULE I, COLUMN 6	5		362,267.