

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

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.

A For the 2014 calendar year, or tax year beginning and ending

Form header section containing organization name (THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION), EIN (54-0564701), address (P.O. BOX 110, MOUNT VERNON, VA 22121-0110), and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for 2014, prior year, and current year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (Philip Manno), preparer signature (Frank H. Smith), and firm information (RAFFA, P.C.).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

COPY

THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

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Part 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:

TO PRESERVE, RESTORE, AND MANAGE THE ESTATE OF GEORGE WASHINGTON TO THE HIGHEST STANDARDS AND TO EDUCATE VISITORS AND PEOPLE THROUGHOUT THE WORLD ABOUT HIS LIFE AND LEGACIES, SO THAT HIS EXAMPLE OF CHARACTER AND LEADERSHIP WILL CONTINUE TO INFORM AND INSPIRE FUTURE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
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? Yes No
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 \$ 39,413,687. including grants of \$ 46,500.) (Revenue \$ 21,192,693.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 39,413,687.

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432002
11-07-14

SEE SCHEDULE O FOR CONTINUATION(S)

COPY

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**THE MOUNT VERNON LADIES ' ASSOCIATION
OF THE UNION**

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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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 183		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 721		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**THE MOUNT VERNON LADIES' ASSOCIATION
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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.

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

Section 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 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.	29	
b	Enter the number of voting members included in line 1a, above, who are independent	29	
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 direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint 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, stockholders, 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 by the following:		
a	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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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 by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	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 with 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 its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records: **PHILIP MANNO - 703-799-8699**
P.O. BOX 110, MOUNT VERNON, VA 22121-0110



**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Part VII 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. MELODY SAWYER RICHARDSON SECRETARY	10.00	X		X			0.	0.	0.	
(2) MRS. P. COLEMAN TOWNSEND TREASURER	10.00	X		X			0.	0.	0.	
(3) MRS. BENJAMIN LUCAS II REGENT	10.00	X		X			0.	0.	0.	
(4) MRS. JAMES ALLISON VICE REGENT	10.00	X					0.	0.	0.	
(5) MRS. RICHARD AMUNDSEN VICE REGENT	10.00	X					0.	0.	0.	
(6) MRS. SHEPARD B. ANSLEY VICE REGENT	10.00	X					0.	0.	0.	
(7) MRS. ALPHA BLACKBURN VICE REGENT	10.00	X					0.	0.	0.	
(8) MRS. JOHN BOOKOUT III VICE REGENT	10.00	X					0.	0.	0.	
(9) MRS. WILLIAM H. BORTHWICK VICE REGENT	10.00	X					0.	0.	0.	
(10) MRS. FRANK L. COULSON, JR. VICE REGENT	10.00	X					0.	0.	0.	
(11) MRS. JAMES CRUMPACKER VICE REGENT	10.00	X					0.	0.	0.	
(12) MRS. JARED EDWARDS VICE REGENT	10.00	X					0.	0.	0.	
(13) MRS. JOSEPH W. HENDERSON III VICE REGENT	10.00	X					0.	0.	0.	
(14) MRS. FRANK X. HENKE III VICE REGENT	10.00	X					0.	0.	0.	
(15) MRS. DAVID GARTH HOLDSWORTH VICE REGENT	10.00	X					0.	0.	0.	
(16) MRS. CHARLES G. LANE VICE REGENT	10.00	X					0.	0.	0.	
(17) MRS. HELEN HERBOTH LAUGHERY VICE REGENT	10.00	X					0.	0.	0.	

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**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MRS. FRANK MAURAN IV VICE REGENT	10.00	X						0.	0.	0.
(19) MRS. CHARLES B. MAYER VICE REGENT	10.00	X						0.	0.	0.
(20) MRS. MICHAEL R. MAYTON VICE REGENT	10.00	X						0.	0.	0.
(21) MRS. DAVID E. NICHOLS VICE REGENT	10.00	X						0.	0.	0.
(22) MRS. THOMAS E. PETRI VICE REGENT	10.00	X						0.	0.	0.
(23) MRS. CHARLES G. REEDER VICE REGENT	10.00	X						0.	0.	0.
(24) MRS. J. SCHLEY RUTHERFORD VICE REGENT	10.00	X						0.	0.	0.
(25) MRS. KENAN SAHIN VICE REGENT	10.00	X						0.	0.	0.
(26) MRS. HUGH SCOTT III VICE REGENT	10.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,198,775.	0.	207,626.
d Total (add lines 1b and 1c)								2,198,775.	0.	207,626.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

	Yes	No
3 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		X
4 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	X	
5 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		X

Section B. Independent Contractors

1 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.

(A) Name and business address	(B) Description of services	(C) Compensation
MAGNET DIRECT, 45 BRAINTREE HILL OFFICE PARK, STE. 201, BRAINTREE, MA 02184	DIRECT MAIL FUNDRAISING CONSULT.	1,263,803.
WHITING TURNER CONTRACTING CO. P.O. BOX 17596, BALTIMORE, MD 21297	CONSTRUCTION AND GENERAL CONTRACTOR	1,255,555.
MANA CONSTRUCTION 8804 OLD COLONY WAY, ALEXANDRIA, VA 22309	GENERAL CONTRACTOR	346,040.
ELY, INC., 4110 FORESTVILLE ROAD, FORESTVILLE, MD 20747	FINE ARTS AND EXHIBIT CONSULTANT	252,170.
SELECT EVENT RENTALS, 8610 CHERRY LANE, SUITE 42, LAUREL, MD 20707	EVENT RENTAL SERVICES	236,216.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **23**

SEE PART VII, SECTION A CONTINUATION SHEETS

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Form 990

54-0564701

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MRS. EVERETTE SHERRILL VICE REGENT	10.00	X						0.	0.	0.
(28) MRS. FREDERICK H. WADDELL VICE REGENT	10.00	X						0.	0.	0.
(29) MRS. TOGO D. WEST VICE REGENT	10.00	X						0.	0.	0.
(30) CURTIS C. VIEBRANZ PRESIDENT/CEO	40.00			X				331,308.	0.	20,016.
(31) PHILIP MANNO CHIEF FINANCIAL OFFICER	40.00			X				201,026.	0.	16,167.
(32) SUSAN MAGILL VP ADVANCEMENT	40.00				X			235,017.	0.	20,674.
(33) BARTON GROH COO (THRU 04/2014)	40.00				X			225,923.	0.	20,078.
(34) ROBERT SHENK SNR. VP VISITOR ENGAGEMENT	40.00				X			203,942.	0.	15,598.
(35) DOUGLAS BRADBURN FOUNDING DIRECTOR OF NAT'L LIBRARY	40.00				X			195,252.	0.	15,331.
(36) CAROL CADOU SNR. VP HISTORIC PRESERV. & COLL.	40.00				X			160,481.	0.	13,267.
(37) JAMIE BOSKET VP GUEST EXPERIENCE DIVISION	40.00					X		134,925.	0.	15,785.
(38) F. ANDERSON MORSE DIRECTOR OF DEVELOPMENT	40.00					X		134,279.	0.	21,013.
(39) JAHMOND QUANDER DIRECTOR OF FOOD AND BEVERAGE	40.00					X		132,790.	0.	13,663.
(40) MEGAN DUNN VP OF HUMAN RESOURCES	40.00					X		124,038.	0.	21,549.
(41) CAROLINA CAMARGO DIRECTOR OF SPECIAL GIFTS	40.00					X		119,794.	0.	14,485.
Total to Part VII, Section A, line 1c								2,198,775.		207,626.

**THE MOUNT VERNON LADIES' ASSOCIATION
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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	872,512.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,374,833.			
	g Noncash contributions included in lines 1a-1f: \$		2,290,424.			
	h Total. Add lines 1a-1f		9,247,345.			
Program Service Revenue	2 a <u>ADMISSION FEES</u>	Business Code 900099	13,655,456.	13,655,456.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		13,655,456.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,388,030.			2,388,030.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		187,665.			187,665.
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		87,143,579.		
		c Gain or (loss)		1,492,269.		
	d Net gain or (loss)		1,492,269.			1,492,269.
	8 a Gross income from fundraising events (not including \$ <u>872,512.</u> of contributions reported on line 1c). See Part IV, line 18	a	134,205.			
		b Less: direct expenses		183,518.		
c Net income or (loss) from fundraising events			-49,313.			-49,313.
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	14,821,012.				
	b Less: cost of goods sold		5,757,192.			
	c Net income or (loss) from sales of inventory		9,063,820.	7,537,237.	1,526,583.	
Miscellaneous Revenue		Business Code				
11 a <u>OTHER INCOME</u>		900099	509,680.			509,680.
	b <u>TICKET REVENUE</u>		900099	166,955.		166,955.
	c <u>CELL PHONE TOWER REVENUE</u>		900099	50,828.		50,828.
	d All other revenue					
	e Total. Add lines 11a-11d			727,463.		
12 Total revenue. See instructions.			36,712,735.	21,192,693.	1,526,583.	4,746,114.

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Form **990** (2014)

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**THE MOUNT VERNON LADIES' ASSOCIATION
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	46,500.	46,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,674,080.	937,665.	410,459.	325,956.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,733,509.	13,778,060.	1,201,297.	754,152.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	941,507.	857,301.	60,602.	23,604.
9 Other employee benefits	1,749,074.	1,559,334.	125,885.	63,855.
10 Payroll taxes	1,272,205.	1,110,509.	106,555.	55,141.
11 Fees for services (non-employees):				
a Management				
b Legal	32,131.		32,131.	
c Accounting	102,788.		102,788.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,035,853.			1,035,853.
f Investment management fees	506,475.		506,475.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,470,429.	1,827,318.	420,739.	222,372.
12 Advertising and promotion	830,408.	794,706.	8,397.	27,305.
13 Office expenses	6,769,591.	6,005,208.	457,187.	307,196.
14 Information technology	220,327.	101,799.	75,383.	43,145.
15 Royalties				
16 Occupancy	1,361,769.	1,359,359.	1,205.	1,205.
17 Travel	246,040.	204,285.	24,189.	17,566.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,883.	44,654.	8,922.	2,307.
20 Interest	617,418.	617,418.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,549,867.	7,549,867.		
23 Insurance	302,220.	79,232.	101,242.	121,746.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	1,545,081.	1,329,864.	46,697.	168,520.
b COLLECTIONS & LIBRARY	695,506.	695,506.		
c ALLOCATION	0.	515,102.	1,471.	-516,573.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	45,758,661.	39,413,687.	3,691,624.	2,653,350.
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,274,750.	639,296.	36,320.	599,134.



**THE MOUNT VERNON LADIES' ASSOCIATION
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	660,097.	1	4,672,889.	
	2 Savings and temporary cash investments	19,886,482.	2	7,018,772.	
	3 Pledges and grants receivable, net	20,259,533.	3	16,064,194.	
	4 Accounts receivable, net	896,186.	4	763,310.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	500,000.	7	500,000.	
	8 Inventories for sale or use	3,275,112.	8	2,743,569.	
	9 Prepaid expenses and deferred charges	422,661.	9	289,233.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	157,412,957.			
	b Less: accumulated depreciation	60,683,483.			
	11 Investments - publicly traded securities	102,375,513.	10c	96,729,474.	
	12 Investments - other securities. See Part IV, line 11	102,375,477.	11	100,102,728.	
	13 Investments - program-related. See Part IV, line 11	46,812,787.	12	54,798,994.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	3,420,434.	14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	300,884,282.	15	4,082,899.		
		16	287,766,062.		
Liabilities	17 Accounts payable and accrued expenses	4,740,857.	17	3,264,269.	
	18 Grants payable		18		
	19 Deferred revenue	637,365.	19	548,738.	
	20 Tax-exempt bond liabilities	15,000,000.	20	15,000,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	200,000.	23	200,000.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,574,696.	25	6,884,603.	
	26 Total liabilities. Add lines 17 through 25	25,152,918.	26	25,897,610.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	147,132,981.	27	142,755,233.	
	28 Temporarily restricted net assets	91,811,160.	28	83,210,355.	
	29 Permanently restricted net assets	36,787,223.	29	35,902,864.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	275,731,364.	33	261,868,452.	
	34 Total liabilities and net assets/fund balances	300,884,282.	34	287,766,062.	

Form **990** (2014)

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	36,712,735.
2 Total expenses (must equal Part IX, column (A), line 25)	2	45,758,661.
3 Revenue less expenses. Subtract line 2 from line 1	3	-9,045,926.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	275,731,364.
5 Net unrealized gains (losses) on investments	5	301,905.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	-5,118,891.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	261,868,452.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
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 on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c 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	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization **THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION** Employer identification number **54-0564701**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions 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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 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 instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar 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.")	78151158.	15346281.	17833083.	24922730.	9247345.	145500597
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	26657800.	25880391.	28103631.	25733948.	26023766.	132399536
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	104808958	41226672.	45936714.	50656678.	35271111.	277900133
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	13262219.	2160598.	5812551.	2230229.	1686024.	25151621.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	13262219.	2160598.	5812551.	2230229.	1686024.	25151621.
8 Public support. (Subtract line 7c from line 6.)						252748512

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	104808958	41226672.	45936714.	50656678.	35271111.	277900133
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2236085.	1406377.	1307906.	1366758.	2575695.	8892821.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2236085.	1406377.	1307906.	1366758.	2575695.	8892821.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	386,029.	324,210.	405,394.	221,480.	1526583.	2863696.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	503,186.	708,730.	576,364.	266,264.	735,260.	2789804.
13 Total support. (Add lines 9, 10c, 11, and 12.)	107934258	43665989.	48226378.	52511180.	40108649.	292446454

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))	15	86.43 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	87.26 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	3.04 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	2.95 %

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

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
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).		
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.		

Section 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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.		

THE MOUNT VERNON LADIES' ASSOCIATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

THE MOUNT VERNON LADIES' ASSOCIATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the 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	

Section 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:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c 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:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

THE MOUNT VERNON LADIES' ASSOCIATION

Part VI **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 A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2010 AMOUNT: \$ 503,186.

2011 AMOUNT: \$ 708,730.

2012 AMOUNT: \$ 576,364.

2013 AMOUNT: \$ 266,264.

2014 AMOUNT: \$ 735,260.

COPY

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

Employer identification number

54-0564701

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number 54-0564701
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,011,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>346,130.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>285,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>203,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number 54-0564701
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	6,710 SHARES OF WELLS FARGO AND 866 SHARES OF LIBERTY INTERACTIVE	\$ 353,689.	05/15/14
2	VARIOUS STOCK SHARES	\$ 32,130.	09/18/14
4	2,532 SHARES OF JP MORGAN	\$ 101,600.	12/12/14
		\$	
		\$	
		\$	

Name of organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number 54-0564701
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.

OMB No. 1545-0047

2014
Open to Public Inspection

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

Name of the organization **THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION** Employer identification number **54-0564701**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	151,676,248.	140,394,581.	134,418,489.	131,023,770.	85,199,712.
b Contributions	8,416,789.	16,693,092.	12,286,942.	12,372,930.	39,819,617.
c Net investment earnings, gains, and losses	2,580,195.	11,074,871.	8,122,184.	-4,798,880.	8,295,058.
d Grants or scholarships					
e Other expenditures for facilities and programs	16,673,118.	16,486,296.	14,433,034.	4,179,331.	2,290,617.
f Administrative expenses					
g End of year balance	146,000,114.	151,676,248.	140,394,581.	134,418,489.	131,023,770.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 25.10 %
 - b Permanent endowment 24.59 %
 - c Temporarily restricted endowment 50.31 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		963,362.		963,362.
b Buildings		106,415,407.	26,825,142.	79,590,265.
c Leasehold improvements				
d Equipment		45,275,153.	30,186,874.	15,088,279.
e Other		4,759,035.	3,671,467.	1,087,568.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				96,729,474.

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LONG/SHORT EQUITY HEDGE		
(B) FUNDS	21,704,280.	END-OF-YEAR MARKET VALUE
(C) EVENT DRIVEN HEDGE FUNDS	17,941,341.	END-OF-YEAR MARKET VALUE
(D) DISTRESSED DEBT HEDGE		
(E) FUNDS	3,064,602.	END-OF-YEAR MARKET VALUE
(F) PRIVATE EQUITY FUNDS	12,088,771.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	54,798,994.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP AGREEMENT	5,809,882.
(3) ANNUITY GIFT LIABILITY	921,544.
(4) POOLED INCOME FUND LIABILITY	121,757.
(5) GIFT CERTIFICATES	23,607.
(6) DUE TO REGION 5 HISTORY FUND	7,813.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,884,603.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	37,185,505.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	301,905.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-5,302,409.
e	Add lines 2a through 2d	2e	-5,000,504.
3	Subtract line 2e from line 1	3	42,186,009.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	506,475.
b	Other (Describe in Part XIII.)	4b	-5,979,749.
c	Add lines 4a and 4b	4c	-5,473,274.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	36,712,735.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	51,048,417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	51,048,417.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	506,475.
b	Other (Describe in Part XIII.)	4b	-5,796,231.
c	Add lines 4a and 4b	4c	-5,289,756.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	45,758,661.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

HISTORICAL PROPERTIES OWNED BY THE ASSOCIATION WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE ASSOCIATION'S INCEPTION. THESE HISTORICAL PROPERTIES ARE NOT INCLUDED IN THE STATEMENT OF FINANCIAL POSITION. THE COST OF THE PROPERTIES IS NOT READILY AVAILABLE, AND THE ASSOCIATION IS OF THE OPINION THAT, BECAUSE OF THE INTRINSIC VALUE OF THE PROPERTIES, IT IS IMPRACTICAL TO ASSIGN VALUES TO THE COMPONENTS. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. FINANCIAL STATEMENTS DO NOT REFLECT ANY CONTRIBUTED COLLECTION ITEMS.

Part XIII Supplemental Information (continued)

PART III, LINE 4:

THE ASSOCIATION COLLECTS, RESEARCHES, CONSERVES, RESTORES, RECONSTRUCTS, PRESERVES, DOCUMENTS, AND SHARES WITH THE PUBLIC HISTORIC STRUCTURES, ARCHAEOLOGICAL SITES, AND THE CULTURAL LANDSCAPE AS WELL AS TWO AND THREE-DIMENSIONAL OBJECTS IN A VARIETY OF MEDIA. RESPONSIBILITY FOR THE PRESERVATION AND MAINTENANCE OF THE HISTORIC STRUCTURES, CULTURAL RESOURCES AND THE COLLECTIONS FALLS TO THE HISTORIC PRESERVATION AND COLLECTIONS DEPARTMENT AND THE FRED W. SMITH LIBRARY FOR THE STUDY OF GEORGE WASHINGTON AT MOUNT VERNON. THE HISTORIC PRESERVATION AND COLLECTIONS DEPARTMENT IS DIVIDED INTO THE FINE AND DECORATIVE ARTS CURATORIAL COLLECTION, THE ARCHAEOLOGICAL COLLECTION, THE ARCHITECTURAL FRAGMENTS COLLECTION, AND PHOTO ARCHIVES. THE FINE AND DECORATIVE ARTS CURATORIAL COLLECTION INCLUDES THREE-DIMENSIONAL OBJECTS, TEXTILES, WORKS OF ART ON PAPER, AND PAINTINGS. THE ARCHAEOLOGICAL COLLECTION INCLUDES ARTIFACTS AND THEIR ASSOCIATED DOCUMENTATION DERIVING FROM EXCAVATION PROJECTS, AS WELL AS RANDOM FINDS ORIGINATING ON THE MOUNT VERNON ESTATE. THE ARCHITECTURAL FRAGMENTS COLLECTION INCLUDES FEATURES, BUILDING MATERIALS, AND FINISH TREATMENTS THAT ARE ARCHITECTURAL IN NATURE, AND WHICH HAVE BEEN REMOVED FROM THEIR ORIGINAL CONTEXT DURING THE COURSE OF RESTORATION WORK UNDERTAKEN TO STABILIZE, PROTECT, OR REINTERPRET MOUNT VERNON'S HISTORIC BUILDINGS AND STRUCTURES. PHOTO ARCHIVES CONTAINS MODERN FILM, NEGATIVES, AND DIGITAL IMAGE FILES OF A VARIETY OF MOUNT VERNON RELATED SUBJECTS. SPECIAL COLLECTIONS INCLUDES RARE BOOKS, HISTORIC MANUSCRIPTS, PHOTOGRAPHS, THE ASSOCIATION'S ARCHIVAL MATERIALS, AND PRINTED EPHEMERA. THE LIBRARY COLLECTS PRINTED MATERIAL WITH A PRIMARY EMPHASIS ON GEORGE WASHINGTON, MOUNT VERNON, AND THE MOUNT VERNON LADIES' ASSOCIATION. THE MOST IMPORTANT INITIAL CRITERION WITH WHICH TO EVALUATE A

Part XIII Supplemental Information (continued)

POTENTIAL ACQUISITION IS ITS CONTRIBUTION TO INTERPRETATION, EXHIBITION, AND RESEARCH VALUE AT MOUNT VERNON. THIS INCLUDES THE FOLLOWING ITEMS: OBJECTS ORIGINAL TO MOUNT VERNON OR OWNED BY GEORGE AND MARTHA WASHINGTON; OBJECTS RELATED TO WASHINGTON'S NON-DOMESTIC LIFE, INCLUDING HIS ROLE AS MILITARY LEADER, SURVEYOR, AND PRESIDENT; MANUSCRIPTS BY GEORGE OR MARTHA WASHINGTON NOT PREVIOUSLY REPRODUCED OR PUBLISHED IN PRINT OR ELECTRONIC FORMAT; BOOKS AND OTHER PUBLISHED MATERIALS OWNED BY GEORGE OR MARTHA WASHINGTON; OBJECTS RELATING TO THE DEVELOPMENT AND DOMESTIC LIFE OF MOUNT VERNON, INCLUDING MATERIAL RELATED TO FAMILY MEMBERS, VISITORS, AND ACQUAINTANCES; PERIOD OBJECTS THAT REPLICATE OBJECTS THAT WERE AT MOUNT VERNON, FOR THE PURPOSE OF ENHANCING THE INTERPRETATION AND UNDERSTANDING OF THE ESTATE AND THE LIFE AND LEGACY OF GEORGE AND MARTHA WASHINGTON; ARCHIVAL MATERIALS RELATING TO THE DEVELOPMENT AND DOMESTIC LIFE OF MOUNT VERNON, INCLUDING MATERIALS OF FAMILY MEMBERS, VISITORS, AND ACQUAINTANCES; BOOKS OF THE WASHINGTON AND CUSTIS FAMILIES THAT ARE RELATED TO COLLECTIONS OR INTERPRETATION GOALS; MANUSCRIPTS BY GEORGE OR MARTHA WASHINGTON PREVIOUSLY REPRODUCED OR PUBLISHED IN PRINT OR ELECTRONIC FORMAT; MAPS, PLANS, SURVEYS, MANUSCRIPTS, RARE BOOKS, PHOTOGRAPHS AND OTHER DOCUMENTS OF HISTORICAL VALUE RELATING TO 17TH, 18TH 19TH AND 20TH CENTURY LIFE AT MOUNT VERNON AND THE WASHINGTON FAMILY.

PART X, LINE 2:

THE ASSOCIATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

Schedule D (Form 990) 2014

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Part XIII Supplemental Information (continued)

CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT	-2,374,029.
RETURN OF CONTRIBUTIONS	-2,913,982.
CHANGE IN VALUE OF SPLIT INTEREST	-14,398.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-5,302,409.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES	-183,518.
COST OF GOODS SOLD	-5,757,192.
DISCOUNTS	-39,039.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-5,979,749.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOOD SOLD	-5,757,192.
DISCOUNTS	-39,039.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-5,796,231.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization **THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION** Employer identification number **54-0564701**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MAGNET DIRECT - 45 BRAINTREE HILL OFFICE PARK, SUITE 201,	DIRECT MAIL FUNDRAISING CONSULTING		X	1,939,416.	1,263,593.	675,823.
Total				1,939,416.	1,263,593.	675,823.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

THE MOUNT VERNON LADIES' ASSOCIATION

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		DISCUS (event type)	LIFE GUARD EVENTS (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	520,322.	209,340.	277,055.	1,006,717.
	2	Less: Contributions	444,322.	186,940.	241,250.	872,512.
	3	Gross income (line 1 minus line 2)	76,000.	22,400.	35,805.	134,205.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	8,601.	1,402.	4,597.	14,600.
	7	Food and beverages	24,735.	33,774.	36,514.	95,023.
	8	Entertainment	20,815.	18,080.	5,362.	44,257.
	9	Other direct expenses	3,075.	10,438.	16,125.	29,638.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				183,518.
11	Net income summary. Subtract line 10 from line 3, column (d)				-49,313.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule G (Form 990 or 990-EZ) 2014 OF THE UNION

54-0564701 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MAGNET DIRECT

(I) ADDRESS OF FUNDRAISER:

45 BRAINTREE HILL OFFICE PARK, SUITE 201, BRAINTREE, MA 02184

COPY

Part IV Supplemental Information (continued)

Lined area for supplemental information.

COPY

**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

2014

Open to Public
Inspection

Name of the organization **THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION** Employer identification number
54-0564701

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAPERS OF GEORGE WASHINGTON 504 ALDERMAN LIBRARY, UVA, PO BOX 4 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	25,000.	0.			PAPERS OF GEORGE WASHINGTON
ACCOKEEK FOUNDATION 3400 BRYAN POINT ROAD ACCOKEEK, MD 20607	52-6037288	501(C)(3)	20,000.	0.			VIEWSHED PRESERVATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2014)

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

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.

(a) Type of grant or 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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE ASSOCIATION PERIODICALLY AWARDS GRANTS TO ORGANIZATIONS WITH WHICH WE PARTNER ON PROJECTS THAT FURTHER OUR MISSION. GRANTS ARE APPROVED AND DOCUMENTED WITH FORMAL GRANT AGREEMENTS, AND FUNDS ARE DISBURSED ACCORDING TO THE SUBSTANTIATION PROVISIONS OF EACH GRANT AGREEMENT. THE ASSOCIATION REQUIRES GRANT REPORTS AT THE END OF EACH GRANT TERM AND/OR MONITORS PROGRESS TOWARDS GRANT ACCOMPLISHMENTS THROUGH OUR DAY-TO-DAY INVOLVEMENT WITH A PARTNER.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION**

Employer identification number
54-0564701

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2014

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Schedule J (Form 990) 2014

54-0564701

Page 2

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CURTIS C. VIEBRANZ PRESIDENT/CEO	(i)	331,308.	0.	0.	10,522.	9,494.	351,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PHILIP MANNO CHIEF FINANCIAL OFFICER	(i)	198,026.	3,000.	0.	14,784.	1,383.	217,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN MAGILL VP ADVANCEMENT	(i)	235,017.	0.	0.	18,570.	2,104.	255,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BARTON GROH COO (THRU 04/2014)	(i)	60,923.	0.	165,000.	16,150.	3,928.	246,001.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT SHENK SNR. VP VISITOR ENGAGEMENT	(i)	203,942.	0.	0.	4,079.	11,519.	219,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DOUGLAS BRADBURN FOUNDING DIRECTOR OF NAT'L LIBRARY	(i)	195,252.	0.	0.	3,905.	11,426.	210,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CAROL CADOU SNR. VP HISTORIC PRESERV. & COLL.	(i)	160,481.	0.	0.	12,080.	1,187.	173,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMIE BOSKET VP GUEST EXPERIENCE DIVISION	(i)	131,925.	3,000.	0.	10,924.	4,861.	150,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) F. ANDERSON MORSE DIRECTOR OF DEVELOPMENT	(i)	134,279.	0.	0.	10,456.	10,557.	155,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION

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 1A:

THE PRESIDENT/CEO OF THE ASSOCIATION IS REQUIRED TO LIVE ON THE PREMISES
AND IS PROVIDED WITH HOUSING, AND PERSONAL SERVICES FOR THE CARE OF THE
PROPERTY. AS SUCH, THESE ARE NON TAXABLE ALLOWANCES GIVEN. SPOUSAL TRAVEL
FOR THE PRESIDENT/CEO IS ALSO PROVIDED, BUT IS INCLUDED AS A TAXABLE FRINGE
BENEFIT.

PART I, LINE 4A:

BARTON GROH, FORMER COO, RECEIVED A SEVERANCE OF \$165,000 IN 2014.

PART I, LINE 7:

THE BONUS COMPENSATION AMOUNTS WERE DETERMINED BY DISCRETION OF THE
PRESIDENT AS A ONE TIME PAYMENT, AND NOT CONTINGENT UPON OR DETERMINED BY
THE ACTIVITIES OF THE ORGANIZATION.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

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

Name of the organization **THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION** Employer identification number **54-0564701**

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
FAIRFAX COUNTY ECONOMIC DEVELOPMENT AUTHORITY	91-1910090	30382EDU5	06/20/07	15000000.	REFINANCE EXISTING BONDS		X		X		X
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	15,000,000.			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	128,967.			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	14,871,033.			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2009			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

**THE MOUNT VERNON LADIES' ASSOCIATION
OF THE UNION**

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	SUNTRUST							
c Term of hedge	30.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION** Employer identification number **54-0564701**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	44	2,290,424.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

THE MOUNT VERNON LADIES' ASSOCIATION

Schedule M (Form 990) (2014) OF THE UNION

54-0564701 Page 2

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization	THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number	54-0564701
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF THE MOUNT VERNON LADIES' ASSOCIATION (THE ASSOCIATION) IS TO PRESERVE, RESTORE, AND MANAGE THE ESTATE OF GEORGE WASHINGTON TO THE HIGHEST STANDARDS AND TO EDUCATE VISITORS AND PEOPLE THROUGHOUT THE WORLD ABOUT THE LIFE AND LEGACIES OF GEORGE WASHINGTON, SO THAT HIS EXAMPLE OF CHARACTER AND LEADERSHIP WILL CONTINUE TO INFORM AND INSPIRE FUTURE GENERATIONS.

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

GENERATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

VISITOR ENGAGEMENT:

WELCOMED 1,057,000 VISITORS TO THE ESTATE IN 2014. STUDENTS TOTALING 329,000 VISITED FROM ALL 50 OF THE UNITED STATES AND AROUND THE WORLD. WE REMAINED THE MOST POPULAR HISTORIC ESTATE IN AMERICA. OUR INTERPRETATION STAFF CONTINUED TO EXPAND THE EDUCATION EXPERIENCE AT MOUNT VERNON WITH NEW AND EXCITING PROGRAMS FOR VISITORS OF ALL AGES.

WE HOSTED A NUMBER OF POPULAR PUBLIC EVENTS ON THE ESTATE. PROGRAMS SUCH AS CHRISTMAS AT MOUNT VERNON, THE WINE FESTIVAL & SUNSET TOUR, THE RED, WHITE AND BLUE CELEBRATION ON THE FOURTH OF JULY, AND THE COLONIAL MARKET & FAIR OFFERED WAYS OF EXPERIENCING MOUNT VERNON FROM DIFFERENT POINTS OF VIEW. WE ARE OPEN TO THE PUBLIC FOR FREE ON GEORGE

Name of the organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number 54-0564701
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WASHINGTON'S BIRTHDAY AND WELCOMED ALMOST 17,000 VISITORS TO THE ESTATE TO CELEBRATE THE GENERAL'S 280TH BIRTHDAY.

AUGUST 2014 WE LAUNCHED AN IMPROVED WEBSITE WITH ENHANCED EDUCATION CONTENT AND INDUSTRY LEADING TECHNOLOGY. NOW OR NEVER, A DIGITAL PRESENTATION TELLING THE STORY OF THE YORKTOWN CAMPAIGN AND AN INTERACTIVE MAP TRACING WASHINGTON'S TRAVELS TO MORE THAN 1,000 LOCATIONS DURING THE REVOLUTION AND COLONIAL ERA ARE TWO EXAMPLES OF THE CONTENT WE WILL CONTINUE TO DEVELOP IN THE FUTURE.

EDUCATION:

THE ASSOCIATION'S RESEARCH FELLOWS PROGRAM WELCOMED 18 FELLOWS TO THE LIBRARY. THESE ESTABLISHED AND EMERGING SCHOLARS RESIDE AT MOUNT VERNON FOR ONE, THREE AND SIX-MONTH FELLOWSHIPS TO RESEARCH FASCINATING TOPICS RANGING FROM MILITARY HISTORY TO DECORATIVE ARTS.

WE HOSTED NUMEROUS LEADERSHIP SEMINARS FOR CORPORATE AND GOVERNMENT LEADERS. THESE SEMINARS TEACH HOW GEORGE WASHINGTON'S EXAMPLE OF LEADERSHIP AND CHARACTER ARE APPLICABLE TO TODAY'S REAL WORLD ISSUES. TO COMMEMORATE THE FIRST ANNIVERSARY OF THE LIBRARY, THE ASSOCIATION LAUNCHED THE FOUNDING DEBATES, AN EVENT WHERE AUTHORS, PUBLIC FIGURES AND HISTORIANS DISCUSS INTERPRETATIONS OF A QUESTION OF NATIONAL IMPORT. THIS PROGRAM FOSTERS BROAD AND CONSTRUCTIVE DISCOURSE, WHILE UNDERSCORING IMPORTANT DETAILS OF WASHINGTON'S LIFE AND OUR NATION'S FOUNDING. INTRODUCED A FREE MONTHLY PROGRAM TO SPOTLIGHT AUTHORS AND THEIR NEW BOOKS ABOUT HISTORICAL TOPICS. SPONSORED BY FORD MOTOR COMPANY, THE FORD EVENING BOOK TALKS HAVE INTRODUCED NEIGHBORHOOD

COPY

Name of the organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number 54-0564701
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RESIDENTS, STUDENTS AND INTERESTED INDIVIDUALS TO WORKS BY WELL-KNOWN WRITERS AND EMERGING TALENTS.

THE ASSOCIATION CONTINUED OUR MOST POPULAR LECTURE SERIES AND SYMPOSIA. THE MICHELLE SMITH LECTURE SERIES, GAY HART GAINES DISTINGUISHED VISITING LECTURER OF AMERICAN HISTORY, GEORGE WASHINGTON SYMPOSIUM AND GEORGE WASHINGTON LEADERSHIP LECTURE SERIES FOCUSED ON TOPICS RANGING FROM ART TO CITIZENSHIP AND CIVICS.

OUR ON-SITE TEACHERS' INSTITUTE PROGRAM HOSTED OVER 80 TEACHERS FROM AROUND THE COUNTRY FOR WEEK-LONG SEMINARS AND TRAINING SESSIONS CENTERED AROUND TEACHING GEORGE WASHINGTON TO ELEMENTARY, MIDDLE SCHOOL AND HIGH SCHOOLS STUDENTS. IN ADDITION, WE WELCOMED 175 WASHINGTON, D.C. AREA TEACHERS FOR OUR ANNUAL TWO-DAY INSTITUTE.

HISTORIC PRESERVATION & COLLECTIONS:

IN MARCH 2014, WE UNVEILED THE RESULTS OF THE MOST EXTENSIVE ROOM RESTORATION IN THE HISTORY OF THE ASSOCIATION, THE "NEW ROOM", NAME GEORGE WASHINGTON USED TO REFER TO THE ENTIRE NORTH WING OF THE MANSION. OUR PRESERVATION STAFF COLLABORATED WITH DOZENS OF SPECIALISTS TO RESTORE THE SPACE TO HOW WASHINGTON KNEW IT.

IN THE SPRING OF 2014, OUR ARCHAEOLOGISTS BEGAN AN EXTENSIVE EFFORT TO BETTER UNDERSTAND THE ENSLAVED PEOPLE WHO LIVED, WORKED AND WERE BURIED AT MOUNT VERNON. THE MULTI-YEAR SURVEY OF THE SLAVE BURIAL GROUND IS INTENDED TO DETERMINE HOW MANY INDIVIDUALS ARE BURIED ON THE SITE, HOW THEIR PLOTS ARE ARRANGED, AND WHERE THE BOUNDARIES OF THE BURIAL

COPY

Name of the organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number 54-0564701
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GROUNDS LIE.

IN A PARTNERSHIP WITH THE UNIVERSITY OF MARYLAND, THE ASSOCIATION HOSTED THE SECOND ANNUAL MOUNT VERNON HISTORIC PRESERVATION FIELD SCHOOL. 10 STUDENTS HAVE THE RARE OPPORTUNITY TO SPEND THE SUMMER LEARNING ARCHAEOLOGICAL AND PRESERVATION TECHNIQUES FROM PRESERVATION EXPERTS. STUDENTS EARNED COLLEGE CREDIT AS THEY INVESTIGATED ARCHAEOLOGICAL, ARCHITECTURAL AND INTERPRETIVE HISTORIES OF THE WASHINGTON'S KITCHEN. THIS PROGRAM IS THE ONLY PROGRAM OF ITS KIND IN COUNTRY WHERE STUDENTS LEARN HANDS ON ARCHAEOLOGICAL AND PRESERVATION TECHNIQUES.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED DURING THE YEAR ENDED DECEMBER 31, 2014 REFLECTING CHANGES IN THE COMPOSITION OF THE GOVERNING BODY AND IMPLEMENTING IMPROVED PRACTICES IN CORPORATE GOVERNANCE.

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

THE ASSOCIATION'S PROCESS FOR PREPARING AND REVIEWING THE IRS FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, CONTAINED FOUR LEVELS OF REVIEW: 1) A DRAFT OF THE FEDERAL FORM 990 WAS PREPARED BY OUR TAX ADVISORS, RAFFA, P.C., BASED ON FINANCIAL INFORMATION IN OUR CERTIFIED AUDIT, ORGANIZATIONAL INFORMATION DOCUMENTED FROM THE AUDIT, PREPARATION OF INFORMATION SCHEDULES BY THE FINANCE DEPARTMENT AND ANSWERS TO CHECKLIST QUESTIONS; 2) THE DRAFT OF IRS FORM 990 WAS REVIEWED BY THE ASSOCIATION'S MANAGEMENT (CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND CONTROLLER) FOR ACCURACY AND COMPLETENESS; 3) RAFFA, P.C. REVIEWED THE FINAL DRAFT OF IRS FORM 990 WITH THE AUDIT COMMITTEE; 4) THE FINAL DRAFT

COPY

Name of the organization	THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number	54-0564701
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WAS PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE ASSOCIATION'S CONFLICT OF INTEREST POLICY REQUIRES THE ANNUAL COMPLETION OF A CONFLICT OF INTEREST FORM BY ALL BOARD OF DIRECTORS, ADVISORY COMMITTEE MEMBERS, OFFICERS AND KEY EMPLOYEES. THE FORM WAS PREPARED BY OUTSIDE COUNSEL AND ASKS FOR DOCUMENTATION OF POTENTIAL CONFLICTS OF INTEREST IN THE FOLLOWING AREAS: FINANCIAL INTERESTS, GIFTS OR ENTERTAINMENT THAT MIGHT INFLUENCE DECISION MAKING, AND ANY OTHER ACTIVITIES. THE FORMS ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER AND ARE DISCUSSED WITH THE OUTSIDE COUNSEL AND THE EXECUTIVE COMMITTEE OF THE BOARD, IF APPROPRIATE. THE PRESIDENT REVIEWS THE COMPLETED FORM OF THE CFO, AND TAKES ANY APPROPRIATE ACTION.

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

ON A PERIODIC BASIS, THE ASSOCIATION WORKS WITH A COMPENSATION CONSULTANT TO PERFORM COMPARATIVE MARKET STUDIES ON OVER 50 FULL-TIME POSITIONS. THIS STUDY INCLUDED ALL EXECUTIVE AND MANAGEMENT POSITIONS AND A NUMBER OF FRONT LINE STAFF POSITIONS. COMPENSATION IS BENCHMARKED AGAINST OUR PEER GROUP (MUSEUMS AND HISTORICAL SITES), SIMILAR POSITIONS IN THE WASHINGTON DC METRO AREA AND THE NOT-FOR-PROFIT INDUSTRY AT-LARGE. MARKET ADJUSTMENTS ARE MADE AND SALARY GRADES ADJUSTED BASED ON THESE STUDIES.

IN ADDITION, THE EXECUTIVE COMMITTEE OF THE BOARD OF REGENTS REVIEWED AND APPROVED THE COMPENSATION STRUCTURE OF THE PRESIDENT AND CEO. CEO COMPENSATION WAS COMPARED TO PUBLICLY AVAILABLE DATA ON SIMILAR SIZED ORGANIZATIONS IN THE NOT-FOR-PROFIT AND MUSEUM/HISTORIC SITES INDUSTRIES AS

Name of the organization THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number 54-0564701
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WELL AS MARKET DATA FOR THE WASHINGTON DC METRO AREA.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NJ, NM, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

THE ASSOCIATION'S ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC THROUGH THE STATE OF VIRGINIA STATE CORPORATION COMMISSION. THE BYLAWS AND THE CONFLICTS OF INTEREST POLICY, WHICH REQUIRES ANNUAL DISCLOSURE OF CONFLICTING INTERESTS BY BOARD OF DIRECTORS AND OFFICERS, ARE NOT MADE AVAILABLE TO THE PUBLIC. FINANCIAL STATEMENTS ARE POSTED ON OUR WEBSITE AND ARE AVAILABLE IN HARD COPY UPON SPECIFIC REQUEST. IN ADDITION, A SUMMARIZED FINANCIAL INFORMATION IS DISCLOSED IN OUR ANNUAL REPORT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT	-2,374,029.
RETURN OF CONTRIBUTIONS	-2,913,982.
CHANGE IN VALUE OF SPLIT INTEREST	-14,398.
SPECIAL EVENT DIRECT EXPENSES	183,518.
TOTAL TO FORM 990, PART XI, LINE 9	-5,118,891.

COPY

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION	Employer identification number (EIN) or 54-0564701
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 110	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNT VERNON, VA 22121-0110	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

PHILIP MANNO

• The books are in the care of **P.O. BOX 110 - MOUNT VERNON, VA 22121-0110**
Telephone No. **703-799-8699** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015.**

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **8-14-15**