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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No 1545-1150

Open to Public Inspection

	B_	Chack	if applicable		and ending	1	,	
	Ĭ	Addres	s change	_		D E™	ployer lae	ntification number
	П	Name o		MARINE CORPS LEAGUE CHARITIES, INC			<u>6-094</u>	
	=	Initial r	eturn 9	917 MEADE LANE		E Tel	ephone nu	mber
	=	Termin	119	FLAGSTAFF, AZ 86001		1		
	Ħ	Amend	ed return			F Gr	oup Exe	emption
	Ħ	Applica	ition pending				mber	▶
	G	Acco	unting Meth	od: X Cash Accrual Other (specify) ►	H Chec	k ► X	if the o	rganization is not
	i	Webs	site: N/		requi	red to a	attach S	chedule B (Form
	J	Tax-ex		neck only one) — X 501(c)(3) 501(c)() ◀(insert no.) 4947(a)	(1) or 527 990,	990-EZ	, or 990	I-PF)
	K	Form	of organizati	ion X-Corporation Trust				
	L	Add I	ines 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are olumn (B) below) are \$500,000 or more, file Form 990 instead of f	e \$200,000 or more, or	r if total	► \$	150,423.
						tructi		
	Pa	rt i		e, Expenses, and Changes in Net Assets or Fund Bal ne organization used Schedule O to respond to any question in this		structi	0115-10	x [X]
		1	Contributio	ns, gifts, grants, and similar amounts received			1	13,523.
		2	Program se	ervice revenue including government fees and contracts			2	
		3	Membershi	p dues and assessments		Ī	3	
		4	Investment	income		Ī	4	
_^-		5 a	Gross amo	unit from sale of assets other than inventory	5 a	Ì		
%				or other basis and sales expenses	5 b			
2014		_	Gain/or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	<u></u>		5 c	
6		6	Gamino an	d fundraising events		Ī		
F=	R		Gress inco	me from gaming (attack, Schedule G if greater than \$15,000)	6a			
JUN 1	V	b	Gross inso	me from fundraising events (not including \$	of contributions			
=	CZM<	_	from fundra	aising events reported on line 1) (attach Schedule G if the sum	-]	
	Ē		of such gro	aising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000)	6 Ь 136,	900.		
쏉		С	Less: direc	t expenses from gaming and fundraising events	6c 68,	531.		
SCANNED		d	Net income 6b and sub	e or (loss) from gaming and fundraising events (add lines 6a and otract line 6c)			6 d	68,369.
		7 a	Gross sale:	s of inventory, less returns and allowances	7 a	[-
90		b	Less: cost	of goods sold .	7 b			
		С	Gross profi	it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c	
		8	Other reve	nue (describe in Schedule O)			8	
		9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	81,892.
		10	Grants and	d similar amounts paid (list in Schedule O)	EE SCHEDULE O		10	95,427.
		11		aid to or for members	•		11	
	E	12	Salaries, o	ther compensation, and employee benefits		l	12	
	P	13		al fees and other payments to independent contractors			13	
	E N	14		, rent, utilities, and maintenance			14	
	S E	15		ublications, postage, and shipping			15	1,353.
	S	16		enses (describe in Schedule O)	EE SCHEDULE O		16	15,449.
		17		enses. Add lines 10 through 16		▶	17	112,229.
	_	18		(deficit) for the year (Subtract line 17 from line 9)			18	-30,337.
	A			or fund balances at beginning of year (from line 27, column (A))	(must saree with end-	of-vear		
	A S S E E T	19	figure repo	or fund balances at beginning of year (from line 27, column (A)) or orted on prior year's return)	imust agree with chu-	Ji-yeai	19	95,100.
	TTS	20		nges in net assets or fund balances (explain in Schedule O)			20	
	3	21		or fund balances at end of year Combine lines 18 through 20		•	21	64,763.
	BA			k Reduction Act Notice, see the separate instructions.				Form 990-EZ (2013)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Pai	Balance Sheets (see the instance Check if the organization used Sche	ructions for Part II)	estion in this Part II			X
	Check if the organization used bene	duic o to respond to dily qu		A) Beginning of yea	ar	(B) End of year
22	Cash, savings, and investments		<u> </u>	38,999		28,888.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	SEE SCHEDULE	E 0	56,101	. 24	35,875.
25	Total assets			95,100	. 25	64,763.
26	Total liabilities (describe in Schedule O)			0	. 26	0.
27	Net assets or fund balances (line 27 of o	column (B) must agree with	line 21)	95,100	. 27	64,763.
Pa	Statement of Program Service Ac	complishments (see the inst	tructions for Part III)	_O		Expenses
	Check if the organization used Sch		question in this Part III	X		uired for section 501 and 501(c)(4)
What	is the organization's primary exempt purpose? SEE	SCHEDULE O			organ	nizations and section
Desc mea bene	cribe the organization's program service as sured by expenses. In a clear and concise efited, and other relevant information for e	ccomplishments for each of the manner, describe the serviol each program title	its three largest progra ces provided, the numb	m services, as per of persons	4947	(a)(1) trusts, optional thers)
28	PROVIDE TOYS TO NEEDY AND	UNDERPRIVILEGED (CHILDREN.			
			,,			
	(Grants \$)_If_th	s_amount_includes_foreign g	rants, check-here — —		28 a	<u> </u>
29						
					20 -	
	(Grants \$) If the	is amount includes foreign g	rants, check here		29 a	
30						
	(Grants \$) If the	is amount includes foreign g	rants check here	-	30 a	
21	Other program services (describe in Sch		rants, eneck nere			
J1		is amount includes foreign g	rants, check here	▶ 🗇	31 a	
32	Total program service expenses (add lir		·	•	32	65,092.
	₩ List of Officers, Directors,		plovees (list each one eve	n if not compensated — s	ee the	instructions for Part IV)
	Check if the organization used Sci					X
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to empl benefit plans, and def compensation	oyee	(e) Estimated amount of other compensation
SEF	SCHEDULE_O					
			0.	,]	0.	0.
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BA	1	TEEA0812L	11/27/13			Form 990-EZ (2013)

86-0944607

Page 2

Form 990-EZ (2013) MARINE CORPS LEAGUE CHARITIES, INC

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'

45 a

Form 99	90-EZ (2013) MARINE CORPS LEAGUE	CHARITIES,	INC	86-094	4607	Р	age 4
	d the organization engage, directly or indirectly or indirectly or indirectly office? If 'Yes,' complete		paign activities on behalf o	of or in opposition to	<u>53.5</u> 46	Yes	No X
	Section 501(c)(3) organizations All section 501(c)(3) organizatio for lines 50 and 51.	only	questions 47-49b and	d 52, and complete		s	
	Check if the organization used Schedule	e O to respond to ar	ny question in this Part VI				П
	d the organization engage in lobbying activities	or have a section 501	(h) election in effect during t	the tax year? If 'Yes,'	47	Yes	No
	implete Schedule C, Part II the organization a school as described in se	ection 170(b)(1)(A)(ii)? If 'Yes.' complete Sche	dule E	47		<u>X</u> X
49 a Dı	d the organization make any transfers to an	exempt non-charita			49 a		X
	'Yes,' was the related organization a section			directors trustons and ke	49 b		
50 Co	omplete this table for the organization's five high inployees) who each received more than \$100,00	iest compensated emp 10 of compensation from	om the organization If there	is none, enter 'None '	;y		
	(a) Name and title of each employee	(b) Average hours per week devoted to position———	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred_ compensation	(e) Estimate		
NONE							
		<u> </u>					
51 Co	otal number of other employees paid over \$1 omplete this table for the organization's five high ompensation from the organization. If there is	nest compensated indi	ependent contractors who ea	ach received more than \$	100,000 of		
	(a) Name and business address of each independent of	****	(b) Type	of service	(c) Comp	ensatio	1
NONE			. –				
			. –				
			-				
			-				
52 D	otal number of other independent contractors of the organization complete Schedule A? No haritable trusts must attach a completed Sch	ote. All section 501(47(a)(1) nonexempt	► X Yes	 ; [No
Under oer	nalties of perjury, I declare that I have examined this return, act, and complete. Declaration of preparer (other than office	including accompanying s	chedules and statements, and to the	e best of my knowledge and bel			
	>	-		05-17	2 - 20	14	
Sign Here	Signature of officer ERVIN BOREN Type or print name and title	in I. T.	Bow	Date TREASURER			
	Print/Type preparer's name	Preparer's signature	Date	Check I If	TIN		
Paid	KEN SALMON	KEN SAMON	mg 5/8/1		0023617	5	
Prepare			G PLLC	Europia EINI D	26_1410	100	
Use On	•	LN STE 9 6004-1849		Firm's EIN Phone no 928	<u>26-1418</u> -526-87		
May the	e IRS discuss this return with the preparer sh		structions		► X Yes		No
					Form 99		(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

I the organization

86-0944607

Employer identification number

			CHARITIES, I							74400			
Part				(All organizations					See ii	<u>nstruct</u>	ions.		
	rga	,		e it is (For lines 1 thro	_								
1	_	'		ciation of churches des		section	n 170(b)	(IXAXI)	•				
2	L			(ii). (Attach Schedule E									
3	L		*	e organization describe						=			
4	L	J .		in conjunction with a h	iospital d	describe	d in sec	tion 17	U(b)(1)(A	(XIII) Er	nter the hos	spital's	5
_		name, city, and state					_						
5	Ļ	170(b)(1)(A)(iv). (Co	mplete Part II.)	college or university own	-		_		unit des	scribed in	section		
6	L			overnmental unit descri									
7	<u>X</u>	in section 170(b)(1)(/	A)(vi). (Complete Par				entai uni	t or tron	tne gen	<u>ierai pu</u> b	iic described	1	
8	\sqsubseteq	,		'0(b)(1)(A)(vi). (Comple		•							
9	L	from activities related investment income a June 30, 1975 See s	to its exempt functions nd unrelated business section 509(a)(2). (Co		eptions, a section	and (2) r 511 tax)	no more to from bu	than 33- usinessi	1/3% of i es acqui	ts suppo	rt from aros	S	ifter
10		An organization orga	nized and operated e	xclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).				
11		more publicly suppor	ted organizations des	usively for the benefit of, scribed in section 509(a ion and complete lines	1)(1) or s 11e thro	ection 5 ough 11	509(a)(2	of, or ca) See s	rry out the	e purpos 509(a)(3)	ses of one or . Check the	box	that
		a Type I b	Type II c	Type III — Function	nally inte	egrated	•	յ ∐ .	Type III	– Non-f	unctionally	ıntegr	ated
е		By checking this box other than foundation is section 509(a)(2)	, I certify that the organization and other that	anization is not control an one or more publicly s	led directions	tly or in Lorganiz	directly ations de	by one escribed	or more in section	disqual on 509(a)	ıfıed persor)(1) or	ıs	
f		check this box		nation from the IRS that i									
g		Since August 17, 200	06, has the organization	on accepted any gift o	r contrib	ution fr	om any	of the fo	ollowing	persons	ş ⁷		
		ets. A			446				. د. ک ا			Yes	No
		below, the gove	erning body of the sup	ontrols, either alone or oported organization?	togetnei	r with pe	ersons a	escribe	יוו) וו נו	and (III)	11 g (i)		
		(ii) A family memb	er of a person describ	oed in (i) above?		•					11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the following	information about th	e supported organization	on(s).								L
		(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in light lig	(v) Did yo the organ column (supp	ization in	organiz colun organize	s the ation in nn (i) ed in the S ?	(vii) Amoun sup	t of mor port	netary
					Yes	No	Yes	No	Yes	No			
<u>(A)</u>					<u> </u>	ļ <u> </u>							
<u>(B)</u>													
(C)													
<u>(0)</u>					 	-							
<u>(D)</u>													
<u>(E)</u>					ļ								
Total													

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	68,657.	102,868.	117,286.	146,996.	150,423.	586,230.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			·			0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4	Total. Add lines 1 through 3	68,657.	102,868.	117,286.	146,996.	150,423.	586,230.
5	The portion of total					-	
	unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6	Public support. Subtract line 5 from line 4						586,23 <u>0.</u>
Sec	tion B. Total Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	68,657.	102,868.	117,286.	146,996.	150,423.	586,230.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						0.
11	Total support. Add lines 7 through 10						586,230.
12	Gross receipts from related activ	rities, etc (see inst	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's fırst, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ []
	tion C. Computation of Pu						
	Public support percentage for 20	-		e 11, column (f))		14	100.00%
	Public support percentage from 2					_ 15	100.00%
16 a	33-1/3% support test — 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the blicly supported or	box on line 13, ai ganization	nd the line 14 is 3	33-1/3% or more, o	check this box
b	33-1/3% support test – 2012. If the and stop here. The organization				ia, and line 15 is i	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ınd-cırcumstances	test, check this	box and stop her	e. Éxplain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Divide facts-and Table 16 the acceptance of the company of	meets the 'facts-a d-circumstances' t	ınd-cırcumstances lest The organiza	test, check this tion qualifies as	box and stop her a publicly support	e. Explain in Part ed organization	IV how the ▶
	Private foundation. If the organi	zation did not che	ck a box on line 1	ತ, 16a, 16b, 17a,			<u>_</u>
RΔΔ					201	andula A (Earm 00	n or 990-EZ) 2013

, , , Schedule A (Form 990 or 990-EZ)	2013 MARINE (ORPS LEAGUE	CHARITIES	. INC	86-0944607	Page 3
Part III Support Schedu	le for Organization	s Described i	n Section 509	(a)(2)		
	checked the box on line tests listed below, plea			to qualify under Pa	art II If the organizatio	on fails
Section A. Public Suppor						
Calendar year (or fiscal yr beginning i 1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2 Gross receipts from admis sions, merchandise sold of services performed, or fact furnished in any activity the related to the organization tax-exempt purpose	or cilities nat is					
3 Gross receipts from activity that are not an unrelated or business under section	trade					
4 Tax revenues levied for the organization's benefit and either paid to or expended its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge	´					
6 Total. Add lines 1 through 7a Amounts included on lines 2, and 3 received from disqualified persons						
b Amounts included on lines and 3 received from other disqualified persons that exceed the greater of \$5,0 1% of the amount on line for the year	than 000 or					
c Add lines 7a and 7b						
8 Public support (Subtract 7c from line 6.)						
Section B. Total Support				1	1 1 2010	(D.T.)
Calendar year (or fiscal yr beginning i	in) ► (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 10 a Gross income from interedividends, payments rece on securities loans, rents, royalties and income from similar sources	ived					
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 19						
c Add lines 10a and 10b 11 Net income from unrelated busin activities not included in line 10b whether or not the business is regularly carried on						
Other income. Do not inc gain or loss from the sale capital assets (Explain in Part IV)	clude of					
13 Total Support. (Add Ins 9,10c, 11						
14 First five years. If the For organization, check this b	m 990 is for the organizox and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year as	s a section 501(c)(3)	▶
Section C. Computation	of Public Support I	Percentage				
15 Public support percentage	e for 2013 (line 8, colum	n (f) divided by lii	ne 13, column (f))	15	%

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2012 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))

18 9

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))
18 Investment income percentage from 2012 Schedule A, Part III, line 17

19a 33-1/3% support tests — 2013. 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 — 2012. 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.

18

Schedule ${\bf A}$	(Form 990 or 990-EZ) 2013	MARIN	E CORPS	LEAGUE	CHARITI	ES, I <u>N</u> C	86-09446 <u>07</u>	Page 4
Part IV.	Supplemental Information 17b; and Part III, line (See instructions).	on. Pro 12. Als	ovide the o comple	explanation the explanation ex	ons require ort for any	ed by Pa additiona	rt II, line 10; Part II, line al information.	17a
					. 			
					- -	. – – – -		
					. – – – – –			
		·						
	-							
								
		-						

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. See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization						Employer identifica	tion number
MARINE CORPS LEAGUE CHAR	ITIES, INC	•				86-094460	7
Part I Fundraising Activities. Comp	olete if the orga	nization a	nswered '\ art	Yes' to Form 990, Part			
1 Indicate whether the organization				owing activities. Check	all that a	apply	
a Mail solicitations			е	Solicitation of non-	governm	ent grants	
b Internet and email solicitations	S		f	Solicitation of gove	rnment o	arants	
c Phone solicitations			g	\exists		•	
d n-person solicitations			9		, 0 001110		
 2a Did the organization have a written of employees listed in Form 990, Particle b. If 'Yes,' list the ten highest paid individuals. 	t VII) or entity	ın connect	ion with p	rofessional fundraising	services	?	Yes No
compensated_at_least_\$5,000 by_th	ne organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custor of contr	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or re fundra	ount paid to etained by) iser listed in ilumn (i)	(vi) Amount paid to (or retained by) organization
-		Yes	No				 -
1							
2							
3							
4						*	
5							
6					-		
7						-	
8							···
9						·	
10							
Total	-	 	<u></u>			···	
3 List all states in which the organization licensing	on is registered	or licensed	to solicit c	contributions or has been	notified if	is exempt from	registration
				-			
							-

Sche	dule	G (Form 990 or 990-EZ) 2013 MARINE	CORPS LEAGUE C	HARITIES, INC	86-094	14607 Page 2
Par	t II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the second	event contributions	nswered 'Yes' to Fo s and gross income	rm 990, Part IV, lir on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
R	•	<u> </u>	(a) Event #1 CHRISTMAS RAFF (event type)	(b) Event #2 FAT TIRE BIKE (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
REVERU	1	Gross receipts	70,776.	54,655.	11,469.	136,900.
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	70,776.	54,655.	11,469.	136,900.
	4	Cash prizes				
n	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages .				
EXPESSES	8	Entertainment				
N S E	9	Other direct expenses	43,454.	18,830.	6,247.	68,531.
3	10 11	-	•		>	68,531. 68,369.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	
REVENUE		¥10,000 0 0 0	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü E	1	Gross revenue				
_	2	Cash prizes				
DIRECT	3	Noncash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes 8	Yes 8	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d).		•	
	8	Net gaming income summary Subtract li	ne 7 from line 1, colum	ın (d)	<u> </u>	
9	Ente	er the state(s) in which the organization or	perates gaming activitie	25		
a	ls th	ne organization licensed to operate gaming	-	ese states?		Yes No
10-	 Wer	e any of the organization's gaming license	es revoked suspended	or terminated during the	e tay year?	 ∏Yes ∏No
100	. *****	any or the organization a gaining littlist	io rovonou, auspeniueu	or commuted during the	· wax your:	1 = 2 110

b If 'Yes,' explain

SCITE	Edule G (Form 990 of 990-EZ) 2013 MARINE CORPS LEAGUE CHARITIES, INC	00-0944	1 00:	rage 3
11	Does the organization operate 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 operated in:	1 1		
а	The organization's facility	13a		%
b	An outside facility	13b		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds		
	Name •			
	Address •			
15 a	Does the organization have a contact with a third party from whom the organization receives gaming reven	ue?	Yes	No
t	olf 'Yes,' enter the amount of gaming revenue received by the organization > \$ and	the amour	nt	
	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				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
Ł	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the		
BiT	organization's own exempt activities during the tax year > \$	- l /	\ /	. A
Rai	Supplemental Information. Provide the explanations required by Part I, line 2b, cand Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information (see instructions).	iny additi	onal	v),
				·—·—·
				
			·	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

2013

Open to Public Inspection

Employer identification number

MARINE CORPS LEAGUE CHARITIES, INC	86-0944607
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
PROVIDE TOYS TO NEEDY AND UNDERPRIVILEGED CHILDREN.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

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2013 SCHEDULE O	- SUPPLEMENTAL INFORMA	TION	PAGE 2
MARIN	E CORPS LEAGUE CHARITIES, INC		86-094460
FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAII	D IN EXCESS OF \$5,000		
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	FLAGSTAFF TOYS FOR TOTS 8845 SILVER VALLEY RD FLAGSTAFF, AZ 86004	\$	65,092.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	FLAGSTAFF HOOPS P O BOX 1263 FLAGSTAFF, AZ 86002	\$	5,300.
DONEE'S NAME: DONEE'S ADDRESS: DESCRIPTION OF PROPERTY: DATE OF GIFT: BOOK VALUE: METHOD USED TO DETERMINE BV: FAIR MARKET VALUE: METHOD USED TO DETERMINE FMV:	ARMY DEPOT ARMY BASE BELLEMONT, AZ 86015 BEDS 6/30/2013 16,100. COST COST		16,100
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADVERTISING AND PROMOTION AWARDS BOOTH CHAMBER OF COMMERCE INSURANCE OFFICE EXPENSES PERMITS PROMOTION SUPPLIES		\$ TOTAL \$	2,309. 400. 1,543. 215. 2,826. 2,378. 670. 4,399. 709. 15,449.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS EQUIPMENT INVENTORIES	BI \$ TOTAL \$	55,975. \$ 126. 56,101. \$	ENDING 35,750. 125. 35,875.

2013 .

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

MARINE CORPS LEAGUE CHARITIES, INC

86-0944607

FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
RICHARD HERR DIRECTOR	0	\$ 0.	\$ 0.	\$ 0.
KEN STANLEY -PRESIDENT	0	0.	0.	0.
RICK WISELUS DIRECTOR	0	0.	0.	0.
ERVIN L BOREN TREASURER	0	0.	0.	0.
PAT CARR DIRECTOR	0	0.	0.	0.
DANNY NEAL DIRECTOR	0	0.	0.	0.
ROBERT HERMAN SECRETARY	0	0.	0.	0.
GARY SMITH VICE PRESIDENT	0	0.	0.	0.
MARY ANN CULLEN DIRECTOR	0	0.	0.	0.
RALPH BOYER DIRECTOR	0	0.	0.	0.
BILL GOW DIRECTOR	0	0.	0.	0.
ROBERT WILEY DIRECTOR	0	0.	0.	0.
RICKY ROBERTS DIRECTOR	0	0.	0.	0.
JOE DONALDSON DIRECTOR	0	0.	0.	0.
EMERSON CLEVELAND DIRECTOR	0	0.	0.	0.
MARINELL WOOLLEY ADMIN SECRETARY	0	0.	0.	0.
	TOTAL	\$ 0.	<u>\$ 0.</u>	<u>\$ 0.</u>