



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary: Add lines 4 through 9 in column (d)			
	11	Net income summary: Subtract line 10 from line 3, column (d)			

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue	236,921.	201,857.	3,615.	442,393.
Direct Expenses	2 Cash prizes	177,646.	149,912.		327,558.
	3 Noncash prizes				
	4 Rent/facility costs	9,920.	9,920.		19,840.
	5 Other direct expenses	19,773.	33,159.		52,932.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 80.0% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80.0% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80.0% <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				400,330.
8	Net gaming income summary Subtract line 7 from line 1, column (d)				42,063.

9 Enter the state(s) in which the organization conducts gaming activities: LA

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: _____

- | | | | |
|----|---|---|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | 0.00 % |
| b | An outside facility | 13b | 100.00 % |
| 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 ▶ DOROTHY WILBERT

Gaming manager compensation ▶ \$

Description of services provided ▶ OVERSEES BINGO SESSIONS

☐ 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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MARINE CORPS LEAGUE

**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**

Employer identification number

72-1198010

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 Governments and Organizations in the United States. 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	(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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2014)

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

MARINE CORPS LEAGUE

Employer identification number

72-1198010

PART VI SECTION B LINE 11 EXPLANATION

THE ORGANIZATION RELIES ON A PAID TAX PREPARER TO COMPLETE
THE RETURN.

PART VI SECTION B LINE 15B EXPLANATION

THE ORGANIZATION COMPENSATES SOME INDIVIDUALS TO WORK BINGO
SESSIONS. THE RATE OF PAY IS REGULATED BY THE STATE OF LA.
SOME MEMBERS OF THE ORGANIZATION CHOOSE TO DONATE THEIR
TIME. THE SALARY AMOUNT WAS MUTUALLY AGREED UPON BY THE
ORGANIZATION AND THE PAID EMPLOYEE AND IS CONSIDERED TO BE
A REASONABLE AMOUNT FOR THE SERVICES PERFORMED.

PART VI SECTION B LINE 19

THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO THE
MEMBERS OF THE ORGANIZATION AND GOVERNMENTAL AGENCIES FOR
REVIEW.

SCHEDULE I EXPLANATION

ALTHOUGH THE ORGANIZATION DONATED OR GAVE AWAY \$6,900 AND
SCHOLARSHIPS, NO ONE INDIVIDUAL OR ORGANIZATION RECEIVED
OVER \$5,000 IN FINANCIAL ASSISTANCE FROM THE ORGANIZATION.
THE MEMBERS OF THE ORGANIZATION DECIDE SCHOLARSHIP
RECIPIENTS AND ORGANIZATIONS TO DONATE TO BASED ON THE
OBJECTIVES AND GOALS OF THE ORGANIZATION.