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**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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (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.

	(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 . . .	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?  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 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).

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**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](http://www.irs.gov/form990).

Open to Public

Inspection

OIGB No. 1545.0047

**2014**Name of the organization  
**MARINE CORPS LEAGUE****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?
- 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 (other)	(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 O  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceComplete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

2014

► **Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Open to Public  
Inspection

Name of the organization

MARINE CORPS LEAGUE

Employer identification number

72-1198010

PART VI SECTION B LINE 11 EXPLANATIONTHE ORGANIZATION RELIES ON A PAID TAX PREPARER TO COMPLETE  
THE RETURN.PART VI SECTION B LINE 15B EXPLANATIONTHE 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 19THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO THE  
MEMBERS OF THE ORGANIZATION AND GOVERNMENTAL AGENCIES FOR  
REVIEW.SCHEDULE I EXPLANATIONALTHOUGH 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.