

Form 990-EZ

## 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)

2016

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service**A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017**

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization  
MARINE CORPS LEAGUE

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite

PO BOX 9

City or town, state or province, country, and ZIP or foreign postal code

Kenner, LA 70062

**D** Employer identification number

72-1198010

**E** Telephone number**F** Group Exemption Number ►**G** Accounting Method

- Cash
- Accrual
- Other (specify) ► \_\_\_\_\_

**H** Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► \_\_\_\_\_**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) (insert no)  4947(a)(1) or  527**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 6,821**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. 

Revenue	<table border="0"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received . . . . .</td><td>1</td><td>550</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts . . . . .</td><td>2</td><td></td></tr> <tr><td>3</td><td>Membership dues and assessments . . . . .</td><td>3</td><td>692</td></tr> <tr><td>4</td><td>Investment income . . . . .</td><td>4</td><td>1,275</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory . . . . .</td><td>5a</td><td></td></tr> <tr><td>b</td><td>Less cost or other basis and sales expenses . . . . .</td><td>5b</td><td></td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .</td><td>5c</td><td></td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .</td><td>6a</td><td></td></tr> <tr><td>b</td><td>Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .</td><td>6b</td><td></td></tr> <tr><td>c</td><td>Less direct expenses from gaming and fundraising events . . . . .</td><td>6c</td><td></td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .</td><td>6d</td><td></td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances . . . . .</td><td>7a</td><td></td></tr> <tr><td>b</td><td>Less cost of goods sold . . . . .</td><td>7b</td><td></td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .</td><td>7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O) . . . . .</td><td>8</td><td>4,304</td></tr> <tr><td>9</td><td><b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►</td><td>9</td><td>6,821</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	550	2	Program service revenue including government fees and contracts . . . . .	2		3	Membership dues and assessments . . . . .	3	692	4	Investment income . . . . .	4	1,275	5a	Gross amount from sale of assets other than inventory . . . . .	5a		b	Less cost or other basis and sales expenses . . . . .	5b		c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c		6	Gaming and fundraising events			a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a		b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b		c	Less direct expenses from gaming and fundraising events . . . . .	6c		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d		7a	Gross sales of inventory, less returns and allowances . . . . .	7a		b	Less cost of goods sold . . . . .	7b		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		8	Other revenue (describe in Schedule O) . . . . .	8	4,304	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	6,821	Expenses	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	550																																																																				
2	Program service revenue including government fees and contracts . . . . .	2																																																																					
3	Membership dues and assessments . . . . .	3	692																																																																				
4	Investment income . . . . .	4	1,275																																																																				
5a	Gross amount from sale of assets other than inventory . . . . .	5a																																																																					
b	Less cost or other basis and sales expenses . . . . .	5b																																																																					
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c																																																																					
6	Gaming and fundraising events																																																																						
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a																																																																					
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b																																																																					
c	Less direct expenses from gaming and fundraising events . . . . .	6c																																																																					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d																																																																					
7a	Gross sales of inventory, less returns and allowances . . . . .	7a																																																																					
b	Less cost of goods sold . . . . .	7b																																																																					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c																																																																					
8	Other revenue (describe in Schedule O) . . . . .	8	4,304																																																																				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	6,821																																																																				
Assets	<table border="0"> <tr><td>10</td><td>Grants and similar amounts paid (list in Schedule O) . . . . .</td><td>10</td><td>5,800</td></tr> <tr><td>11</td><td>Benefits paid to or for members . . . . .</td><td>11</td><td></td></tr> <tr><td>12</td><td>Salaries, other compensation, and employee benefits . . . . .</td><td>12</td><td>84</td></tr> <tr><td>13</td><td>Professional fees and other payments to independent contractors . . . . .</td><td>13</td><td>600</td></tr> <tr><td>14</td><td>Occupancy, rent, utilities, and maintenance . . . . .</td><td>14</td><td>20,471</td></tr> <tr><td>15</td><td>Printing, publications, postage, and shipping . . . . .</td><td>15</td><td>1,847</td></tr> <tr><td>16</td><td>Other expenses (describe in Schedule O) . . . . .</td><td>16</td><td>3,122</td></tr> <tr><td>17</td><td><b>Total expenses.</b> Add lines 10 through 16 . . . . . ►</td><td>17</td><td>31,924</td></tr> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .</td><td>18</td><td>-25,103</td></tr> <tr><td>19</td><td>Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .</td><td>19</td><td>267,520</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O) . . . . .</td><td>20</td><td>-117</td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .</td><td>21</td><td>242,300</td></tr> </table>	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	5,800	11	Benefits paid to or for members . . . . .	11		12	Salaries, other compensation, and employee benefits . . . . .	12	84	13	Professional fees and other payments to independent contractors . . . . .	13	600	14	Occupancy, rent, utilities, and maintenance . . . . .	14	20,471	15	Printing, publications, postage, and shipping . . . . .	15	1,847	16	Other expenses (describe in Schedule O) . . . . .	16	3,122	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	31,924	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-25,103	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	267,520	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	-117	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	242,300	Net Assets																					
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	5,800																																																																				
11	Benefits paid to or for members . . . . .	11																																																																					
12	Salaries, other compensation, and employee benefits . . . . .	12	84																																																																				
13	Professional fees and other payments to independent contractors . . . . .	13	600																																																																				
14	Occupancy, rent, utilities, and maintenance . . . . .	14	20,471																																																																				
15	Printing, publications, postage, and shipping . . . . .	15	1,847																																																																				
16	Other expenses (describe in Schedule O) . . . . .	16	3,122																																																																				
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	31,924																																																																				
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-25,103																																																																				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	267,520																																																																				
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	-117																																																																				
21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	242,300																																																																				



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. . . . .

**33** Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

**34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

**35a** Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

**b** If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

**c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

**36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

**b** Did the organization file **Form 1120-POL** for this year?

**38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

**b** If "Yes," complete Schedule L, Part II and enter the total amount involved ► **38b**

**39** Section 501(c)(7) organizations Enter

**a** Initiation fees and capital contributions included on line 9

**b** Gross receipts, included on line 9, for public use of club facilities ► **39a**

**39b**

**40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_

**b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

**c** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **40b**

**d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► **40c**

**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T ► **40e**

**41** List the states with which a copy of this return is filed ► \_\_\_\_\_

**42a** The organization's books are in care of ► DOROTHY WILBERT Telephone no ► (504) 390-2172

Located at ► 2708 DELAWARE AVENUE Kenner, LA ZIP + 4 ► 70062

**b** 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)?

If "Yes," enter the name of the foreign country ► **42b**

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

**c** At any time during the calendar year, did the organization maintain an office outside the U.S.?

If "Yes," enter the name of the foreign country ► **42c**

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ►  and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

**44a** Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

**b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

**c** Did the organization receive any payments for indoor tanning services during the year?

**d** If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

**45b** 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
<b>33</b>		No
<b>34</b>		No
<b>35a</b>		No
<b>35b</b>		
<b>35c</b>		No
<b>36</b>		No
<b>37b</b>		No
<b>38a</b>		No
<b>40b</b>		No
<b>40c</b>		
<b>40e</b>		No
<b>42b</b>		No
<b>42c</b>		No
<b>43</b>		
<b>44a</b>		No
<b>44b</b>		No
<b>44c</b>		No
<b>44d</b>		
<b>45a</b>		No
<b>45b</b>		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	46			No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	47			
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	48			
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	49a			
b If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	49b			
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" . . . . .				

(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) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" . . . . .

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. . . . . ►

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ►  Yes  No

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	***** Signature of officer	2017-10-30 Date
	MICHAEL TRAVIS COMMANDANT Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ROBYN DAVILA CPA	Preparer's signature	Date 2017-10-31	Check <input type="checkbox"/> if self-employed	PTIN P00247457
	Firm's name ► BOB JONES ACCOUNTING			Firm's EIN ► 72-0768221	
	Firm's address ► 1338 7TH STREET Slidell, LA 70458			Phone no (985) 643-6430	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 72-1198010  
**Name:** MARINE CORPS LEAGUE

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p><b>28</b> ACHIEVEMENTS INCLUDE MEETINGS OF ACTIVE DUTY &amp; VETERAN MARINES FOR FELLOWSHIP PURPOSES COMMUNITY OUTREACH &amp; RECOGNIZING STUDENTS FOR EXCELLENT CITIZENSHIP &amp; SPORTSMANSHIP (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>28a</b> 31,924</p>

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

~~Internal Revenue Service~~Name of the organization  
MARINE CORPS LEAGUE

OMB No 1545-0047

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

**2016****Open to Public  
Inspection****Employer identification number**

72-1198010

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Description of other revenue Part I line 8	Description Amount REFUND OF BINGO PAYOUTS 400 REVENUE FROM VIDEO MACHINES 229 LIFE INT 191 HALL RENTAL 3,350 50/50 134

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	Amount 5,800

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	Description Amount TAXES 1,218 NATIONAL DUES & SUBSCRIPTIONS 642 CLUB FUNCTION EXPENSES 1,262

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other changes in net assets or fund balances Part I line 20	Description Amount ADJUSTMENT-PRIOR YEAR BANK BALANCE (117) AN ADJUSTMENT IS BEING MADE TO THE PRIOR YEAR BANK BALANCE IN THE AMOUNT OF \$117