

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

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

**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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

19000

A For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PETER P. MONACO, JR. DETACHMENT, MARINE CORPS LEAGUE, INC.		D Employer identification number 06-6099290
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 2205 MAIN STREET		E Telephone number 860-633-8109
	City or town, state or province, country, and ZIP or foreign postal code GLASTONBURY CT 06033		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: **N/A**

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 113,723**

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	1	Contributions, gifts, grants, and similar amounts received	1	30,868
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,488
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	550
	b	Less cost or other basis and sales expenses	5b	149
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	401
	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	78,758	
c	Less direct expenses from gaming and fundraising events	6c	33,464	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	45,294	
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	59	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	80,110	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	23,963
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	8,619
17	Total expenses. Add lines 10 through 16	17	32,502	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	47,528
	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	22,886
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	70,414



For Paperwork Reduction Act Notice, see the separate instructions.

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SCAN



Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	22	22,886	22	70,414
23 Land and buildings	23	0	23	
24 Other assets (describe in Schedule O)	24	0	24	
25 Total assets	25	22,886	25	70,414
26 Total liabilities (describe in Schedule O)	26	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	22,886	27	70,414

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO PROVIDE SERVICES AND SUPPORT TO VETERANS

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)

28 DISTASTER RELIEF SUPPORT - HELP ANY VETERAN WHO IS IN NEED OF FINANCIAL SUPPORT, SERVICES AT HOME, AND ANY HELP NEEDED ASSOCIATED WITH A DISABILITY 12 FAMILIES HAVE BENEFITED FROM THIS LOCAL PROGRAM (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	8,257
29 SEMPER FI FUND - NATIONAL NON PROFIT THAT PROVIDES SUPPORT TO VETERANS IN NEED THROUGHOUT THE COUNTRY (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,500
30 HOMES FOR THE BRAVE - PROVIDE SUPPORT TO VETERANS IN NEED OF HOUSING (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,500
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	6,706
32 Total program service expenses (add lines 28a through 31a)	32	23,963

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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 benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHAEL D. MONACO COMMANDANT	20.00	0	0	0
KEVIN VANDER WEIDE SENIOR VICE COMMANDA	15.00	0	0	0
MANUEL JIMENEZ JUNIOR VICE COMMANDA	10.00	0	0	0
THOMAS MCLARNEY ADJUTANT	10.00	0	0	0
MICHAEL F LEPORE PAYMASTER	20.00	0	0	0

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
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
37b 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of MICHAEL F. LEPORE Telephone no 860-633-8109

Located at 2205 MAIN STREET GLASTONBURY CT ZIP + 4 06033

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)?
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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
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	46	X

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

	Yes	No
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	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	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
None				

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
None		

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

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.

Sign Here: Signature of officer MICHAEL F. LEPORE, Date 31 July 2019

Paid Preparer Use Only: Print/Type preparer's name FRANCIS E. JORDAN, Preparer's signature, Date 07/31/19, Check self-employed, PTIN P01379766, Firm's name Francis E. Jordan & Co., Firm's EIN 06-0966728, Firm's address PO Box 142, Glastonbury, CT 06033-0142, Phone no 860-633-5691

May the IRS discuss this return with the preparer shown above? See instructions

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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Name of the organization **PETER P. MONACO, JR. DETACHMENT,
MARINE CORPS LEAGUE, INC.**

Employer identification number
06-6099290

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
FEES	\$ 90
WEBSITE	\$ 106
CONVENTION	\$ 138
INSURANCE	\$ 350
PROMOTION	\$ 433
OFFICE	\$ 683
MISCELLANEOUS	\$ 1,059
DUES	\$ 5,760
Total	\$ 8,619

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

CT TREES OF HONOR MEMORIAL	\$ 2,500
OPEN DOORS OUTDOORS	\$ 2,000
CHAPEL OF THE FOUR CHAPLAINS	\$ 800
FAIRFIELD POLICE DEPT K-9 UNIT	\$ 700
DUNKIN DONUT EASTER EGG HUNT	\$ 406
MARINE CORP HERITAGE FOUNDATION	\$ 300
TOTAL	\$ 6,706