(Rev January 2020) Department of the Treasury

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, Go to www.irs.gov/Form990 for instructions and the latest information.

and ending JUN 30, A For the 2019 calendar year, or tax year beginning JUL 1, 2019 Check if applicable C Name of organization D Employer identification number MARINE CORPS LEAGUE OF PENNSYLVANIA, Address change C/O ROBERT C. ZILTZ, JR. Name change 25-1313893 Doing business as Initial Room/suite Number and street (or P.O box if mail is not delivered to street address) E Telephone number 717-215-0520 Final return/ BOX 6687 termi 326,399. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende HARRISBURG, PA 17112 H(a) Is this a group return Applica-F Name and address of principal officer ROBERT C. ZILTZ, for subordinates? Yes X No pending 7866 SUNSET DRIVE, HARRISBURG, PA H(b) Are all subordinates included? 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) Tax-exempt status H(c) Group exemption number ► 0955 J Website: ► N/A K Form of organization X Corporation Other | Year of formation: 1943 M State of legal domicile: PA Part | Summary SUPPORT VETERANS AND THEIR Briefly describe the organization's mission or most significant activities Governance DEPENDENTS AND FOSTER PATRIOTISM AND CITIZENSHIP AMONG YOUTH Check this box > ____ if the organization discontinued its operations or disposed of more than 25% of its net assets 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0 550 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39 **7**b **Prior Year Current Year** 273. Contributions and grants (Part VIII, line 1h) 11,132. 17,438. Program service revenue (Part VIII, line 2g) 16,548. 32,468. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 63,685. 17,174.45,893. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 96,072. 108,539. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 35,100. 158,750. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 65,127. 47,125. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 100,227. 205,875. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -4,155. -97,336. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 687,733. 538,087. Ω. Total liabilities (Part X, line 26) n 687,733. Net assets or fund balances, Subtract line 21 from line 20 538,087. | Part II | Signature Block Under penalties of perjuty, Hoclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Declaration of preparer other than officer) is based on all information of which preparer has any knowledge. true, correct, and complete are of officer Sign ROBERT C. ZII COMMANDANT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 10/26/20 ROBERT A. ROMAKO ROBERT A. ROMAKO P00252344 Paid Firm's name ROBERT A. ROMAKO, CPA PC Preparer Firm's EIN 82-4313522 Firm's address ▶ 220 HALDEMAN AVENUE Use Only NEW CUMBERLAND, PA 17070 Phone no. 717 - 774 - 3047

No

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2019)

Total program service expenses

MARINE CORPS LEAGUE OF PENNSYLVANIA, INC Form 990 (2019) C/O ROBERT C. ZILTZ, JR. Part V Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	- 1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	з		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> X</u>
þ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			7.5
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ <u>X</u> _
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
٥-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
Za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
о 4а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		-	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		_	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	L

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Form 990 (2019) C/O ROBERT C. ZILTZ, JR.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		'	l
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	 '	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		'	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		'	٠.
24.0	Schedule J	23	 -	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		'	1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		'	_v
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24a	 '	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	\vdash	├──
·	any tax-exempt bonds?	340	'	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	╆──	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	├──	├
ZUG	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250	'	x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	\vdash	-A-
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete	'	'	ļ
	Schedule L. Part I	256	'	x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	 	
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		'	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	'	x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20	 	-
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	'	'	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III	-21		ش
20	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	<u> </u>	-	
_	"Yes," complete Schedule L, Part IV	28a	'	x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	$\vdash \vdash \vdash$	X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	'	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
_	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	!	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	ļ		
	Part V, line 1	34	!	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	!	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	['		
	If "Yes," complete Schedule R, Part V, line 2	_36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		[
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1 1	
Dái	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Hai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			<u>, []</u>
•		Table 1	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the graphystics comply with body a withholding rules for recordable assurants to use the line 1.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			الساء

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(gambling) winnings to prize winners?

Form **990** (2019)

Form 990 (2019) C/O ROBERT C. ZILTZ, JR.

Part V: Statements Regarding Other IRS Filings and Tax Compliance (continued)

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3 65 3	GMY:					
	•	i	ı	<u>च्याच्य</u> ा	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		١ .	3.5		
	filed for the calendar year ending with or within the year covered by this return	2a	0	# A.	7	75 a 3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	1 to 19	9
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)		- V	APT APT	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over a	3b		
4a	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		х
h	If "Yes," enter the name of the foreign country	ccour	it) i	700		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	COLIN	ts (FRAR)	5 0,5	1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Joodin	13 (1 5/11)	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
-	any contributions that were not tax deductible as charitable contributions?	<u>-</u>		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	aifts			
	were not tax deductible?		3 -	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			1	7.	£\$.,.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ured			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		3,3, ₹		* 4.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		•	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	Ө	13 9		
_	sponsoring organization have excess business holdings at any time during the year?			8	2 <u>83</u> 7 3	
9	Sponsoring organizations maintaining donor advised funds.			h .co.	,3,	, S
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
b 10	Section 501(c)(7) organizations. Enter			7 17		क् दुः
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		9 30	3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		. 2	,	بەر _ئ ە
11	Section 501(c)(12) organizations. Enter		·			3
а	Gross income from members or shareholders	11a	1	2 -5	1, 2, 2,	ا ا
b	Gross income from other sources (Do not net amounts due or paid to other sources against			es.		*40
	amounts due or received from them)	11b		ا مند		4 (2.)
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		800) i i	etus.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				- 2	****
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	200 Exc.	
	Note: See the instructions for additional information the organization must report on Schedule O			· & .		3,4
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	1	()		9.4
	organization is licensed to issue qualified health plans	13b		17	7	10
C	Enter the amount of reserves on hand	13c	L	<u> </u>		11.40
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or			v
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15	-	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O		1101	27	, 4, 5	77.1
	1 1001 0000 DOTH TIEST CONDUCTO O		· · · · · · · · · · · · · · · · · · ·			(2040)

orm	990 (2019) C/O ROBERT C. ZILTZ, JR. 25-1313	893	Pa	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re:	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing	,	1	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision		İ	
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		[
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			••
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
202	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		<u> </u>
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1	V	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes X	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		
	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	- 1	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	4		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE		-	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only) :	avaılal	ole
	for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website X Upon request Other (explain on Schedule O)		,	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinanc	ıaı	
20	statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
20	CK BOOKKEEPING SERVICE - 717-877-1088			

Form **990** (2019)

17112

732 JEFFREY CIRCLE, HARRISBURG, PA

Form 990 (2019) Partity Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations See instructions for the order in which to list the persons above

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)	ļ —			C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			ne	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss pe	rson i	s both	an	compensation	compensation	amount of
	week	├─				17003		from	from related	other
	(list any hours for	ig i				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	50 80	stee			Isale		(W-2/1099-MISC)	(***2/1033-141100)	organization
	organizations	trust	al tru		yee	ag.		(** =, *********************************		and related
	below	ndividual trustee or director	institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	亨	Inst	Officer	ξę.	풀를	Former			
(1) ROBERT ZILTZ, JR.	40.00									
COMMANDANT		L		X				0.	0.	0.
(2) JOSEPH KIER, SR.	20.00				1					
SENIOR VICE COMMANDANT				X				0.	0.	0.
(3) DIANA HENRY	20.00									
JUNIOR VICE COMMANDANT				X				0.	0.	0.
(4) BENJAMIN CERO	15.00									
JUDGE ADVOCATE				X				0.	0.	0.
(5) JAMES POWELL	30.00									
PAYMASTER				X				0.	0.	0.
(6) DAVID BRADY	25.00									
ADJUTANT				X	ĺ			0.	0.	0.
(7) TERRIE HENDRICKSON	15.00									-
CHAPLAIN				X				0.	0.	0.
(8) BRIAN NATALI	1.00									
JUNIOR PAST COMMANDANT				X				0.	0.	0.
(9) GEORGE SOUDER	15.00									
DISTRICT 1 VICE COMMANDANT				X				0.	0.	0.
(10) GENE IRVIN	15.00									
DISTRICT TO VICE COMMANDANT.				X	1			0.	0.	0.
(11) ROBERT HOCKENBURY	15.00									
DISTRICT 3 VICE COMMANDANT				X	1			0.	0.	0.
(12) JOEL SOFRANKO	15.00									
DISTRICT 4 VICE COMMANDANT		1		X		ĺ		0.	0.	0.
(13) JAMES DIAMOND	5.00									-
DISTRICT 5 VICE COMMANDANT		1		X				0.	0.	0.
(14) ANTHONY FLAYNIK	15.00					П			· -····	
DISTRICT 6 VICE COMMANDANT				X				0.	0.	0.
(15) THOMAS BROWN	5.00									
DISTRICT 7 VICE COMMANDANT		1		X				0.	0.	0.
(16) JOHN DELANEY	5.00								·	
DISTRICT 8 VICE COMMANDANT		1		Х	l			0.	0.	0.
(17) RAYMOND CHAMBERS	5.00				Г					
DISTRICT 9 VICE COMMANDANT		1		X	ļ			0.	0.	0.
	•	_						 		Form 990 (2010)

932007 01-20-20

Form 990 (2019)

C/O ROBERT C. ZILTZ, JR.

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Part VI Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable	(E) Reportable	(F) Estimated
	week (list any hours for related organizations below line)					nsated nsated	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(18) FRED NEILEN	20.00									_
DISTRICT 10 VICE COMMANDANT	·		-	X	┞	\vdash	⊢	0.	0.	0.
			-		<u> </u>	├				
		-	-	\vdash	 	╁				
						İ				
		-	-			┢				
		_		L	<u> </u>					
1b Subtotal	1	<u> </u>		L		I		0.	0.	0.
c Total from continuation sheets to Part VI	I, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	nove) wh	o re	0.	0.00 of reportable	0.
compensation from the organization		·,·				,				0
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	emp	loye	e, or	hıg	hest compensated empl	oyee on	Yes No
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150								-	ne organization	4 X
5 Did any person listed on line 1a receive or a									lual for services	
rendered to the organization? If "Yes." com	polete Schedule	e J f	or su	ıch	oers	on				5 X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	lepe	ndei	nt c	ontra	acto	rs th	nat received more than \$	100.000 of compens	ation from
the organization Report compensation for		-							•	
(A) Name and business	address	NO	INC	₹.				(B) Description of s	ervices	(C) Compensation
							_			
										
		_	_	_	_		_			
2 Total number of independent contractors (ii	ncluding but n	at luc	nıter	1 to	thos	مال مع	ted	above) who received mo	ore than	
\$100,000 of compensation from the organic	-	J. 111	,)		above, who received file	no triair	
										Form 990 (2019)

Page 9

270	o at a E	15. Tare		ont	aine e	raenonee r	or note to any lin	e in this Part VIII			
		`	Check if Schedule O	onta	ains a	response C	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts, Grants Amounts	1	1 a Federated campaigns b Membership dues c Fundraising events d Polated excapitations				1b 1c			5 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		3000013 012 014
Contributions, Gifts, Grants and Other Similar Amounts		e	Related organizations Government grants (contr All other contributions, gifts, similar amounts not included	gran	ts, and	1d 1e	1,000.		3 9		· ·
Contri and O		_	Noncash contributions included in Total. Add lines 1a 1f	lines 1	1a-1f	1g \$. •	11,132.	,		
						_	Business Code	, , ,		•	
ا به	2	а	LIFE MEMBER P	RO	GRA	M	900099	6,631.	6,631.		
Program Service Revenue		b	DUES				900099	5,746.	5,746.		
Ser		c CONVENTION AND MEAL RE		900099	4,171.	4,171.					
ik a		d									
ğ		е									
مّ		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f				>	16,548.	,		
	3		Investment income (include	ling	dıvıde	nds, intere	st, and				
		other similar amounts)					>	17,233.			17,233.
- 1	4		Income from investment of	of tax	k-exem	pt bond p	roceeds				
	5		Royalties	_			<u> </u>			<u></u>	
					() Real	(II) Personal	2 112			
	6	а	Gross rents	6a	<u> </u>			ره الماسية الماسية الماسية الماسية الماسية			
		b	Less rental expenses	6b	<u> </u>			in the second se	, , , , ,		}
		С	Rental income or (loss)	6c				و مون اس	, , , , , , , , , , , , , , , , , , ,		
ł		d	Net rental income or (loss)			>		-		
	7	а	Gross amount from sales of		(i) S	ecurities	(II) Other	n a d	ر کی ا		
			assets other than inventory	7a	226	,661.		6 2 7 °	· ·		
1		b	Less cost or other basis					•			
e l			and sales expenses	7b	180	,209.		, S 16 ,	. ,		,
ē		С	Gain or (loss)	7c	46	,452.		- ', 	, ,		,
her Revenue			Net gain or (loss)				•	46,452.			46,452.
ē	8	а	Gross income from fundraisi	ng ev	ents (r	not					
5			including \$			of		۰, ۰	,		-
			contributions reported on	line	1c) S	ee		,			~ = -
			Part IV, line 18			8a	1,675.	٠.	,		
		b	Less direct expenses			8b	4,720.	•			
		c	Net income or (loss) from	func	iraising	g events	>	-3,045.			-3,045.
	9	а	Gross income from gamin	g ac	tivities	See		, ,			0
			Part IV, line 19			9a	51,494.	و م الم	, - '		-
		b	Less direct expenses			9b	28,039.	'Au o,			<u></u>
		С	Net income or (loss) from	gam	ning ac	tivities	>	23,455.			23,455.
	10		Gross sales of inventory,					A 8 15 15			
Ì			and allowances			10a			m,		
		b	Less cost of goods sold			10b	4,892.	The state of the s	, , , , , ,	-,	٠
		С	Net income or (loss) from	sale	s of in	ventory ,		-3,236.	-3,236.		
,							Business Code	\$			
ñ a	11	а									
ane		b									
الح الح		С									
Miscellaneous Revenue		d	All other revenue						ļ		
	<u> </u>	е	Total. Add lines 11a 11d				<u> </u>				
	12		Total revenue See instruction	ons				108,539.	13,312.	0.	
93200	9 01	-20-	20								Form 990 (2019)

Form 990 (2019) C/O ROBERT C. ZILTZ, JR. Part X Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must coi	mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	158,750.	158,750.		The state of the s
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				**
3	Grants and other assistance to foreign			100	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			12 1-13 42 3	
4	Benefits paid to or for members			MAL TO LORD	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include]
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
C	Accounting	7,051.		7,051.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		が発える。	STORY THE S	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	1,805.	1,805.		
13	Office expenses	1,843.		1,843.	
14	Information technology				
15	Royalties				
16	Occupancy	3,553.	3,553.		
17	Travel	11,753.	11,753.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,360.	5,360.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,009.	2,009.	100 Laure A. W. 100 Laure	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	The state of the s	THE CO.	S. M. Market	it seems to the second
а	CHARITABLE ACTIVITIES	8,500.	8,500.		
b	AWARDS	2,226.	2,226.		
С	POSTAGE	2,188.	2,188.		
d	MISCELLANEOUS EXPENSES	837.	837.		
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	205,875.	196,981.	8,894.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	3.01.20-20				Form 990 (2016

raņ	小人员	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X	(A)	(B)
			Beginning of year	End of year
	1	Cash · non interest bearing	1 1	44 420
	2	Savings and temporary cash investments	38,357. 2	41,138.
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	A TOTAL OF THE PARTY OF THE PAR	16.
İ	5	Loans and other receivables from any current or former officer, director,		12)
		trustee, key employee, creator or founder, substantial contributor, or 35%	2 2	12 m
		controlled entity or family member of any of these persons	5	
1	6	Loans and other receivables from other disqualified persons (as defined		2 th at 3 4 7 60.
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	.
2	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	6,245. 8	9,315
۲	9	Prepaid expenses and deferred charges	9	and the second
	10a	Land, buildings, and equipment cost or other		
		basis Complete Part VI of Schedule D	· · · · · · · · · · · · · · · · · · ·	2. T. A. T. A. B. T. T.
	b	Less accumulated depreciation 10b	10c	
	11	Investments · publicly traded securities	11	405 555
	12	Investments - other securities See Part IV, line 11	641,773. 12	486,776
	13	Investments program-related See Part IV, line 11	13	
-	14	Intangible assets	14	
	15	Other assets See Part IV, line 11	1,358. 15	858
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	687,733. 16	538,087
Ì	17	Accounts payable and accrued expenses	17	ļ
	18	Grants payable	18_	
	19	Deferred revenue `	19	
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	21	The same of the sa
Sa	22	Loans and other payables to any current or former officer, director,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	A STATE OF THE STA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
jab		controlled entity or family member of any of these persons	22	
-	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
- 1	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X		
		of Schedule D	25	
_	26	Total liabilities. Add lines 17 through 25	0. 26	0
.		Organizations that follow FASB ASC 958, check here		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
ces		and complete lines 27, 28, 32, and 33.		- NO. 000
lan	27	Net assets without donor restrictions	687,733. 27	538,087
Ва	28	Net assets with donor restrictions	28	
פיי		Organizations that do not follow FASB ASC 958, check here	2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
<u>ا</u> آ		and complete lines 29 through 33.	CALLEY BY A STATE OF	A STATE OF THE STA
S O	29	Capital stock or trust principal, or current funds		<u></u>
set	30	Paid-in or capital surplus, or land, building, or equipment fund	30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	31	FAA AA-
Š	32	Total net assets or fund balances	687,733. 32	538,087
	33	Total liabilities and net assets/fund balances	687,733. 33	538,087

Form **990** (2019)

Form	990 (2019) C/O ROBERT C. ZILTZ, JR.	<u> 25-131</u>	<u> 3893 </u>	Page	<u>12</u>
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	 	•]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	108	,539) _
2	Total expenses (must equal Part IX, column (A), line 25)	2		,875	
3	Revenue less expenses Subtract line 2 from line 1	3		,336	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		733	_
5	Net unrealized gains (losses) on investments	5		,310	
6	Donated services and use of facilities	6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ť
7	Investment expenses	7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0	·
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				_
	column (B))	10	538	,087	
Pai	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes N	<u> </u>
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				. 5
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				زئ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a	<u> </u>	<u></u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

932012 01-20-20

Form 990 (2019)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.



If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	ions Complete Part III				
Van	ne of organization MARINE	CORPS LEAGUE OF I	PENNSYLVANIA	, INC	Emplo	yer identification number
	C/O ROB	ERT C. ZILTZ, JR.	•			25-1313893
Pa	rtd-A Complete if the org	anization is exempt unde	er section 501(c) (or is a section 52	27 org	anization.
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities			> \$	
Pa	irt(問B Complete if the org	anization is exempt unde	er section 501(c)(3).		
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955		▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955		▶ \$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 i	for this year?			Yes No
48	Was a correction made?					Yes No
	If "Yes," describe in Part IV				-047-1	(A)
	12, 646 (28.7%)	anization is exempt unde				(3).
1	Enter the amount directly expended	I by the filing organization for sec	ction 527 exempt funct	ion activities	▶\$	
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for se	ection 527		
	exempt function activities				▶\$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	nd on Form 1120-POL,			
	line 17b				▶\$	
4	Did the filing organization file Form					Yes No
5	Enter the names, addresses and en					
	made payments For each organiza					
	contributions received that were pro-				eparate	segregated tund or a
	political action committee (PAC) If	additional space is needed, prov	ide information in Part	10		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
				filing organization funds If none, ent		contributions received and promptly and directly
				lulius il fiorie, erit	.61 -0	delivered to a separate
						political organization.
				<u> </u>		If none, enter -0
			-	-		
_						

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

Schedule C (Form 990 or 990-EZ) 2019

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932041 11-26-19

Schedule C (Form 990 or 990 EZ) 2019	C/O R	OBERT (C. ZILTZ, J	R .	25-1	313893 Page 2
Partil A Complete if the org section 501(h)).	jarnzatio	II IS EXCII	ipt under Section	1 50 I(C)(S) and III	eu Form 5706 (eie	ction under
	ation belon	ns to an affil	ated group (and list in	Part IV each affiliated	group member's name	address FIN
expenses, and sha		=		Traitiv cacriammatec	group member a name	, addiess, Liiv,
· · ·			d "limited control" pro	ovisions annly		
		oying Exper	•	OVISIONS Apply	(a) Filing	(b) Affiliated group
			nts paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (g	rassroots lobbying)			
b Total lobbying expenditures to infl	uence a leç	gislative bod	y (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a and	d 1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	es (add line	s 1c and 1d)				
f Lobbying nontaxable amount Ent	er the amo	unt from the	following table in bot	h çolumns		
If the amount on line 1e, column (a) of	or (b) is:	The lob	bying nontaxable am	ount is:	The state of the state of	
Not over \$500,000		20% of t	he amount on line 1e.	•		1 de 2 57
Over \$500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	100 Sp. 100 Sp.	5	
Over \$17,000,000		\$1,000,0	000			The state of the
g Grassroots nontaxable amount (er	nter 25% of	line 1f)				
h Subtract line 1g from line 1a If zei	ro or less, e	enter -0-				
Subtract line 1f from line 1c If zero	o or less, e	nter -0-				-
j If there is an amount other than ze	ero on eithe	r line 1h or l	ine 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				[Yes No
(Some organizations t		a section 50	raging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns be	low.
	Lobi	oying Exper	ditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount				The State of the S	WAR TO BE AT	
(150% of line 2a, column(e))				7.00		
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))	W.					
Crangroots labbuing avpanditures						·

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 C/O ROBERT C. ZILTZ, JR. 25-1313893 Page 3

Partill B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Cor or	nch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a) (b) Yes No Amou		(1	(b)	
	lobbying activity			ount		
	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?		***			
С	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			A. 300.	1 2 2	
	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					
f g	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?					
h I	Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
	Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			14 A	Taras usu	
С	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912	III		والماح المارة	of the forms a state of	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(1 5), or sec			
	301(0)(0).			Yes	No	
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	X	
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is	
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical	\$7.T	<u> </u>		
-	expenses for which the section 527(f) tax was paid).		. 5			
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c	ļ		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex- does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		300 g			
	expenditure next year?		4	 		
5 Dar	Taxable amount of lobbying and political expenditures (see instructions) t1y2 Supplemental Information		5	<u> </u>		
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou actions), and Part II B, line 1. Also, complete this part for any additional information	p list); Part II	-A, lines 1 a	ınd 2 (see		

SCHEDULE D

Department of the Treasury

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information

MARINE CORPS LEAGUE OF PENNSYLVANIA, INC

Employer identification number

OMB No 1545-0047

C/O ROBERT C. ZILTZ, JR. 25-1313893 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part.l organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II . Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche		RT C. ZIL'					<u> 25-13</u>		
Par	Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	asures, or Oth	er Sin	nilar Assets	(continu	red)
3	Using the organization's acquisition, accession	n, and other record	s, check a	any of the f	ollowing that make	signific	cant use of its		
	collection items (check all that apply)								
а	Public exhibition	c	ו 🖳 נ	oan or excl	hange program				
b	Scholarly research	€	. 🗀	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how the	y further th	e organization's ex	empt p	urpose in Part	XIII	
	During the year, did the organization solicit or					lar asse	ts	_	
	to be sold to raise funds rather than to be ma						<u>L</u>	Yes	No
Par	Escrow and Custodial Arrang		ete if the	organizatio	n answered "Yes"	on Forn	n 990, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	ontributions	s or other assets n	ot includ	ded	-	
	on Form 990, Part X?						<u></u>	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ble		_		· · · · · · · · · · · · · · · · · · ·	
						-		Amount	
С	Beginning balance					L	1c		
d	Additions during the year					L	1d		
е	Distributions during the year					1	1e		
	Ending balance					L	1f	-,	
	Did the organization include an amount on Fo						<u> </u>	」Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.								
Par	Endowment Funds. Complete				r	_			
		(a) Current year	(b) Pi	rior year	(c) Two years back	((d) I	hree years back	(e) Four	years back
1a	Beginning of year balance	 	_						
b	Contributions		<u> </u>				·		
	Net investment earnings, gains, and losses		1		<u> </u>			ļ	
	Grants or scholarships		 						
е	Other expenditures for facilities		1			1			
	and programs		 					ļ	
f	Administrative expenses		 						
9	End of year balance		<u> </u>		<u> </u>				
2	Provide the estimated percentage of the curr	ent year end baland		, column (a))) held as [.]				
	Board designated or quasi endowment		_%						
	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho		- 4 41 4		- d - d				
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are nelo ar	na aaministerea to	r the org	ganization	Г	Vaa I Na
	by								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations	tions listed as room	rod on Sc	shadula D2				3a(ii) 3b	
b	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the	•							
Pai	Land, Buildings, and Equipm		JWINEIIL IC	ilius.					
1,000	Complete if the organization answere		n Part IV	line 11a S	See Form 990 Part	X line	10		
	Description of property	(a) Cost or					nulated	(d) Book	value
	Description of property	basis (invest		• •	(other)	deprec	L.	(u) 500k	value
4-	Lond	2200 1	,			doproo			
	Land								
	Buildings Leasehold improvements								
	Equipment								
	Other								<u> </u>
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990 Par	t X. colum	n (R) line 1	(Oc.)		•		0.

Schedule D (Form 990) 2019

C/	O R	OBERT	C.	ZILTZ,	JR
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a) Description of security or category (including name of security)	(b) Book value	1b See Form 990, Part X, line 12.(c) Method of valuation. Cost or end-o	f-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A) EQUITY MUTUAL FUNDS	431,099.	END-OF-YEAR MARKET V	/ALUE
(B) CORPORATE BONDS	55,677.	END-OF-YEAR MARKET	/ALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	406 556		germania de la compansia de la
al (Col (b) must equal Form 990, Part X, col. (B) line 12.)	486,776.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	Form 990, Part IV, line 1 (b) Book value		
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-o	r-year market value
(1)	· · · · · · · · · · · · · · · · · · ·		
(2)			- · · · · · · · · · · · · · · · · · · ·
(3)			
(4)			
(5)	···-		
(6)	······		
(7) (8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art. X3 Other Assets.		1d. See Form 990. Part X. June 15	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" or (a) D			(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art. X Other Assets. Complete if the organization answered "Yes" or (a) D (1)	n Form 990, Part IV, line 1		(b) Book value
ai. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1)	n Form 990, Part IV, line 1		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3)	n Form 990, Part IV, line 1		(b) Book value
ai. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3)	n Form 990, Part IV, line 1		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5)	n Form 990, Part IV, line 1		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) Di (1) (2) (3) (4)	n Form 990, Part IV, line 1		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line 1		(b) Book value
ai. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6)	n Form 990, Part IV, line 1		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art. X Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line 1 escription		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X; Other Liabilities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1 art X; Other Liabilities.	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15	(b) Book value
Al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Activity Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15	
Al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15	
at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1 art Xx Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15	
at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1 art; X; Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 1 art: X; Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Artixic Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Art X Other Assets. Complete if the organization answered "Yes" or (a) Discourse (a) Discourse (a) Discourse (a) Discourse (a) Discourse (a) Discourse (a) Discourse (a) Discourse (a) Discourse (a) Discourse (a) Discourse (a) Description of liability (b) Federal income taxes (c) (d) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The Assets. Complete if the organization answered "Yes" or (a) D. (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Attition of liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15	
At (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Idl. (Column (b) must equal Form 990, Part X, col. (B) line 1 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X, line 15	

932053 10-02-19

Schedule D (Form 990) 2019

932054 10-02-19

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

OMB No 1545-0047 ्राष्ट्रा १८ स्थिति । इ.स.च्या

Name of the organization MARINE CORPS LEAGUE OF PENNSYLVANIA, INC C/O ROBERT C. ZILTZ, JR.

Employer identification number 25-1313893

	Fundraising Activities. equired to complete this par	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
a Mb In C Pi d In 2 a Did the key emp b if "Yes,"	ail solicitations ternet and email solicitations none solicitations person solicitations organization have a written o ployees listed in Form 990, P	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pi	tion of tion of fundra (includ	non-g gover using of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
	ind address of individual entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	troi oi	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
····							
						<u> </u>	
	······································						
							
Total				•			
		n is registered or licensed to solicit o	ontribi	tions	or has been notified	ıt ıs exempt from reç	gistration

						···	
 							

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	ŗŧ	Fundraising Events. Complete if the offundraising event contributions and gr				
		•	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less Contributions				· · · · · · · · · · · · · · · · · · ·
	3	Gross income (line 1 minus line 2)			· · · · · · · · · · · · · · · · · · ·	
	4	Cash prizes				
	_	•				
ses	5	Noncash prizes	ļ			
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
٥	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 throug	h Q in column (d)			
		-				
		Net income summary. Subtract line 10 from				
900	it i	- '	answered "Yes" on For	m 990, Part IV, line 19, or r	eported 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
Rev	1	Gross revenue			51,494.	51,494
ses	2	Cash prizes			22,345.	22,345
xpen	3	Noncash prizes				····
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses			5,694.	5,694
	6	Volunteer labor	Yes % No	6 Yes % No	X Yes 100 %	
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	28,039
i	8	Net gaming income summary Subtract line 7	from line 1 column (d)			23,455
لسم						23, 433
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a No," explain				X Yes No
		ere any of the organization's gaming licenses re Yes," explain	•			Yes X No
						m 990 or 990-EZ) 201

Scl	nedule G (Form 990 or 990 EZ) 2019 C/O ROBERT C. ZILTZ, JR.	<u> 25-</u> 1	313893	Page 3
_	Does the organization conduct gaming activities with nonmembers?		Yes	X 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	X No
	Indicate the percentage of gaming activity conducted in		11	•
	a The organization's facility	-	13a	<u>%</u> %
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and record	le	13b	
14	Effet the flame and address of the person who prepares the organization's garning/special events books and record			
	Name			
	Address >			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	ount		
	of gaming revenue retained by the third party > \$			
	c If "Yes," enter name and address of the third party			
	Name ▶			•
	Address ►			
16				
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
				·
	Director/officer Employee Independent contractor			
	Manufacture of all the forces			
	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	X No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
	organization's own exempt activities during the tax year ▶ \$			
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Par	t III, lines 9, 9	9b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
		٠		
_				
_				
_				

		MAKINE COKES	TEAGUE V	OL LEMMOIDAMT	25-1313893	D 4
Schedule G	(Form 990 or 990-EZ)	mation .	21112,	JR.	25-1313893	Page 4
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

or government

an year

MARINE CORPS LEAGUE OF

19036

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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■ Go to www.irs.gov	

OMB No 1545-0047

2 Employer identification number 25-1313893 (h) Purpose of grant or assistance SCHOLARSHIP PROGRAM, X Yes CONTRIBUTION TO FOUNDATION FOR Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States OF PENNSYLVANIA, INC recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 155,750, cash grant (c) IRC section (if applicable) 26-3219759 501(C)(3) JR. MARINE CORPS LEAGUE ZILIZ ्रमृत्तिक्षा General Information on Grants and Assistance (b) EIN C/O ROBERT C. criteria used to award the grants or assistance? PENNSYLVANIA FOUNDATION, INC. - 17 1 (a) Name and address of organization EAST COOKE AVENUE - GLENOLDEN, PA

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

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

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Schedule I (Form 990) (2019)

25-1313893

Schedule I (Form 990) (2019) C/O ROBERT C. ZILTZ, JR.

Sparified Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

Schedule I (Form 990) (2019)

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.

Name of the organization

MARINE CORPS LEAGUE OF PENNSYLVANIA, INC C/O ROBERT C. ZILTZ, JR.

OMB No 1545-0047

Employer identification number 25-1313893

FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION'S MEMBERS ARE CURRENT AND FORMER MARINES. THE ORGANIZATION
CHARGES ANNUAL DUES AS A CONDITION OF MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION'S MEMBERS VOTE FOR A SLATE OF OFFICERS AT ITS ANNUAL
MEETING.
FORM 990, PART VI, SECTION A, LINE 8B:
CERTAIN COMMITTEES DO NOT MAINTAIN WRITTEN CONTEMPORANEOUS COMMITTEE
MEETING MINUTES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS ARE EACH PROVIDED WITH AN ELECTRONIC VERSION OF THE
FORM 990 PROPOSED FOR FILING. DIRECTORS HAVE THE OPPORTUNITY TO COMMENT ON
THE FORM 990 AT THE NEXT SCHEDULED BOARD MEETING, AFTER WHICH THE FORM 990
IS EITHER REVISED OR FILED WITH NO CHANGES.
FORM 990, PART VI, SECTION C, LINE 18:
UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST.
FORM 990 , PART VII, SECTION A
OFFICERS 5, 6 AND 7 ARE NONVOTING OFFICERS.

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 9	990·EZ) (2019)				Page 2
Name of the organization	MARINE CORPS C/O ROBERT C.	LEAGUE ZILTZ	OF PENNSYLVANIA,	INC	Employer identification number 25-1313893
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