



Department of North Carolina Marine Corps League

Paymaster Training



Agenda

Review of Key Objectives & Critical Success Factors
Review of and Progress Against Prior Goals
Goals for Next Period



Review of Key Objectives & Critical Success Factors

- Overview of Paymaster Duties (Detachment Level)
 - Review Membership Dues Transmittals
 - Review New Membership Form
 - Review Transfer Form
 - Review Report of Office Installation (RIO) Form
 - Review Notice of Death (NOD) Form
 - Review Paid Life Membership (PLM) Audit
 - Filing/Completing the PLM Audits
- Filing/Completing the IRS 990, 990-EZ, or 990N ePostcard



Paymaster Duties (Detachment Level)

- > Treasurer
- Recorder of Business Transactions
 - Receives, Deposits, Issue Monies
 - Ensure Membership Eligibility
 - > Assist in Det. Financial Audit
 - File 990 Form
 - File PLM Audit Reports



Membership Dues Transmittals

- Fill every block (In Red on next set of slides)
- Transmittal Numbers (i.e.: 01-2019, 02-2019, etc.)
 - Minimize the number of pages
- Member Number: the six (6) digit membership number (not PLM # for Life Membership)
 - Appropriate Codes
 - Department Dues are \$5.00 for each Regular Member Transaction
 - NOTE: No Dues for LIFE Member Transaction
- Mail one (1) original with checks to the DONC Paymaster



Membership Dues Transmittals (Cont'd)

Codes:

N = New Member

RI = Re-Instatement

R = Renewal

T = Transfer

H = Honorary

HAD = Honorary Active Duty

COAO = Change of address – Old

COAN = Change of address - New

NOD = Notice of Death



MUST BE ACCOMPANIED BY A FULLY COMPLETED TRANSFER REQUEST

MUST BE ACCOMPANIED BY AN ORIGINAL MEMBERSHIP APPLICATION

NOTE: DO NOT SEND DD-214

** For NOTICE OF DEATH (Code: NOD) **MUST BE ACCOMPANIED BY A NOTICE OF DEATH FORM** (See Below)

MARINE CORPS LEAGUE

MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM

FROM: Adjutant/Paymaster of Detachment Name Detachment # 0123 TO: National Adjutant/Paymaster, 3619 Jefferson Davis Hwy Suite 115 Stafford VA 22554 VIA: Department Paymaster 09/08/2017 PLEASE READ CAREFULLY Transmittal # 1-2019 PLEASE TYPE OR PRINT NEATLY AND LEGIBLY. Enclose separate dues payment checks; one (1) payable to National HQ, MCL, Inc. and one (1) payable to your (Start new sequence on Include Date of Birth for all NEW applicants (mandatory for PLMs).

Utilize two entries (Old and New) to change a member's address or to correct or change a member's name (COA Code).

STAPLE <u>ORIGINAL_SIGNED</u> APPLICATION FORMS TO TOP COPY (applications cannot be accepted without attached July 1 each fiscal year). Detach and retain bottom copy - Forward balance to Department

FIRST COAO 123456 PLM # STREET ADDRESS (or PO BOX #) CITY TELEPHONE NUMBER E-MAIL ADDRESS DATE OF BIRTH LAST NAME (JR,etc). COAN 123456 STREET ADDRESS (or PO BOX #) ZIP + 4TELEPHONE NUMBER E-MAIL ADDRESS DATE OF BIRTI LAST NAME (JR,etc). HO LUSE ONLY 987654 STREET ADDRESS (or PO BOX #) DATE OF BIRTH E-MAIL ADDRESS TELEPHONE NUMBER Legal LastName, Legal FirstName 123 Main Street PIMe HomeTown ZIP + 4NC 12345-0000 usmc@gmail.com TELEPHONE NUMBER 11/10/1775 987654 LAST NAME (JR,etc). FIRST STREET ADDRESS (or PO BOX #) TELEPHONE NUMBER E-MAIL ADDRESS DATE OF BIRTH LAST NAME (JR.etc). 987654 STREET ADDRESS (or PO BOX #) ZIP + 4TELEPHONE NUMBER E-MAIL ADDRESS DATE OF BIRTI Department Dues Check # NATIONAL DUES ONLY __Renewal @20.00 Check #

New Member @ 25.00 Renewal Associate@20.00 New Associate @25.00 Benewal Dual @20.00 New Dual @25.00 March 1st-August 30th @15.00 NAM" __ March 1st-August 30th @15.00 NDM1 __March 1st-August 30th @15.00 35 and under ⊕ 500 36 to 50 @ 400 __51 to 64 @ 300 __65 and over @ 200 National Dues 5

Department - retain bottom copy and forward balance to National HQ

PRINTED NAM Total \$ Received at Department ADDRESS Date: Received at National HQ (Date/Time Stamp) DEPARTMENT PAYMASTER NAME. EMAJL PHONE NUMBER T-Transfer HAD-Honorary Active Duty H=Honorary COAN-Change of Address(NEW)

COAO-Change of Address (OLD) © 2016 Marine Corps League, Inc. For Official Marine Corps League use only All other use is prohibited.

LINK: NCMCL.org/Forms/Transmittal Form

OLD ADDRESS

NEW ADDRESS

BRINGS MEMBER TO CURRENT, then They can renew during The annual period

RENEWAL





Marine Co	orps League	APPLICATION FOR MEMBERSH		
	ype of Application ew Renewal	Regular	Associate	Dual

ARR FID	
PLEASE PRINT CLEARLY AND COM	PLETE THE FORM IN ITS ENTIRETY
ave you ever been convicted of a felony? Yes No If yes is checked lony conviction for consideration of membership in the Marine Corps League.	I agree to waive my rights under the Privacy Act and disclose the nature of the
DDAY'S DATE:	
ull Name:	
referred Name or Nickname:	
OB: / / Spouse Name:	
ddress:	
ity	State Zip
hone:A	
	r Filolie.
mail:	
ate of Enlistment/Commissioning:// Date	of Discharge/Separation/Retirement//
ervice # or SS#	
D214 verified:	·
Sponsor's Signature)	
I hereby apply for membership in the for one year's membership."	Detachment, Marine Corps League and enclose
menthy serving in the U.S. Marine Corps Reserve and have earned no less than ninety (90) Reserve Retirement inter EMF Units in excess of ninety (90) days and carned the Marine Corps Device (claup) or Warfer Devic ny Chuplain and have earned the FMF Budge serving with Marinex, if discharged, I am in receipt of a DD-214 or Certificate of Divelarge that the applicant received). General Discharge under Honerable Condition pp. League to obtain an un-reduced copy of my latest DD-214 from the Marine Corps custodian of Official glithly for regular membership in the Marine Corps League. I understand the DD-214 may contain informatic Korean War Era Marines See National Bylaws, Article 6, Section 6000 Applic	e duty, for not less than ninety (90) days and have earned the Eagle, Globe and Anchor,* or have served or am Credit Points or that I have served or an currently serving as a U.S. Navy Corporan who has trained with the event on the Service Ribbon authorized for FMF Corporan; or have served or are currently serving as a U.S. 14 or Certificate of Ducktarge indicating "Honorable Service", ("Honorable Service", will be defined by the har is is acceptable. By signature on this application, I hereby authorize the National Executive Director, Marine Miltary Personnel Files (OMPP), andiev verification of honorable service if deemed necessary to verify my in such as military awards, training and character of service. Carrier Signature stor MAL Membership, remit this form with check or money order in the amount of \$30.
OATH OF MEMBERSHIP	- REGULAR MEMBERS
ing fully aware of the symbols, motto, principiles and purposes of the Marine Corps League, do sol- nerica and of the Marine Corps League. I will never knowingly wrong, deceive or defraud the Laaj ember's family to be wronged or injured if to prevent the same is within my power. I will never pri	, in the presence of Almighty God, and the members of the Marine Corps League here assembled, mmly swear or affirm that I will uphold and defend the Constitution and Laws of the United States of you as to the value of anything. I will never knowingly wrong or injure or permit any member or any pose for membership, one known to me to be unqualified or unworthy to become a member of the unner becoming a decent honorable person and will never knowingly bring discredit to the League, so
gnature:	
OATH OF MEMBERSHIP	- ASSOCIATE MEMBERS
ing fully aware that as an Associate Member, I will not be permitted to hold an elective office or to v ear or affirm that I will uphold and defend the Constitution and Laws of the United States of Americ e value of anything. I will never knowingly wrong or injure or permit any member or any member's	in the presence of Almighty God, and the members of the Marine Corps League here assembled, ote on Marine Corps League policy, a membership application, or an election of officers, do solemnly and of the Marine Corps League. I will never knowingly wrong, doctoive or defraud the League as to family to be wronged or injuried if to prevent the same is within my power. I will never propose for I further promise to govern my conduct in the League's affairs and in my personal life in a manner e. God.
	© 2014 Marine Corps League, Inc.
gnature:	For Official Marine Corps League use only. All other use is prohibited.

LINK: NCMCL.org/Forms/New Membership Application



Must be filled out and signed by the OLD

Detachment
Commandant



MARINE CORPS LEAGUE REOUEST FOR TRANSFER

The Table	REQUEST FOR TR	ANGFER			
1. Printed Name LastName, F	irst MI. N	1ember # 1234	₄₅ 6	PLM #	987654
Street 123 Main St.				Apt #	
City HomeTown	S	tate NC	Zip +4	1234	5-0000
SSN 123-45-6789	Tele# (919 123-				01/01 /1900
Date of Enlistment/Commissioning	01/01 1900 Date of D	ischarge/Separa	tion/Retir	ement	01/01 /1900
I hereby request that my membership	as a Regular Member	M-A-L D	ual Memb	er A	ssociate Member,
DatNama Old		be transferred t			
	nent of NC	as a			nber Dual
Member Associate Member or		as a <u>r</u>	Regu	iai ivicii	ioci Duai
	John A.	Lelleune			1 1
	John A Signature			Date	, , , , , , , , , , , , , , , , , , , ,
2. TO BE COMPLET The above member is in good standi	ng; delinquent				piration date is
Member (is/is not) indebted to this I		ase explain on	reverse sic	le). The	transfer of this
member is approved disapproved	oved				
					1 1
	Signature of Comma	andant		Date	
TO BE COMPLET I have reviewed the foregoing information	TED BY THE GAINING	DETACHM	-		
	TED BY THE GAINING	DETACHM	-		
	TED BY THE GAINING	DETACHM); disapprove	-		
I have reviewed the foregoing information from the foregoing i	TED BY THE GAINING ation and hereby approve Signature of Comma	DETA CHM); disapprove	of the	Date	r of this member.
I have reviewed the foregoing information	Signature of Comma	DETA CHM ; disapprove sindant	of the	Date	t and National
FOR DUAL MEM I certify that I am a Dual Memb	Signature of Comma	DETA CHM ; disapprove sindant	of the	Date	t and National
FOR DUAL MEM I certify that I am a Dual Memb	Signature of Comma	DETA CHM ; disapprove sindant my voting right	of the	Date	t and National
FOR DUAL MEM I certify that I am a Dual Memb	Signature of Comma BERS ONLY ber and I hereby request that Detachment Signature of Dual M	DETA CHM ; disapprove andant my voting right t #	of the	Date Dartment of	t and National
FOR DUAL MEM I certify that I am a Dual Memb	Signature of Comma BERS ONLY ber and I hereby request that Detachment Signature of Dual M INSTRUCTIONS (Typ Complete all information i the application in space pro	my voting right t # tember e or print leg n #1 and #4 (if ovided. Forward	of the	Date Date Date Date Date	t and National c. Sign and date
FOR DUAL MEM I certify that I am a Dual Memil Conventions be transferred to	Signature of Comma BERS ONLY ber and I hereby request that Detachment Signature of Dual M INSTRUCTIONS (Typ) Complete all information is the application in space per Detachment Commandant Complete the appropriate is	my voting right t # tember e or print leg in #1 and #4 (if ovided. Forward for approval. information in #	of the ats for Departrum Departrum gibly) a splicabl dithe form 32. Sign a	Date Date Date Date Date Date Date	t and National c. Sign and date r current the form in the
FOR DUAL MEM FOR DUAL MEM Conventions be transferred to Member requesting transfer:	Signature of Comma BERS ONLY ber and I hereby request that Detachment Signature of Dual M INSTRUCTIONS (Typ Complete all information i the application in space pr Detachment Commandant Complete the appropriate i space provided. Retain one	my voting right t # dember e or print leg n #1 and #4 (if ovided. Forward for approval. nformation in # e copy for Detac	of the dats for Departrust for Depar	Date Date Date Date Date oartment of Date oards and date oords and	t and National c. Sign and date r current the form in the d forward the orig-
FOR DUAL MEM FOR DUAL MEM Conventions be transferred to Member requesting transfer:	Signature of Comma BERS ONLY ber and I hereby request that Detachment Signature of Dual M INSTRUCTIONS (Typ) Complete all information is the application in space proper the appropriate is space provided. Retain one inal and two copies to the to your Department Paymar	my voting right t # dember e or print leg m #1 and #4 (if) for approval. Information in #1 copy for Detac gaining Detach ster for inform	ats for Departr gibly) applicabl ithe form g. Sign a chment rec ment Con ation purp	Date Date Date Date Date oartment of Date oartment of date observed and date ob	t and National c. Sign and date r current the form in the d forward the orig- nt. Send one copy
FOR DUAL MEM FOR DUAL MEM Conventions be transferred to Member requesting transfer:	Signature of Comma BERS ONLY Ber and I hereby request that Detachment Signature of Dual M INSTRUCTIONS (Typ) Complete all information is the application in space proposed in the propos	my voting right the my vot	gibly) applicable of the form gz. Sign achment reconstitution purple the form remaining	Date	t and National t and National t. Sign and date r current the form in the d forward the originate. Send one copy space provided, o the Department
FOR DUAL MEM I certify that I am a Dual Memb Conventions be transferred to Member requesting transfer: Losing Detachment Commandant:	Signature of Comma BERS ONLY ber and I hereby request that Detachment Signature of Dual M INSTRUCTIONS (Typ Complete all information is the application in space procedure to the appropriate is space provided. Retain one inal and two copies to the to your Department Payma Complete # 3 as appropriate Retain one copy. Forward to Paymaster, along with Duce	my voting right the my vot	gibly) f applicable of the form f2. Sign a athement recomment recommendation purple to the form remaining form listing and to National to National recommendation purple remaining form listing form lis	Date	t and National t and National t. Sign and date current the form in the d forward the orig- nt. Send one copy space provided. o the Department ansferring mem- eadquarters along

Must be filled out and signed by the NEW
Detachment
Commandant

LINK: NCMCL.org/Forms/Request for Transfer



Report of Officer Installation (ROI)

- One is to be done ANNUALLY per National By-Laws
 - Even if the Officers are staying the same
 - Fill every block (In Red on next slide)
- Installing Officer is one who is NOT being elected or appointed
- E-Mail ROI to the DONC Adjutant, DONC Paymaster, and your DONC DVC





Marine Corps League

Report of Officer Installation - Detachment

Detachment		SemperFid	elis		001	D	ONC
			(Name)		(Number)	(De	epartment)
Federal EIN	00	0-1234567	Incorporation ID No.	0012345678	Date of Incorpo	ration	08/04/1937
01/01/2021			01/04/2021 H	2 – USMC – Wash	nington, DC		
(Date of	Elect	ion		(Date and Place	ce of Installation)		
Samuel Nich	ola	S			Samuel No	icholas	
	(Inst	alling Officer's No	ame and Title)		(Installing Office	r Signature	:)

Note: The Officer must be installed to be listed on this form.

Office	Incumbent (Include Member No. & Address)	Email & Phone
Commandant	John A. LeJeune (000001)	detoo1.commandant@gmail.com
Commandant	PSC Box 20005, CLNC 28542	(919) 451-2414
Senior Vice	Wendell C. Neville (000002)	detoo1.srvicecmdt@gmail.com
Commandant	90 Curtis Rd., Jacksonville, NC 28540	910-449-5411
Junior Vice	Ben H. Fuller (000003)	detoo1.jrvicecmdt@gmail.com
Commandant	"C" St., BLDG-1, MCAS Cherry Pt., NC 28533	252-466-4201
Judge	John Glenn (000004)	detoo1.judgeadvocate@gmail.com
Advocate	1st Ave., MCAS Cherry Point, NC 28533	252-466-5236
Junior Past	George Barnett (000005)	personal.email@account.com
Commandant	BLDG-60 Molly Pitcher Rd., CLNC 28543	910-451-1056
Adiutant	Smedley Butler (000006)	detoo1.adjutant@gmail.com
Adjutant	PSC Box 20005, CLNC 28542	910-451-5655
Paymaster	Joe Foss (000007)	detoo1.paymaster@gmail.com
Paymaster	Reichler Rec. Ctr, Molly Pitcher Rd, CLNC 28543	910-451-7796
Chaplain	Minnie Spotted-Wolf (000008)	detoo1.chaplain@gmail.com
Chapiain	PSC Box 20005, Camp LeJeune, NC 28542	910-451-2414
Sgt-At-Arms	Leland Diamond (000009)	detoo1.sgtatarms@gmail.com
ogt-At-Arms	BLDG-AS187, Jacksonville, NC 28545	910-449-7695
Web Sgt	Charles Mawhinney (000010)	detoo1.webmaster@gmail.com
Web 3gt	BLDG-AS187, Jacksonville, NC 28545	910-449-5428
Marine 4 Life	Gilbert "Hashmark" Johnson (000011)	detoo1.m4l@gmail.com
warme 4 tile	BLDG-AS187, Jacksonville, NC 28545	910-449-4208

Date, Time & Place of Detachment Meetings First Wednesday 1830 hrs HQ, MCB, Holcomb Blvd, CLNC Detachment Renewal Dues (This amount is the total of Detachment, Department & National dues) Smedley Butler Adjutant Smedley Butler 04-JAN-21

LINK: NCMCL.org/Forms/Report of Office Installation



Notice of Death Form

- Done as details are known
- Remarks are appreciated
- Send the hard copy with a transmittal to the Dept.
 Paymaster
 - > E-mail the electronic copy to the Dept. Chaplain



Marine Corps League

		Notice	of Death	
Evans Carl	son	of the	SemperFidelis	
(Mem	001 Ma		(Detachment , did answer his/her	Final Earthly Roll Call on
27	MAY 1947			
	(Date of Death)			
The deceased i	s survived by	Mrs. Peggy Tat	tum Carlson	Wife
		(Relation's Nam	9110	(Relationship)
who resides at	Elm St.		Bri	ghtwood
Oregon	97011	(Address)		(City)
(State)	67	(Zip)		161
Membership N Remarks:	umber 123	456 PLN	Number 01234	(If Applicable)
I SCHOOL STELLOOUT		AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	eceived within sixty (erwise requested.	(60) days from the date of
Date	7 MAY 1947	TER	FILL	
Submitted by _	Minnie Spo			
Email Address_	Detoo1.cha	(Detachment Chaplain) aplain@gmail.c	om	
instructions:				
detachment recor	rds.			naplain retaining a copy for ing a copy for department
© 2019 Marine Co For official use by		s League. All other use	is prohibited.	

 ${\color{red}\textbf{LINK}} \underline{\textbf{MCLEAGUELIBRARY}}. or \underline{\textbf{g}} \underline{\textbf{Detachment Uploads/Notice of Death}}$



Forms Links

- MCL-National Web Site (Fillable Blocks):
 - https://www.mcleaguelibrary.org/
 - Dept. of NC:
 - http://www.ncmcl.org/forms.html



Paid Life Membership (PLM) Audit

- Review and Note any/all Discrepancies
- In the case of death: Note on PLM & Fill and forward REPORT OF DEATH form
- Detachment Commandant & Paymaster Endorsement Required
- Submit to DoNC Paymaster (Due: 10/31)



Completing the Paid Life Member (PLM) Audit

The Paid Life Member Fund is governed by the National Bylaws, Article Six, Section 645. It is a separate monetary fund that is maintained by National Headquarters. The PLM Fund pays out Interest Dividends annually in the Spring. Each level receiving a 1/3 disbursement (1/3 to National; 1/3 to the Department; 1/3 to the Detachment). In order for your Detachment to receive any money from the National PLM Fund you are required to complete a PLM Audit.

- 1. National Headquarters will send your Detachment a "Life Interest Check List" sheet with your 30 June Detachment Roster.
- 2. The Detachment should verify all LIVING Life Members. If a Life Member is recently deceased, annotate his date of death on the PLM Audit next to his name. NOTE: All deceased Life Members should have had a MCL "Notice of Death Form" submitted for them. The Notice of Death Form is available on the Department website www.ncmcl.org. A Notice of Death is the ONLY way to remove a deceased person from your Detachment Roster.
- 3. The Detachment will receive a disbursement for each Life Member who has been a Life Member for MORE THAN 2 years as of the date on the PLM Audit sheet. Normally 30 June. (i.e. PLM Date 03/2012 would be eligible to receive a disbursement with the Spring 2015 payout; PLM Date 4/2014 would NOT be eligible until 2017 Spring payout)
- 4. The Detachment Commandant & Detachment Paymaster must SIGN & DATE the PLM Audit. Print your name under your Signature.
- 5. The PLM Audit MUST be forwarded to the Department Paymaster by 31 October. The Department Paymasters address is available on the Department website www.ncmcl.org OR the annual Department Staff Directory. The Department Paymaster will forward to National HQ to meet their deadline of 31 December. As long as they are postmarked 31 DECEMBER or prior, they will be included in that years PLM Audit results at National HQ.
- 6. The June rosters are to be used for the PLM Audit.
- 7. Detachments are to include the following statement. Again, it must be signed and dated by the Detachment Commandant and Paymaster (Sign on line and print name below signature Refer to paragraph 4.):

rate:

We certify this re	oster to	be true	and	accı
Commandant				
Paymaster				

Direction from Page-15 DoNC Paymaster Guidebook



7/14/2015

Example

Marine Corps League Life Interest Check Edit List for Fiscal Year: 2015

Life# 56679 Date: 6/30/13

taps

Page 311 of 1532

Member# Name
MIDEAST DIVISION

Life Number Lifecode Life Join Date

eligible

12

DEPARTMENT OF MARYLAND

168002	ATKINSON BROOK DECESED	34028	PL	04/2002	True Deceased 6/4/19
236124	CAMPBELL WILLIAM	55655	PL	10/2012	True
213331	KAWTOSKI STANLEY	49531	PL	03/2008	True
133760	LYONS CHARLES	44610	PL		True
66199	MITCHELL STANLEY	32625	PL.	08/2001	True
222167	MORNEAULT EDWARD	56458	PL	05/2013	True
168347	RYAN VICTOR	36540	PL	06/2003	True
239514	SILARD CON	53953	PL	06/2011	True
146016	VUKMER NICK	42205	PL	11/2004	True
229579	WALKER MICHAEL	55868	PL	12/2012	True
236132	WENTZ MICHAEL	55656	PL	10/2012	True
236135	QUARTO RONALD	58436	PL	04/2014	False

We certify this roster to be true and accurate:

Total Non-Eligible Life Members for 1371 - MARYLAND MARINES

Total Life Members for 1371 - MARYLAND MARINES

Commandant

>

Commandant

Paymaster ADAMS

Paymast

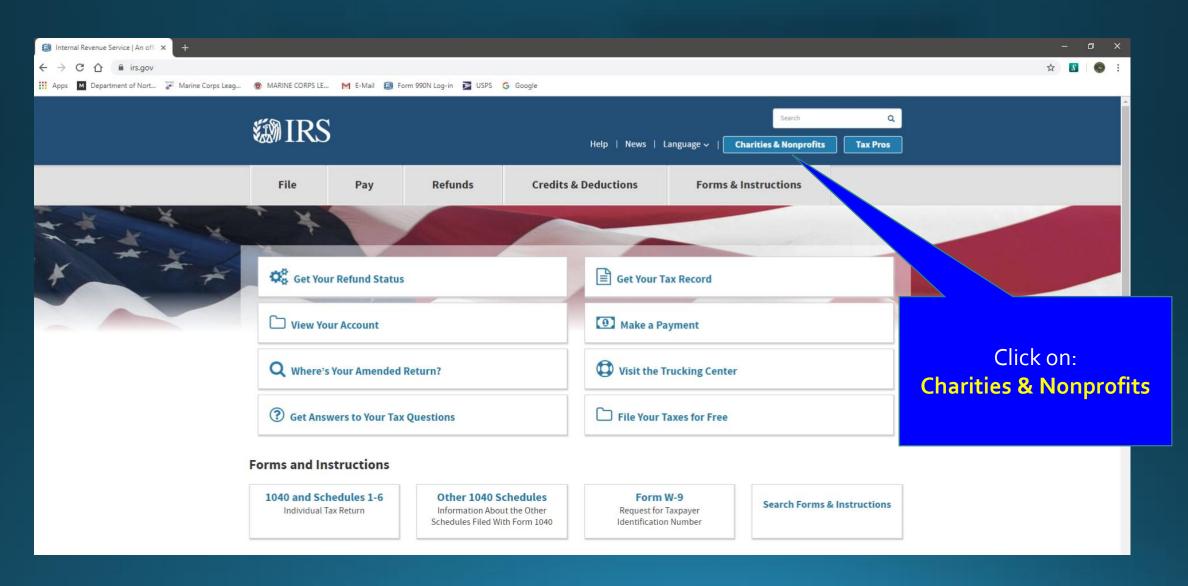


Review of Filing Procedure for IRS Form 990, 990-EZ, or 990-N (e-Postcard)

- Filing/Completing the IRS Form 990,
 990-EZ, or 990-N (e-Postcard)
 - Submit to DoNC Paymaster NLT SEPTEMBER 30TH

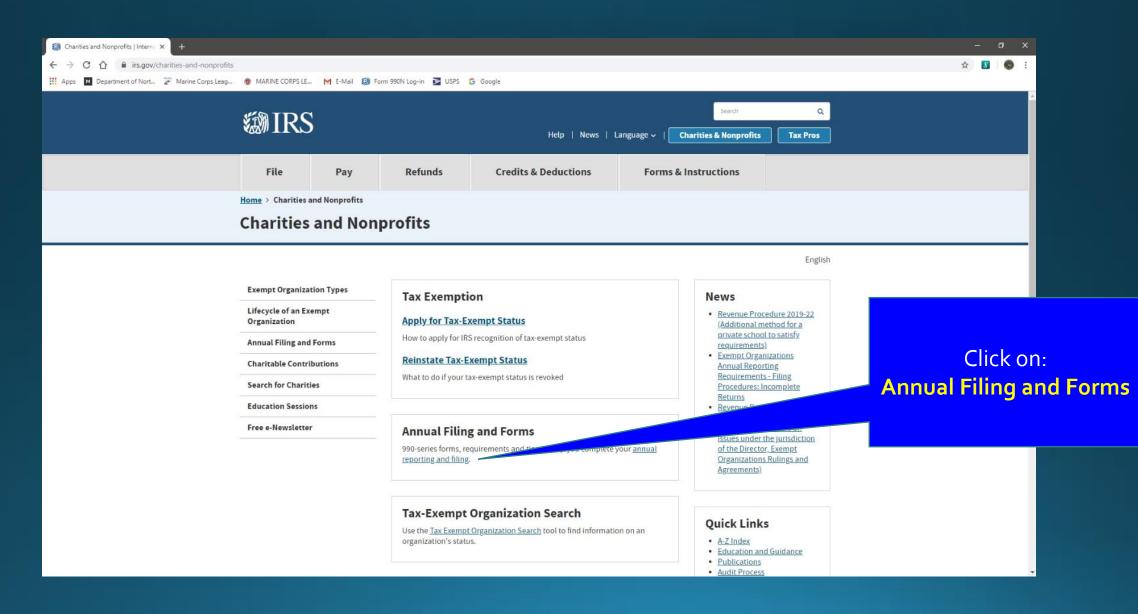


Step-1 IRS Web Site: www.irs.gov

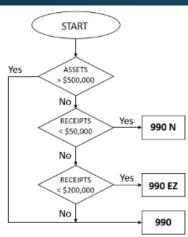




Step-2: Charities and Nonprofits Page







REPORTING FORMS

990 N

(e-Postcard) this is an easy electronic filing. Every Detachment Paymaster with internet access can file this form.

990 EZ

The EZ stands for "easy".

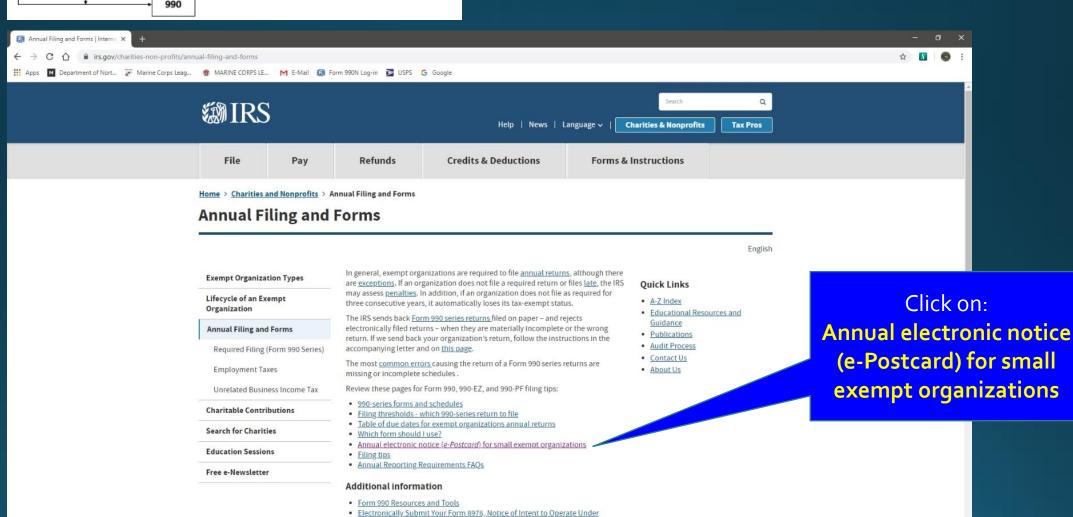
This is a short form with 4 pages.

000

This is a longer form and requires much more information. It is 12 pages long.

Section 501(c)(4)

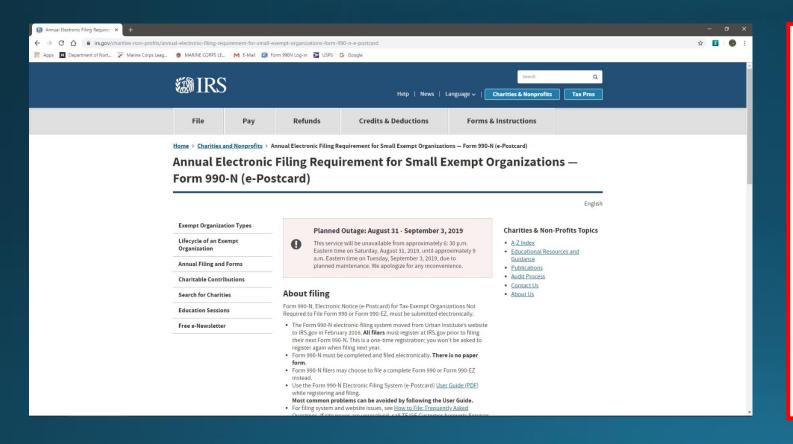
Step-3: Annual Filing and Forms Page





Step-4:

Annual Electronic Filing Requirement for Small Exempt Organizations Form 990-N (e-Postcard) Link: Form 990-N Electronic Filing System (e-Postcard)



Ready to file?

After you have read the information above and the User Guide, use the <u>Form 990-N</u> <u>Electronic Filing System (e-Postcard)</u> page to start the process.

Search for Form 990-N filings

To search for organizations that have filed Form 990-N and to view their filings, see Tax Exempt Organizations Parch. You can also download the entire database of Form 990-N filings.

Additional informa

- Frequently Asked Questions Q-N
- User Guide (PDF) for Form 990ic Filing System (e-Postcard)
- Form 990 Overview course at Stay
 S.gov
- Frequently Asked Questions Auton or notice

 tion for not filing annual return
 or notice
- Final regulations (PDF) (August 10, 2000)
- www.StayExempt.irs.gov Inter Course)
- Educational resources tools t
- <u>Tax Exempt Organization Searc</u>
 990-N and view their filings
- <u>EO Update</u> Subscribe to the IR highlights new information

Click on:

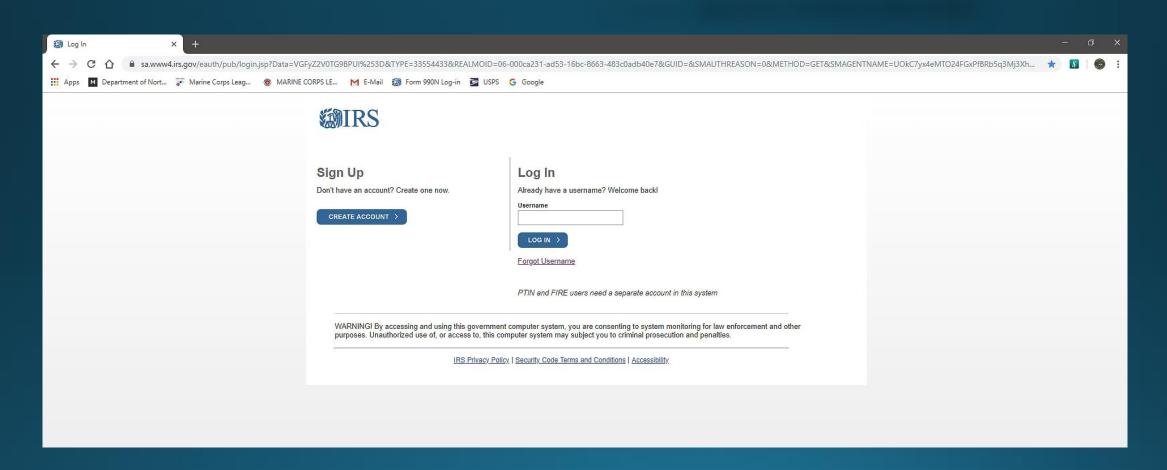
Form 990-N Electronic Filing System (e-Postcard)

Scroll down page to the area/paragraph titled:

Ready to file?

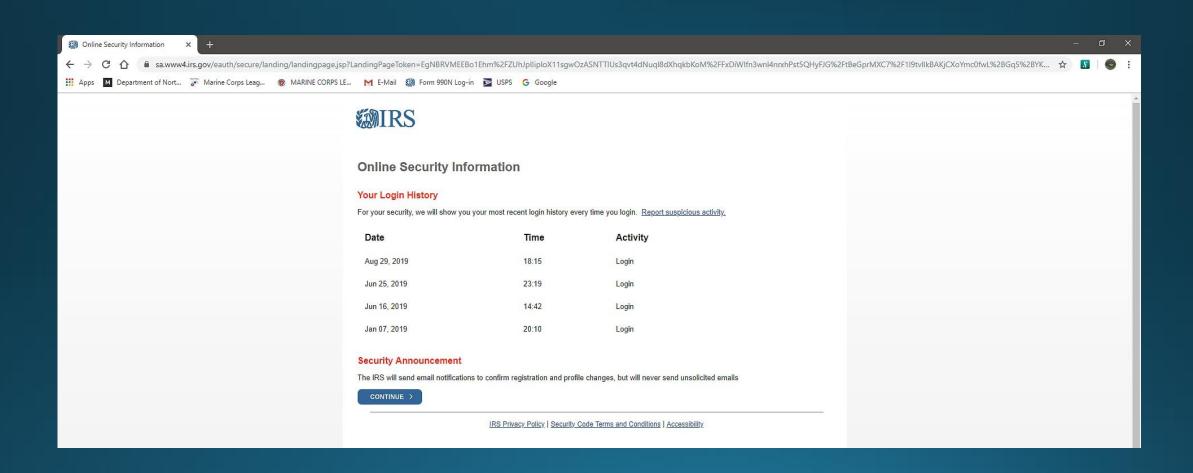


Step-5: Form 990-N (e-Postcard) Login Page Link: IRS Log In Page





Step-6 (1): Log In History





- Choose "First Time Users" to create an account. Provide your First Name, Last Name and Email Address.
- The IRS will email you a Code. Enter that Code as requested to create account.
 Code expires 15 minutes after the email is sent.
- Complete the Profile set up by entering the requested data. (User Name, password, security
 questions, etc.). This should be the Paymasters personal info. If you have a Paymaster changeover
 (End of Tour or Mid-Year), the new Paymaster would need to create his/her account to file with the
 IRS.
- Once your Profile is complete, you can then connect your Detachment EIN to your profile.
 Select "Exempt Organization". Then insert your EIN # and click the "ADD EIN" button.

13

NOTE: If your Detachment is listed under the MCL Parent Code of 0955, the "Organization Name" will be listed as "MARINE CORPS LEAGUE". Your local Detachment name might not appear, and this is normal.



- Click the "CREATE NEW FILING" button.
- Choose your EIN where is says "--Select EIN--". Once your EIN is inserted in the EIN box, Click the "CONTINUE" button.



- Follow the on-screen directions. Most of the information will pre-populate based on previous years returns. Answer the questions. Fill out the Detachment address (it can be a PO Box) and Principal Officer info (i.e. Commandant Joe Mattis). PO Box ok here too.
- Once you finished you will have the opportunity to PRINT the Submission Page. Do this for your records.

Step-6 (2): Direction from Page-12 thru 15 DoNC Paymaster Guidebook



Step-6a: Form 990-N: e-Postcard Submissions Page

Form 990-N	Electronic Notice (e-Postcard)	OMB No. 1545-2085
Department of the Treasury for Tax-Exe Internal Revenue Service	mpt Organization not Required to File Form 990 or 990-EZ	2018
A For the 2018 Calendar year, or tax year begi	nning 2018-01-01 and ending 2018-12-31	Open to Public Inspection
B Check if available	C Name of Organization: MARINE CORPS LEAGUE	D Employee Identification
Terminated for Business	9650 Strickland Rd Ste 103	Number
✓ Gross receipts are normally \$50,000 or less	Box 114, Raleigh, NC, US,	
	<u>27615</u>	
E Website:	F Name of Principal Officer: Randal E Rempfer	_
www.ncmcl.org	9650 Strickland Rd Ste 103	
	<u>Box 114, Raleigh, NC, US,</u> <u>27615</u>	
	10.	
Privacy Act and Paperwork Reduction Act N	otice: We ask for the information on this form to carry out the Internal	Revenue laws of the United Sta

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

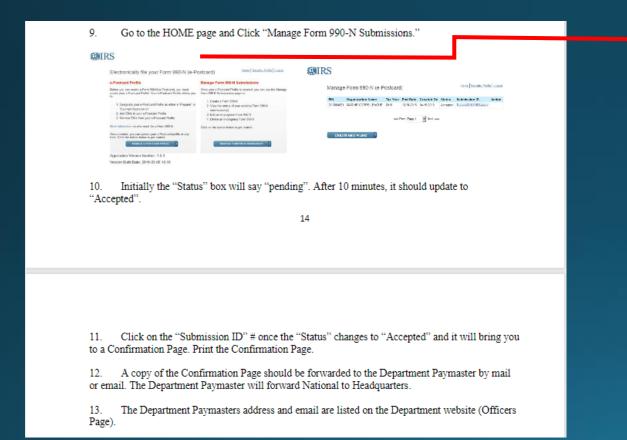
The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

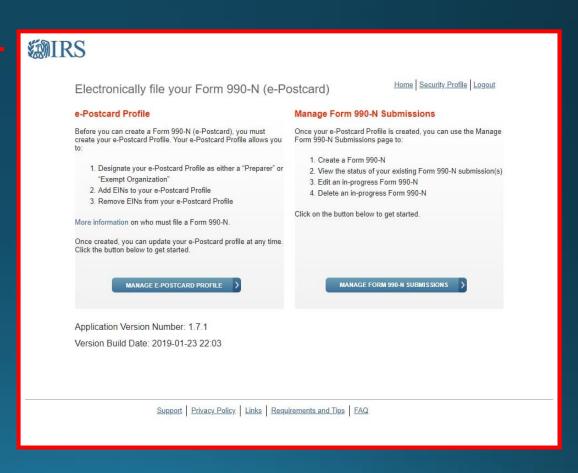
The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



Step-7: Form 990-N (e-Postcard) Filing Page









Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- · Organization Name: MARINE CORPS LEAGUE
- Tax Year: 2018
- · Tax Year Start Date: 07-01-2018
- Tax Year End Date: 05-30-2019
- Submission ID: 10065520192133099005
- · Filing Status Date: 08-01-2019
- · Filling Status: Accepted

MANAGE FORM 990-N SUBMISSIONS

DoNC

Home Security Profile Logout

Step-7a: Form 990-N Confirmation Page

Add Detachment Number



Filing IRS Form 990-N

- IRS Web Site: http://www.irs.gov
- Annual Electronic Filing Requirements:

https://www.irs.gov/charities-non-profits/annual-electronic-filing-requirement-for-small-exempt-organizations-form-990-n-e-postcard

IRS Form 990-N Login Page Link:
 IRS Log In Page



Goals for Next Period

- Submitting Hard-Copy Confirmation of Form-990's Submission by:
 - September 30th
 - > Submit PLM's Audits by:
 - October 31st



Summary

- Understand/Know your responsibilities as a Detachment Paymaster
 - Transmittals minimalize pages
 - New Membership Procedure
 - Transfer Procedure
 - Report of Officer Installation (ROI)
 Procedure
 - Notice of Death procedure
 - PLM procedures and deadlines
 - Form 990N procedures and deadlines



DoNC Website: <u>www.ncmcl.org</u>

Form & Documents: http://www.ncmcl.org/forms.html

MCL National Website: https://www.mclnational.org/

Library/Forms & Documents: https://www.mcleaguelibrary.org/

Mailing Address:

Randal E. Rempfer, Paymaster
Dept. of NC, MCL
9650 Strickland Rd., Suite 103-114
Raleigh, NC 27615-1903

My Phone Number: 919-741-7012





Presented by Randal E. Rempfer
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