



How to Reinstate

Step by step process to regain tax exempt status



PDD Ray Sturm

Kennel Deputy Executive Director Mer-lin Pack Leader Bandit6A@gmail.com

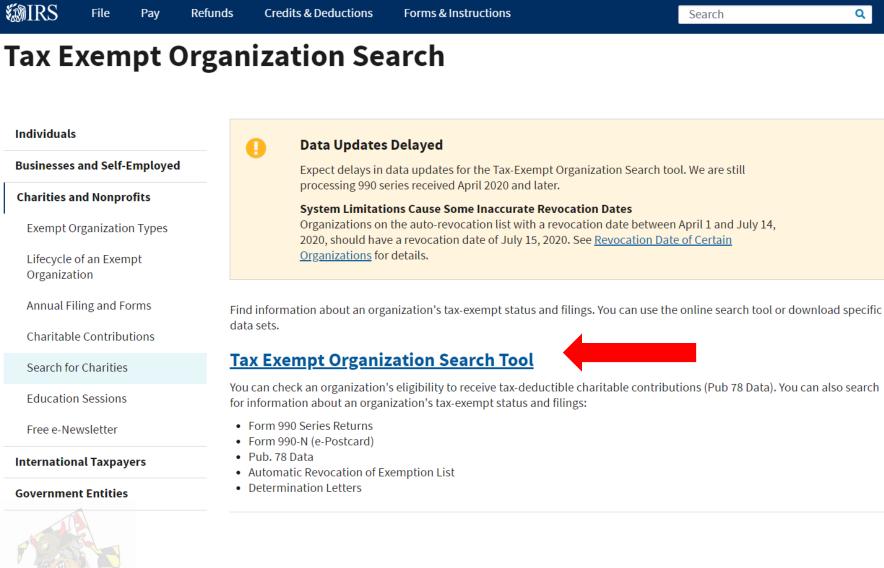
Step 1

- Determine the last year the organization was current.
- IRS website <u>Tax Exempt Organization Search</u> (irs.gov)

https://apps.irs.gov/app/eos/



https://apps.irs.gov/app/eos/



Q

Home > Charities and Non-Profits > Search for Charities > Tax Exempt Organization Search Tax Exempt Organization Search					
Select Database 🚯		Search By 🚯		Search Term	
Search All		Employer Identification Number 💙		Enter EIN Number	
City		State		Country	
Enter City		All States	~	United States	~
Search		Reset			
Search		Reset		<u>Search Tips</u>	

Marine Corps League (204 Hound Dog Pound Modd))		
EIN: 26-1511544 Baltimore, MD, United States			
Form 990-N Auto-Revocation List Copies of Retu	irns		
		Items per p	age: 25 🔹
		Items per p	age: 25

Souther Name	ies
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Auto-Revocation List

Organizations whose federal tax exempt status was automatically revoked for not filing a Form 990-series return or notice for three consecutive years. Important note: Just because an organization appears on this list, it does not mean the organization is currently revoked, as they may have been reinstated.

> Posted Date: 02-22-2012

Form 990-N (e-Postcard) o

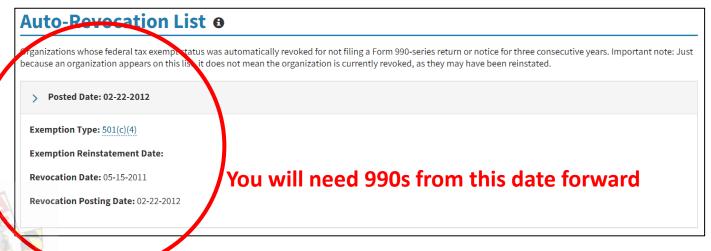
Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> Tax Year 2007 Form 990-N (e-Postcard)

Copies of Returns (990, 990-EZ, 990-PF, 990-T) o

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

> Tax Year 2016 Form 990EO



Step 2

Gather all relevant IRS and state forms

- Needed so you understand what information is required
- Form 1024-A (Application for Recognition of Exemption)
- Form 990-EZ (Short Form- Return of Organization Exempt from Income Tax)
 - For each year of delinquency
- Schedule O (Supplemental Information to Form 990 or 990 EZ)
- Form 8718 (User Fee for Exempt Organization-Determination Letter Request)
- Articles of Incorporation (from your state)

Form 1024-A



The form you are looking for begins on the next page of this file. Before viewing it, please see the important update information below.

New Mailing Address

The mailing address for certain forms have change since the forms were last published. The new mailing address are shown below.

Mailing Address for Forms **1023**, **1024**, **1024-A**, **1028**, **5300**, **5307**, **5310**, **5310-A**, **5316**, **8717**, **8718**, **8940**:

Internal Revenue Service TE/GE Stop 31A Team 105 P.O. Box 12192 Covington, KY 41012–0192

Deliveries by private delivery service (PDS) should be made to:

Internal Revenue Service 7940 Kentucky Drive TE/GE Stop 31A Team 105 Florence, KY 41042

This update supplements these forms' instructions. Filers should rely on this update for the change described, which will be incorporated into the next revision of the form's instructions.

Form 1024-A

Form 1024-A	Application for Recognition of Exemption OMB No. 1545-0057
(January 2018)	Under Section 501(c)(4) of the Internal Revenue Code
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form1024A for instructions and the latest information.

space to answer fully. Use the instructions to complete this application and for definitions of terms used in this form. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 877-829-5500, or visit our website at *www.irs.gov.* If you don't submit the required information, we may return the application to you. A request for a determination under section 501(c)(4) is optional. See instructions for additional information.

Don't include social security numbers on this form as it may be made public.

Part I Identification of Applicant	
1 Full name of organization (exactly as it appears in your organizing docum	nent) 2 c/o Name (if applicable)
3 Mailing address (Number and street) (see instructions)	4 Employer Identification Number (EIN)
City or town, state or country, and ZIP + 4	5 Month the annual accounting period ends
6 Primary contact (officer, director, trustee, or authorized representation	ive) b Phone:
a Name:	
	c Fax: (optional)
7 Organization's website:	
-	
Part II Organizational Structure	
You must be a corporation (including a limited liability company), an uninc	corporated association, or a trust to be tay exempt. See
instructions. Don't file this form unless you can check "Yes" on lines 1, 2,	
1 Are you a corporation? If "Yes," attach a copy of your articles of inc	
filing with the appropriate state agency. Include copies of any amen they also show state filing certification.	idments to your articles and be sure
	pov of your articles of organization Yes No
2 Are you a limited liability company (LLC)? If eives attach a construction of filing with the appropriate state tageney. Inc.	

Form 990 EZ

One for each year of delinquency

Dep 3 Intern	m 990-EZ m 990-EZ setment of the Treact main here or periods Main the end of the Sponsoring organizations with gross receipts less than \$100,000 and total end of the year may use this form. The organization may have to use a copy of this return to satisfy si	al Revenue Code Image: Code undation) Section 512(b)(13) must file Form assets less than \$250,000 at the Open to Public state reporting requirements. Inspection
AF	For the 2007 calendar year, or tax year beginning , 2007	, and ending , 20
	Check if applicable: Please Address change use IRS label or Initial return type. C Name of organization Number and street (or P.O. box, if mail is not delivered to street	address) Room/suite E Telephone number
	Termination See Specific Amended return Instructions. City or town, state or country, and ZIP + 4 Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must a	F Group Exemption Number ►
JC	a completed Schedule A (Form 990 or 990-EZ). Website: ► Organization type (check only one)—	Other (specify) ► H Check ► if the organization is not required to attach 527 Schedule B (Form 990, 990-EZ, or 990-PF).
n	Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its groun not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form §	m.
	art I Revenue, Expenses, and Changes in Net Assets or Fund Bal	
	 Contributions, gifts, grants, and similar amounts received. Program service revenue including government fees and contracts. Membership dues and assessments Investment income 	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

Schedule O

Required for 2010 forward

CHEDULE O Form 990 or 990-EZ)	Supplemental Info	ormation to Form 99	0 or 990-EZ	OMB No. 1545-0047	
epartment of the Treasury ternal Revenue Service		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.			
lame of the organization			Employer identi	Inspection fication number	

Form 8718

Form 87718, Wrw. Ware 2018; Wrw. Ware 2018; Wrw. Ware 2018; Wrw. Ware 2018; Wrw. Wrw. Wrw. Wrw. Wrw. Soc. VForm&2718 for the latest Information. Image: Construction of the Construction. Image: Construction of C			
Military Order of Devil Dogs Maryland Pack, Inc (MODD Maryland Pack) Linksyn Menilladd Number Caution: Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead. Fee 1 Type of request Fee a Application for recognition of exemption under section 501 or under section 521 from organizations (other than pension, profit-sharing, and stock bonus plans described in section 401). Enter the applicable fee amount \$ \$ 600.00 b Group exemption letters \$ \$ 600.00 b Group exemption letters \$ \$ 600.00 cdc, unless otherwise noted. Bord period p	(Rev. March 2018) ► Attac Department of the Treasury Internal Revenue Service ► Go to	Determination Letter Reques ch this form to determination letter applic 8718 is NOT a determination letter applic	t For IRS Control number cation. Use Amount paid
Caution: Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead. 1 Type of request Fee a Application for recognition of exemption under section 501 or under section 521 from organizations (other than pension, profit-sharing, and stock bonus plans described in section 401). Enter the applicable fee amount	Name of organization		
1 Type of request Fee a Application for recognition of exemption under section 501 or under section 521 from organizations (other than pension, profit-sharing, and stock bonus plans described in section 401). Enter the applicable fee amount	Military Order of Devil Dogs Maryland Pack, In	nc (MODD Maryland Pack)	26-1511499
 a ✓ Application for recognition of exemption under section 501 or under section 521 from organizations (other than pension, profit-sharing, and stock bonus plans described in section 401). Enter the applicable fee amount b Group exemption letters Section references are to the Internal Revenue Code, unless otherwise noted. But requires payment of a user fee with each application for a determination letter. For more information, see Rev. Proc. 2018-5, 2018-11.RB, 233, or latest annual udate, available on IRS.gov. Check only one box on line 1 for the type represented the appropriate user fee amount in the space provide. User fee amount in the space provide time of the application space from software user fee amount in the space provide the information on this form 6718 to: Descensed without payment of the type represented to a provide the first of the application of the application for a determination letter. P.O. Box 12192 Covington, KY 41012-0192. Descensed without payment of the type represented to a provide the first provided. Application for Recognition of Exemption under Section 501(c)(3), or form 6718 is form 8718 is coving the confidentiality of Form 8718 is coving the confidentiality of Form 8718 is coving to application will not be groups. Application for Recognition of the type form 023-EZ (filed only electronically), build file Form 8718. Paperork Reduction Act Notice. We as for the information on this form to carp. 	Caution: Do not attach Form 8718 to	an application for a pension plan determina	tion letter. Use Form 8717 instead.
 organizations (other than pension, profit-sharing, and stock bonus plans described in section 401). Enter the applicable fee amount			
b Group exemption letters Section references are to the Internal Revenue Code, unless otherwise noted. Instructions Where To File Section references are to the Internal Revenue Code, unless otherwise noted. Under To File Section references are to the Internal Revenue Revenue Service P.O. Box 12192 Covington, KY 41012-0192 Who Should File 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 control number. Books or records relating to a form or its instructions must be retained as long as their contents may control number. Books or records relating to a form or its instructions must be retained as long as their contents may control number. Books or records relating to a form or its instructions must be retained as long as their contents may control number. Books or records relating to a form or its instructions must be retained as long as their contents may control number. Books or records relating to form 8718. Who Should File Organizations applying for federal incomet as exemption, other than filers of Form 1023-E2 (filed only electronically), should file Form 8718. The time needed to complete and file to form will vary depending on individual circumstances. The estimated average time sk for the information on this form to car. The settimated average time sk for the information on this form to car. The values used previous of the information on this form to car. The settimated average time happy to hear from you. You can send us complete, we would be happy to hear from you. You can send us cars for the information on this form to car.	organizations (other than pension,	profit-sharing, and stock bonus plans desc	ribed in
 Where To File Section references are to the Internal Revenue Code, unless otherwise noted. Instructions The law requires payment of a user fee with each application for a determination letter. For more information, see Rev. Proc. 2018-5, 2018-1 I.R.B. 233, or latest annual update, available on IRS.gov. Check only one box on line 1 for the type of application you are submitting. Then, enter the appropriate user fee amount in the space provided. Caution: The application will not be processed without payment of the proper user fee. Atten prome 746 enders of money. 	coolion 40 i). Enter the applicable		
order payable to the "United States out the Internal Revenue laws of the United Or you can send your comments to the	Section references are to the Internal Revenue Code, unless otherwise noted. Instructions The law requires payment of a user fee with each application for a determination letter. For more information, see Rev. Proc. 2018-5, 2018-1 I.R.B. 233, or latest annual update, available on IRS.gov. Check only one box on line 1 for the type of application you are submitting. Then, enter the appropriate user fee amount in the space provided. Caution: The application will not be proper user fee.	Where To File Send the determination letter application and Form 8718 to: Internal Revenue Service P.O. Box 12192 Covington, KY 41012-0192 Who Should File Organizations applying for federal income tax exemption, other than filers of Form 1023, Application for Recognition of Exemption Under Section 501(c)(3), or Form 1023-EZ (filed only electronically), should file Form 8718. Paperwork Reduction Act Notice. We ask for the information on this form to carry	You are not required to provide the 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 Form 8718 are covered in section 6104. The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have suggestions for making this form you. You can send us comments from <i>IRS.gov/FormComments</i> .

Cat. No. 64728Z How to reinstate tax exempt status

declines to issue a determination.

Links to IRS Forms

	IRS Form 1024-A		Instructions
	https://www.irs.gov/pub/irs-pdf/f1024a.pdf	-	https://www.irs.gov/pub/irs-pdf/i1024a.pdf
			16
Year	IRS Form 990	Schedule O	Instructions
2007	https://www.irs.gov/pub/irs-prior/f990ez2007.pdf	-	
2008	https://www.irs.gov/pub/irs-prior/f990ez2008.pdf	-	
2009	https://www.irs.gov/pub/irs-prior/f990ez2009.pdf	-	
2010	https://www.irs.gov/pub/irs-prior/f990ez2010.pdf	https://www.irs.gov/pub/irs-prior/f990so2010.pdf	
2011	https://www.irs.gov/pub/irs-prior/f990ez2011.pdf	https://www.irs.gov/pub/irs-prior/f990so2011.pdf	https://www.irs.gov/pub/irs-prior/i990ez2011.pdf
2012	https://www.irs.gov/pub/irs-prior/f990ez2012.pdf	https://www.irs.gov/pub/irs-prior/f990so2012.pdf	
2013	https://www.irs.gov/pub/irs-prior/f990ez2013.pdf	https://www.irs.gov/pub/irs-prior/f990so2013.pdf	
2014	https://www.irs.gov/pub/irs-prior/f990ez2014.pdf	https://www.irs.gov/pub/irs-prior/f990so2014.pdf	
2015	https://www.irs.gov/pub/irs-prior/f990ez2015.pdf	https://www.irs.gov/pub/irs-prior/f990so2015.pdf	
2016	https://www.irs.gov/pub/irs-prior/f990ez2016.pdf	https://www.irs.gov/pub/irs-prior/f990so2016.pdf	
2017	https://www.irs.gov/pub/irs-prior/f990ez2017.pdf	https://www.irs.gov/pub/irs-prior/f990so2017.pdf	
2018	https://www.irs.gov/pub/irs-prior/f990ez2018.pdf	https://www.irs.gov/pub/irs-prior/f990so2018.pdf	
2019	https://www.irs.gov/pub/irs-pdf/f990ez.pdf	https://www.irs.gov/pub/irs-prior/f990so2019.pdf	



Step 3

- Obtain Dog Robber reports from the year of delinquency to present
- Obtain Report of Installation or Scratchings for each year.
 - You will need to list officers on the 1024-A



Create list of officers

with home addresses for current year*

Pack Officers

Year	Pack Leader/ President	Sr Vice Pack Ldr/ Vice President	Dog Robber/ Secretary-Treasurer	Jr Past Pack Ldr/ Trustee	Smart Dog/ Judge Advocate
2007					
2008					
2009					
2010					
2011					
2012					
2013					
2014					
2015					
2016					
2017					
2018					
2019					
2020					



Step 4

- Read the 990 and see what information is required for income and expenses.
- Create a worksheet for each year with the required information.
- This will be the most tedious and painful step. Just get 'er done.
- The worksheet is to help you filling out the 990. It is not required by the IRS.
 - It may prove useful should they ask for additional information.

Create a worksheet for each year

Maryland Pack

IRS Form 990 EZ

2012 Worksheet

		1	IRS Form 9	90 EZ Line Num	pers		
	line 1	line 3	line 15	line 16	line 22	line 28	
	Passport & Fines	Dues	Printing & Postage	Expenses	Cash,savings	Donations expense	Donations incom
	92	58	(25.00)	(100.00)	1999	(92.00)	25
	88	10	(13.00)	(150.00)		(129.00)	1
	109	100	(13.00)	(100.00)		(128.00)	13
	130			(48.00)		(559.00)	
	128			(160.00)			24
	131						3:
	559						
	331						3
	1568	168	(51.00)	(558.00)	1999	(908.00)	118
ome	4920						
enses	(1517.00)						

expenses (1517.00) NET 3403 Dono of do

Do not overthink this. Keep it simple. Be creative with categories of donations and expenses.

Step 5

The Dreaded 990 EZ

Information obtained from the worksheets



- 19		Retroactive Reinstan	ten	iont	フ			
		Short Form				1	OMB No. 1545-0	047
For	. 990-l	Return of Organization Example in Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue O Do not enter social security numbers on this form, as	Code (i	except privati	e founda		2019 Open to Pu	2
Dep	artment of the Tree nel Revenue Servic	107				- 1	Inspectio	n
AF	For the 2019 ca			and ending		Dec 31	. 20	19
B	Rock if applicable	C Name of organization 🔛			D Emp	loyer ide	entification number	1
	Address change	Miliary Order of Devil Dogs Maryland Pack, Inc				2	61511499	
	Name chango Initial return	Number and streat (or P.O. box if mail is not delivered to streat address)	71	Room/suite	E Teles	hone nu	umber	
	inital return Final return/terminal	2472 Shadywood Cir				20	2-903-8480	
Ο.	Amended return	City or town, state or province, country, and ZIP or foreign postal code				up Exer		
-	Application panding	Crofton, MD 21114-1158			Num	nber 🕨	0955	£
	Accounting Met			H			f the organization	is ne
		ione					ach Schedule B	
J 1	ax-exempt statu	s (check only one) - □ 501(c)(3) 🕑 501(c) (4) ◄ (insert no.) □ 4947)		r []527	(Form 9	90, 990	>EZ, or 990-PF).	-
		ation: Corporation Trust Association 0 o and 7b to line 9 to determine gross receipts. If gross receipts are \$200,0						
(Par	t II. columo (B)	and 75 to link 5 to determine gross receipts, in gross receipts are \$200,0 are \$500,000 or more, file Form 990 instead of Form 990-EZ.	uu or i	nore, or if tota	al assets			
		enue, Expenses, and Changes in Net Assets or Fund Ba					(_
		ck if the organization used Schedule O to respond to any que				ctions	tor Part I)	-
12		butions, gifts, grants, and similar amounts received .		in this Part		1		94.0
Ē		im service revenue including government fees and contracts				1	21	
		ership dues and assesaments	• •		* *	3		06.0
ž		ment income				4		05.0
_	5e Gross	amount from sale of assets other than inventory	5a	12.3				_
		cost or other basis and sales expenses	5b		0	0.05		
		r (loss) from sale of assets other than inventory (subtract line 5b f	from li	ne 5a)		50		
		g and fundraising events:		STE CTV . C	1-52.55	-		-
		income from gaming (attach Schedule G if greater than				201		
9	\$15,0	10)	6a	1	0			
Revenue	b Gross	income from fundraising events (not including \$	00	f contribution	ns			
å.		undraising events reported on line 1) (attach Schedule G if the	2		24			
		f such gross income and contributions exceeds \$15,000)	6b		0	1211		
		direct expenses from gaming and fundraising events	6c		0			
		come or (loss) from gaming and fundraising events (add lines 6	sa ano	d 6b and su	btract			
	line 60	이 이 이 것 같아요. 이 것 같아. 이 것 같아. 이 것 같아. 이 것 같아. 것 같아. 이 것 같아. 이 것 같아.		200 505	10.53	6d		
		sales of inventory, less returns and allowances	7a		0	2252		
	b Less:	cost of goods sold	7b		0			
		profit or (loss) from sales of inventory (subtract line 7b from line 7 revenue (describe in Schedule 0)	a) .	· · · ·	• •	76		_
		revenue (describe in Schedule O)	• •		12	8		00.00
-		and similar amounts paid (list in Schedule O)		A. A. A. A.		10		79.0
		ts paid to or for members		+		11	6	/9.04
-		s, other compensation, and employee benefits			• •	12		-
186		sional fees and other payments to independent contractors		**** ****		13		-
Expenses		ancy, rent, utilities, and maintenance			1	14		-
ă		g. publications, postage, and shipping		12.10		15		-
		ixpenses (describe in Schedule O) 🖬		100 K (200		16	3	65.0
	17 Total	expenses. Add lines 10 through 16				17	12	44.0
91	18 Exces	s or (deficit) for the year (subtract line 17 from line 9)			4	18	10	56.0
sel	19 Net as	sets or fund balances at beginning of year (from line 27, colum	1n (A))	(must agre	e with			
Net Assets		-year figure reported on prior year's return)				19	11-	45.0
det		changes in net assets or fund balances (explain in Schedule O) .				20		
	21 Net as	sets or fund balances at end of year. Combine lines 18 through 20				21		01.00

Part II Balance Sheets (see the instru	uctions for Part II)			
Check if the organization used S	chedule O to respond to a	any question in this I	Part II	🗆
			(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1.	L	1145.00	the second se
23 Land and buildings				23
24 Other assets (describe in Schedule O)		1. A. A. A. A. A. L.		24 (
25 Total assets		· · · · · ·	1145.00	
26 Total liabilities (describe in Schedule C				26
27 Net assets or fund balances (line 27 o Part III Statement of Program Service				27
				Expenses
Check if the organization used S What is the organization's primary exempt pur			Part III 🗋	(Required for section
	The second	and want to be bound of the second		501(c)(3) and 501(c)(4)
Describe the organization's program service a as measured by expenses. In a clear and co	occomplishments for each	of its three largest pr	the number of	organizations; optional for others.)
persons benefited, and other relevant informati	on for each program title.	ie services provided.	, the number of	1111111
28 Childrens Fund: Funds collected locally over		the children's hospita	I in the site of	
the national convention. It is not known how				

(Grants \$) If this	amount includes foreign g	rants, check here .	►	28a 779.00
29 Longo Charity Tournament: A donation was			naritable	
fundraiser for the benefit of a sick child. Th	is aligns with our mission to	assist children in need	L It was for the	
benefit of one child.				
	amount includes foreign g	rants, check here	► 🗆	29a 100.00
30				
	amount includes foreign gi		🕨 🗖	30a
31 Other program services (describe in Sche				
(Grants \$) If this	amount includes foreign gr	rants, check here .	::: > □	31a
(Grants \$) If this 32 Total program service expenses (add in	amount includes foreign g nes 28a through 31a)	rants, check here	🕨	32 879.00
(Grants \$) If this 32 Total program service expenses (add lin Part IV List of Officers, Directors, Trustees	amount includes foreign g nes 28a through 31a) . , and Key Employees (list ear	rants, check here .	ensated-see the in	32 879.00
(Grants \$) If this 32 Total program service expenses (add in	amount includes foreign gr nes 28a through 31a) , and Key Employees (list ear chedule 0 to respond to a	rants, check here	ensated-see the in Part IV	32 879.00
(Grants \$) If this 32 Total program service expenses (add lin Part IV List of Officers, Directors, Trustees	amount includes foreign gr nes 28a through 31a) . , and Key Employees (list ear chedule O to respond to a (b) Average hours per week	rants, check here , , , , , , , , , , , , , , , , , ,	ensated—see the in Part IV (d) Health benefits, contributions to employe	32 879.00 structions for Part IV)
(Grants \$) If this 32 Total program service expenses (add lin Part IV List of Officers, Directors, Trustees Check if the organization used S	amount includes foreign g nes 28a through 31a) , , and Key Employees (list ear chedule O to respond to a (b) Average	chone even if not comp any question in this I (c) Reportable	ensated—see the in Part IV	32 879.00 structions for Part IV) (e) Estimated amount o other compensation
(Grants \$) If this 32 Total program service expenses (add lin Part IV List of Officers, Directors, Trustees Check if the organization used S	amount includes foreign g nes 28a through 31a) . , and Key Employees (list ear chedule O to respond to a b) Average hours per weak devated to position	ch one even if not comp any question in this f (c) Reportable (c) compensation (forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employe benefit plans, and	32 879.00 structions for Part IV) (e) Estimated amount o other compensation
(Grants \$) If this 32 Total program service expenses (add in Particulation Used of Officers, Directors, Trustees Check if the organization used S End (a) Name and title	amount includes foreign gr nes 28a through 31a) . , and Key Employees (list ear chedule O to respond to a (b) Average hours per week	ch one even if not comp any question in this f (c) Reportable (c) compensation (forms W-2/1099-MISC)	bensated see the in Part IV	32 879.00 estructions for Part IV)
(Grants \$) If this 32 Total program service expenses (add in Part IV List of Officers, Directors, Trustees Check if the organization used S [4] Name and the Stuart Blair	smount includes foreign gree 28a through 31a) , and Key Employees (list earchedule O to respond to : D Average hours pr week devoted to position	rants, check here th one even if not comp any question in this I (e) Reportable compensation (forme W-2/1039-MISC) (f not paid, enter -0-)	bensated see the in Part IV	32 879.00 structions for Part IV)
Grants \$) If this 32 Total program service expenses (add in PartU List of Officers, Directors, Trustees Check if the organization used S I (a) Name and the Stuart Blair Pack Leader/President	amount includes foreign g nes 28a through 31a) . , and Key Employees (list ear chedule O to respond to a b) Average hours per weak devated to position	rants, check here th one even if not comp any question in this I (e) Reportable compensation (forme W-2/1039-MISC) (f not paid, enter -0-)	ensated — see the in Part IV (d) Health benefits, combutions to employe benefit plans, and deferred compensation	32 879.00 estructions for Part IV)
(Grants \$) If this 22 Total program service expenses (add in RartIV List of Officers, Directors, Trustees Check if the organization used S E (e) Nume and the Stuart Blair Pack Leader/President Raymond Sturm	amount includes foreign grass 28a through 31a)	ch one even if not comp any question in this i (e) Pepotable (a) (c) Pepotable (a) (ensated — see the in Part IV (d) Health benefits, combutions to employe benefit plans, and deferred compensation	32 879.0(Istructions for Part IV)
(Grants \$) If this 32 Total program service expenses (add in Part V List of Officers, Directors, Trustees Check if the organization used S (a) Name and the Stuart Blair Pack Leader/President Raymond Sturm Vice President	smount includes foreign gree 28a through 31a) , and Key Employees (list earchedule O to respond to : D Average hours pr week devoted to position	ch one even if not comp any question in this i (e) Pepotable (a) (c) Pepotable (a) (Part IV Part IV (d) Health benefits, contributions to employs benefit plans, and defemid compensation	32 879.0(Istructions for Part IV)
(Grants \$) If this 22 Total program service expenses (add iii) PartVU List of Officers, Directors, Trustees Check if the organization used S E (a) Nume and the Stuart Blair Pack Leader/President Raymond Sturm Vice President Paul Taylor Secretary/Tressurer William Kelley	amount includes foreign gr hes 28a through 31a) and Key Employee, list each chedule O to respond to a bl Average forweited to position 	ants, check here th one even if not comp any question in this comparisation (ef Reporting 100- (front yead, enter -0-) 0 0 0	Part IV Part IV (d) Health benefits, contributions to employs benefit plans, and defemid compensation	32 879.00 structions for Part IV, other compensation 0 0 0 0
(Grants \$) If this 22 Total program service expenses (add in ISANTUV List of Officers, Directors, Trustees Check if the organization used S E (4) Nume and this Stuart Blair Pack Leader/President Raymond Sturm Vice President Paul Taylor Secretary/Tressurer	amount includes foreign grass 28a through 31a)	ants, check here th one even if not comp any question in this comparisation (ef Reporting 100- (front yead, enter -0-) 0 0 0	Annual of the set of the intervention of the set of the	32 879.00 structions for Part IV, other compensation 0 0 0 0
(Grants \$) If this 22 Total program service expenses (add iii) PartVU List of Officers, Directors, Trustees Check if the organization used S E (a) Nume and the Stuart Blair Pack Leader/President Raymond Sturm Vice President Paul Taylor Secretary/Tressurer William Kelley	amount includes foreign gr hes 28a through 31a) and Key Employee, list each chedule O to respond to a bl Average forweited to position 	canta, check here th one even if not comp any question in this companiation (e) Reportine (form W-2(109-MSC)) (ff not paid, enter-6-) 0 0 0 0 0 0	Annual of the set of the intervention of the set of the	32 879.00 structions for Part IV) other comparisation other comparisation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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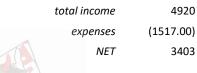
All information required is in the worksheets

Maryland Pack

IRS Form 990 EZ

2012 Worksheet

		IRS Form 9	90 EZ Line Numb	pers]
line 1	line 3	line 15	line 16	line 22	line 28	
Passport & Fines	Dues	Printing & Postage	Expenses	Cash,savings	Donations expense	Donations income
92	58	(25.00)	(100.00)	1999	(92.00)	255
88	10	(13.00)	(150.00)		(129.00)	150
109	100	(13.00)	(100.00)		(128.00)	135
130			(48.00)		(559.00)	20
128			(160.00)			245
131						310
559						40
331						30
1568	168	(51.00)	(558.00)	1999	(908.00)	1185
4920						



Do not overthink this. Keep it simple. Be creative with categories of donations and expenses.

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements)	s in th	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule 0. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34	-	~
		35a 35b	-	V
6		35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37e			10.00	Nucc
138a		37b	-	V
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	and the second	V
29	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:			
38		1.1		
b		196		
40a				
Ł	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-C21 if "Yes," complete Schedule L, Part I	406		~
		400	10.00	
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	40c reimbursed by the organization			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	17.30	~
41	List the states with which a copy of this return is filed Maryland	1	81-9	
42a			3-823	2
Ŀ	Located at 419 North Carolina Ave, Pasadena, MD ZIP + 4 A At any time during the calendar year, did the organization have an interest in or a signature or other authority	21123	2-5926 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	42b	-	V
	See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
¢	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	83	d	► C
44.9	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	_	Yes	No
b	completed instead of Form 990-EZ	44a		1
1	completed instead of Form 990-EZ	44b	anti-service	V
c		44c		V
C	I If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
158		44d		V
b				
	Form 990-EZ. See instructions	45b		v
_		n 990	Accession of	-

	D-EZ (2019)					-	-	lage 4	2
46	Did the organization engage, directly o	r indiractly. In political	oomnalan aathitilaa oo	hobelf of as l	n nanadi	len [Yes	No	1
40	to candidates for public office? If "Yes	" complete Schedule (2. Part I	benan or or i	n opposit	· 46		~	
Part \						. 1.40	-		1
	All section 501(c)(3) organizati 50 and 51. Check if the organization used				nplete the	e tables f	or lin	es 🗆	
-	Chook in the organization does	ouricadie o to respon	a to any question in t	11131 621 11			Yes	No	-
47	Did the organization engage in lobbyi year? If "Yes," complete Schedule C, I	ng activities or have a Part II	section 501(h) electio	in in effect di	uring the	tax 47	100	~	7
48	Is the organization a school as describe	d in section 170(b)(1)(A)	(i)? If "Yes," complete	Schedule E		- 48	10.5	V	E
	Did the organization make any transfer				1	. 49a		V	
	If "Yes," was the related organization a	section 527 organizati	on?			. 49b			3
50	Complete this table for the organizatio								
	employees) who each received more th	an \$100,000 of compe	insation from the orga			e, enter "N	lone."		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, ar compense	amployee nd deferred	(e) Estimate other con	ed amo npensal	ant of son	
none		22 6							1
	na an a						11		

	Total number of other employees paid Complete this table for the organizati			contractors	who each	received	more	than	
f 51	Total number of other employees paid Complete this table for the organizati \$100,000 of compensation from the o (a) Name and business address of each indep	on's five highest comp rganization. If there is n	ensated independent			received		than	
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is n	ensated independent one, enter "None."					than	
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is n	ensated independent one, enter "None."					than	
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is n	ensated independent one, enter "None."					than	
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is n	ensated independent one, enter "None."					than	
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp rganization. If there is n	ensated independent one, enter "None."					than	
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."					than	
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."					than	
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."					than	
51	Complete this table for the organizati \$100,000 of compensation from the or	on's five highest comp ganization. If there is n	ensated independent one, enter "None."					: than	
51 none d 52	Complete this table for the organizati \$100,000 of compensation from the o (a) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (c) Name and business address of ea	on's five highest comp rganization, if there is n endert contextor intractors each receiving	ensated independent one, enter "None." (b) Type of sen	ico	(c)	Compensati	ion		
51 none d 52	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (c) Name and business address of e	on's five highest com ganization, if there is n endent contestor stractors each receiving sclule A? Note: All s	ensated independent one, enter "None," (b) Type of sen (b) Type of sen (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	ice	(o)	Compensati	ion	No	
51 none d 52	Complete this table for the organizati \$100,000 of compensation from the o (a) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (c) Name and business address of ea	on's five highest comp rganization, if there is n endent contector intractors each receiving solute A? Note: All s is return, including accompa-	ensated independent one, enter "None." (b) Type of sen (b) Type of sen (c)	ice.	(o)	Compensati	ion	No	
51 none d 52	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (c) Name and c) Name and c	on's five highest comp rganization, if there is n endent contector intractors each receiving solute A? Note: All s is return, including accompa-	ensated independent one, enter "None." (b) Type of sen (b) Type of sen (c)	lice	(o)	Compensati	ion	No	
51 none d 52 inder pe	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (b) Name and business address of each indep (c) Name address of each indep (c) Nam	on's five highest comp rganization, if there is n endert contractor thractors each receiving sclule A? Note: All s his return, including accompa- gaseliter is based on all in	ensated independent one, enter "None." (b) Type of sen (b) Type of sen (c)	ice.	(o)	Compensati	ion	No	
d solution d solution	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (c) Name and c) Name and c	on's five highest comp rganization, if there is n endert contractor htractors each receiving ciclule A? Note: All s haream, heluding accompa- tioneter, is based on all m dent	ensated independent one, enter "None," (b) Type of sen (b) Type of sen (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Interest of the second	(o)	Compensation 1 4 P Vessonikedge and 2020	ion	No	
d 52 Jinder per	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (c) Name and business address of e	on's five highest comp rganization, if there is n endert contractor thractors each receiving sclule A? Note: All s his return, including accompa- gaseliter is based on all in	ensated independent one, enter "None." (b) Type of sen (b) Type of sen (c)	Interest of the second	(c) ist attach eet of my kn ist intervention (c)	Compensation of the second sec	ion	No	
d 52 Jinder par Bign Here	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (b) Name and business address of each indep (b) Name and business address of each indep (c) Name and c) Name address of each indep (c) Name and c) Name address of each indep (c) Name and c) Name address of each indep (c) Name address of each indep (c) Name and c) Name address of each indep (c) Name	on's five highest comp rganization, if there is n endert contractor htractors each receiving ciclule A? Note: All s haream, heluding accompa- tioneter, is based on all m dent	ensated independent one, enter "None," (b) Type of sen (b) Type of sen (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Interest of the second	est attach	Compensation of the second sec	ion	No	
d 52 Sign Here	Complete this table for the organizati \$100,000 of compensation from the or (a) Name and business address of each indep (b) Name and business address of each indep (c) Name and business of each indep (c) Name and c) Name and business of each indep (c) Name and c) Name and business of each indep (c) Name and c) Name and business of each indep (c) Name and c) Name and business of each indep (c) Name and c) Name and c) Name and business of each indep (c) Name and c) Name and business of each indep (c) Name and c) Name and c) Name and business of each indep (c) Name and c) Na	on's five highest comp rganization, if there is n endert contractor htractors each receiving ciclule A? Note: All s haream, heluding accompa- tioneter, is based on all m dent	ensated independent one, enter "None," (b) Type of sen (b) Type of sen (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Ince	(c) ist attach eet of my kn ist intervention (c)	Compensation of the second sec	ion	No	

CHEDULE O Form 990 or 990-EZ)		tion to Form 990 or 990-EZ	OMB No. 1545-0047
-om aao or aao-Ez)	Complete to provide information Form 990 or 990-EZ or to p	for responses to specific questions on rovide any additional information.	2019
Assertment of the Treasury	► Attach to I	Form 990 or 990-EZ.	Open to Public
lame of the organization	► GD to www.irs.gov/Fd	vm990 for the latest information.	Inspection eridentification number
Military Order of Devil Dogs	Maryland Pack, Inc	angoy	26-1551149
Part 1, Line 10			
Childrens Fund: \$799.00	Longo: \$100,00		
Part 1, Line 16 (Other expens			
\$275 convention book ads	\$30 training supplies \$60 plaque		

or Paperwork Reduction Ac	t Notice, see the Instructions for Form	990 or 990-EZ. Cat. No. 51056K Schedu	le O (Form 990 or 990-EZ) (201



Tips for the 1024-A

- Read it, and the instructions carefully
- Part III is the Narrative Description of Your Activities
 - Must be on an attachment
 - Use MS Word to create it
 - Shop it around to your best writer
 - Gather supporting documents

an attachment now your oncers, directors, or trustees are selected.

Part III Narrative Description of Your Activities

Use an attachment to describe all of your past, present, and planned activities in a narrative (including the percentage of time and funds spent on these activities). You may attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Refer to the instructions for information that must be included in your description. Check this box to confirm that you submitted a narrative attachment describing your activities.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 69155Y

Form 1024-A (1-2018)



Tips for the 1024-A

- Part IV is Officers, Directors, Trustees....
 - Use business terms
 - President/Pound Keeper
 - Sr Vice President/Sr Vice Pound Keeper
 - Treasurer/Dog Robber
 - These terms can be described in your Part III narrative
- Part V is Your Specific Activities
 - Just check the boxes as indicated



Tips for the 1024-A

- Part VI is Financial Data
 - **Obtain from spreadsheets**. Just fill in the blanks. There will be a lot of zeros.
- Interpret the lines
 - For example, Line 1: Gifts, grants, and contributions received **TRANSLATES TO** passport fees, at will donations, and fines.



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 Form 1024-A (1-2018)
 Name:
 Millitary Order of Devil Dogs Maryland Pack Inc
 EIN:
 26-1511499
 Pac

 Part VI
 Financial Data (see instructions for information you must provide) (attach statement regarding accounting method, if necessary)
 Part VI
 Financial Data (see instructions for information you must provide) (attach statement regarding accounting method, if necessary)
 Part VI

		method, if necessary)					
		A. Statement of Revenues and E Type of revenue or expense	Year: 2019	Year	2018	Year	2017
.	1	Gifts, grants, and contributions received	2194.00	Tear.	3336.00	roar.	2652.00
	2	Membership fees received	106.00		38.00		249.00
		Gross investment income	0		0		0
	4	Net unrelated business income	0		0		0
	5	Taxes levied for your benefit	0		0		0
	6	Taxes levied for your benefit	0				0
8	0	without charge	0		0		0
Revenues	7	Any revenue not otherwise listed above or in lines 9-11 below					
BVB		(attach statement)	0		0		0
Ű.		Total of lines 1 through 7	2300.00		3374.00		2901.00
	9	Gross receipts from any activity that is related to your exempt	2000100				
		purposes	0		0		0
	10	Total of lines 8 and 9	2300.00		3374.00	-	2901.00
	11	Net gain or loss on sale of capital assets (attach statement)	0		0		0
	-	Total Revenue					
	12	Combine lines 10 and 11	2300.00		3374.00		2901.00
~ ~ ~ ~	13		0		0	the second s	0
		Contributions, gifts, grants, and similar amounts paid out (attach					Ű.
	14	statement)	879.00		1888.00		1647.00
	15		077.00		0		0
8	16	Compensation of officers, directors, and trustees	0		0		0
Expenses	17		0		0		0
ě.	18		0		0		0
ŵ	_	Any expense not otherwise classified, such as program services					
	10	(attach statement)	365.00		945.00		651.00
	20	Total Expenses					
	~~	Add lines 13 through 19	1244.00		2833.00		2298.00
		B. Balance Sheet (for your most recently completed to	x year)		Year	End	2019
		Assets					
1	Ca	1sh			. 1		2201.00
2	Ac	counts receivable, net			. 2		0
3	in	ventories			. 3		0
4	Bo	onds and notes receivable (attach statement)			. 4		0
5	Go	prporate stocks (attach statement)			. 5		0
6	Lo	ans receivable (attach statement)			. 6		0
7	Ot	her investments (attach statement)			. 7		0
8	De	spreciable and depletable assets (attach statement)			. 8		0
9	La	nd			. 9		0
10	Ot	her assets (attach statement)			. 10		0
11	То	tal assets (add lines 1 through 10)			. 11		2201.00
		Liabilities					
12	Ac	counts payable			. 12		0
13		ontributions, gifts, grants, etc., payable			. 13		0
14		ortgages and notes payable (attach statement)			. 14		0
15		ther liabilities (attach statement)			. 15		0
16	To	otal liabilities (add lines 12 through 15)			. 16		0
		Fund Balances or Net Assets					
17		ntal fund balances or net assets How. to reinstate tax exem					2201.00
18	To	stal liabilities and fund balances or net assets (add lines 16 and 17)				400	2201.00
					Fo	m 1024	-A (1-2018)



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1024-A Attachment

- Numerous sections will require a written response. Do so in the form of an attachment to the 1024-A.
- Identify the section and restate the question
- Answer the questions as directly and simply as you can.

Form 1024-A Attachment

Military Order of Devil Dogs Maryland Pack, Inc (MODD Maryland Pack) 26-1511499

2472 Shadywood Circle Crofton, MD 21114-1158

Part II, Line 5 (Organizational Structure)

The organization's by-laws are currently being written. Officers are elected during a scheduled business meeting at our annual state convention. Nominees for officer positions are brought forth by any member of the body. Elected members become the board of trustees. The elected positions are:

- Pack Leader President
- Sr Vice Pack Leader Vice President
- Jr Vice Pack Leader Vice President
- Judge Advocate

The newly elected Pack Leader/President will then appoint the following positions:

- Dog Robber Secretary/Treasurer
- Police Dog Sergeant-at Arms

The organization's outgoing President will serve as a Trustee on the board of trustees.

Part III (Narrative Description of Your Activities)

The Military Order of the Devil Dogs (MODD) is a national organization. It was organized as the "Fun and Honor Society" of the Marine Corps League (MCL) in 1939. Membership in the MODD is made up exclusively of members in good standing of the MCL and is by invitation only. About 10% of the MCL are also members of the MODD. The national level of the organization is referred to as "the Kennel." The basic mission of the MODD is to support the activities of the MCL.

The Kennel is divided into individual "Packs" at the state level.

The Maryland Pack is further divided into six local organizations called "Pounds." Every member of a Pound is also a member of the Maryland Pack.

The members participate in a variety of community activities. These range from participating in Toys For Tots, local parades and festivals, visitation programs at nursing homes, organizing charity events, etc. The Pack will raise funds to support a variety of causes that benefit handicapped or underprivileged children and veterans in need.

Page 1 of 3

Military Order of Devil Dogs Maryland Pack, Inc (MODD Maryland Pack)

26-1511499

(Part III Continued)

These activities further our exempt purposes by exposing and educating the public to the customs, history, and traditions of the US Marine Corps. Further, being in the public eye allows the Pack to interact with other veterans and to educate them to various veteran programs and benefits to which they may be entitled.

The Maryland Pack meets four times a year in conjunction with the regular MCL quarterly meetings. The Maryland Pack will do its only fundraising at these meetings. The meetings are held at rotating locations throughout the state and are chaired by the Pack Leader/President.

The primary method of fundraising is by asking for a voluntary donation or "passport fee" to enter the Pack meeting. Additional free will donations are also accepted. Monies collected are forwarded to the Kennel and pooled with other Packs. The total sum collected is then disbursed as a donation to the children's hospital in the city that hosts the MCL annual national convention.

It is not possible to determine how much time an individual member allocates to each activity.

Part IV (Officers... con't)

Evelyn Remines Smart Dog/Judge Advocate 85 New Bridge Rd Bel Air, MD 21911

Ben Wells Dog Robber/Treasurer 419 North Carolina Ave Pasadena, MD 21122

Paul Gunther Police Dog/Sergeant-at-Arms 12876 Sage Terrace Germantown, MD 20874

Stuart Blair Jr Past Pack Leader/Trustee 17 Havenfield Dr Parkville, MD 21234

No Post Office Boxes

Page 2 of 3

Military Order of Devil Dogs Maryland Pack, Inc (MODD Maryland Pack)

26-1511499

Part V, Line 4

Yes: The MODD is a subsidiary organization of the MCL. (Group Exemption Number 0955) The Maryland Pack receives no financial support from the MCL. The Maryland Pack does not have a permanent fixed location. It does not share any facility. At present, there is one shared officer between the Maryland Pack and the MCL. Craig Reeling serves as Sr Vice Pack Leader/ Sr Vice President in the Pack and as Adjutant/Secretary at the MCL-Department of Maryland. This is neither required nor forbidden under MCL by-laws. The two organizations are independent of each other.

Part V, Line 5

The Maryland Pack has approximately 150 members. The only requirement for membership is that the member be in good standing with the Marine Corps League for one year prior to his initiation into the Pack. There is one class of membership with each member granted one vote and equal privileges.

Part VI, Line 14 & 19

2019		2018		2017		
Children's Fund	and the local division of the local division	Children's Fund	\$ 1,688.00	Children's Fund	\$1,297.00	
		Fisher House	\$ 200.00	Fisher House	\$ 150.00	
				Gold Star Families	\$ 200.00	
Totals	\$879.00		\$1,888.00		\$1,647.00	

19 Any Expense Not Otherwise Classified

Convention book ads		\$275.00	Convention book ads	\$ 375.00	Convention book ads	\$ 375.00
Training supplies		\$ 30.00	Shirts	\$ 510.00	Incorporation fee	\$ 170.00
Plaque		\$ 60.00	Plaque	\$ 60.00	Frames and plaque	\$ 106.00
	Totals	\$365.00		\$ 945.00		\$ 651.00



Page 3 of 3

How to reinstate tax exempt status

Submission

The application and payment go to separate IRS addresses. They will vary by region. Read the instructions carefully.

After submitting, three outcomes are possible

- 1. Approval
- 2. Denial
- 3. Request for additional information
 - 1. MUST be completed in the timeframe given or you forfeit the application fee and must start over.

They want to know the cause and reasons you became delinquent and what your plan is to correct and prevent a future occurrence. Be humble. They want to help.



Final Step

- Once you receive your reinstatement letter, contact MCL COO
- The COO will contact the IRS to ensure you are under the 0955 Group Exemption
- Congratulations! You're done.



Questions?



PDD Ray Sturm

Kennel Deputy Executive Director Mer-lin Pack Leader Bandit6A@gmail.com

