

Part II Balance Sheets. (see the instructions for Part II.)
 Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 40,824 | 29,478 |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) | | |
| 25 Total assets | 40,824 | 29,478 |
| 26 Total liabilities (describe in Schedule O) | | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 40,824 | 29,478 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Professional Education
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

| | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.) |
|---|--|
| 28 Golf Tournament Fund Raiser for the Marine Corps Wounded Warrior Regiment thru the Semper Fi Fund Cost of tournament was \$5,204. Unknown number of Marines benefited. (Grants \$ 4,500) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a 4,500 |
| 29 Awards Program. Presentation of plaques, NCO swords, K-Bars, etc. to students (Marines, Jr MCROTC), individual Marine Reservists, Reserve units, for outstanding performance. Cost for award items, \$ 4,316 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 30 Congressional Reception. Presentation of Frank Tejada Award to the Congressman selected for his/her contributions to the cause of the Marine Corps and National Defense. Cost of reception and related expenses was \$10,150 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 31 Other program services (describe in Schedule O) (Grants \$ 1,000) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a 1,000 |
| 32 Total program service expenses (add lines 28a through 31a) | 32 5,500 |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
 Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| Colonel Robert S Donaghue USMCR(Ret) 51 Sugar Hill Circle, Methuen, MA 01844 | President 2 | 0 | 0 | 0 |
| LtCol Thomas M Howlett USMCR(Ret) 1370 Fox River Drive, De Pere, WI 54115-2403 | Vice President 10 | 0 | 0 | 0 |
| LtCol Gary Schroeder, USMCR(Ret) 191 Scarboro Drive, York, PA 17403 | Vice President 2 | 0 | 0 | 0 |
| Sgt Maj Joseph Staudt USMCR(Ret) 6005 Jonestown Road, Harrisburg, PA 17112 | Vice President 2 | 0 | 0 | 0 |
| CWO-4 Vernon Leubecker USMCR(Ret) 10 East Lee Street, Suite 2407, Baltimore, MD 21202 | Executive Director 5 | 0 | 0 | 0 |
| LtCol Charles Allen, Jr., USMCR(Ret) 159 Island Road, Hardy, VA 24101 | Staff Judge Advocate 2 | 0 | 0 | 0 |
| Col Kenneth Hopper USMCR(Ret) 2927 Rogers Drive, Falls Church, VA 22042 | Treasurer 2 | 0 | 0 | 0 |
| Col David Leighton USMCR(Ret) 409 Sunny Slope Place, Loveland CO 85037 | Board Member 1 | 0 | 0 | 0 |
| SgtMaj Donnie Boyer USMCR(Ret) 1574 Country Squire Road, Elizabethtown, PA 17022 | Board Member 1 | 0 | 0 | 0 |
| Col Kevin Hart USMCR(Ret) 124 Cedarwoods Drive, Loveland, CO 45140 | Board Member 1 | 0 | 0 | 0 |
| Col Randolph Sinnott USMCR(Ret) 535 Michigan Boulevard, Pasadena, CA 91107 | Board Member 1 | 0 | 0 | 0 |
| GySgt Thomas P Green USMC(Ret) 9520 Allegro Drive, Manassas, VA 20112-2792 | Secretary 10 | 0 | 0 | 0 |

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

| | | 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 | | ✓ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | ✓ |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | ✓ |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ | | |
| b | Did the organization file Form 1120-POL for this year? | | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | ✓ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b _____ | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a _____ | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b _____ | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____ | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. | | |
| 41 | List the states with which a copy of this return is filed. ▶ _____ | | |
| 42a | The organization's books are in care of ▶ <u>VARIOUS BOARD MEMBERS</u> Telephone no. ▶ <u>617 840 0267</u> Located at ▶ <u>SEVERAL LOCATIONS</u> ZIP + 4 ▶ _____ | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | 42b | ✓ |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____ | 42c | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | ✓ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | ✓ |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | ✓ |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | ✓ |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | ✓ |

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

| | | |
|--|-----|----|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

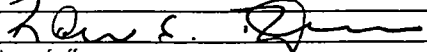
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|------------------|---|-----------|
| Sign Here |  | 05/12/12 |
| | Signature of officer | Date |
| | Robert S Donaghue | President |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | Firm's EIN ▶ | | | |
| | Firm's address ▶ | Phone no | | | |

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

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.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
Marine Corps Reserve Association, Inc

Employer identification number
53-0235297

Part I, Line 16

| | |
|--------------------------------|---------------|
| Awards Program | 4,316 |
| Bank Charges | 461 |
| Business Fees and taxes | 718 |
| Business meetings | 432 |
| Congressional Reception | 10,150 |
| Golf Tournament | 5,204 |
| Office Expenses | 2,762 |
| Total | 24,044 |

Part I line 10

Grants and donations

| | |
|--|--------------|
| Marine Corps Assn Civil War Education Program | 1,000 |
| Semper Fi Fund (Wounded Warrior Regiment) | 4,500 |
| Total | 5,500 |

Part I line 20

| | |
|---|--------------|
| Transfer of Life Membership Dues to MCRA Life Membership Trust | 4,300 |
|---|--------------|

