

Short Form

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

2017

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

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 1 January, 2017, and ending 31 December, 20 17

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Manne Corps Reserve Association. D Employer identification number: 53-0235297. E Telephone number: 703-289-1204. F Group Exemption Number.

G Accounting Method: Cash, Accrual, Other (specify). H Check if the organization is not required to attach Schedule B.

I Website: www.usmcra.org

J Tax-exempt status (check only one) - 501(c)(3), 501(c)(19), 4947(a)(1), or 527.

K Form of organization: Corporation, Trust, Association, Other Virginia non-stock corporation.

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 72,337

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Table with 21 rows and 2 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Includes sub-rows 5a-5c, 6a-6d, 7a-7c. Includes 'RECEIVED' stamps from IRS-OSC OGDEN, UT.

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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	79,955	66,456
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	79,955	66,456
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	79,995	66,456

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? _____

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others)

28 2017 Congressional Reception presenting a leadership award to a member of Congress		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1,122
29 2017 Golf Tournament to raise funds for the USMC Wounded Warriors Semper Parati Fund August 2017		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	13,100
30 2017 Awards Program presenting awards to the Honor Graduates of the Basic School and SNCO/NCO PME		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,662
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Col Ken Hopper USMCR (ret) President 2927 Rogers Road, Fall Church, VA 22043	10	0	0	0
SgtMaj Donnie Boyer USMCR (ret) Enlisted Advisor 1574 Country Squire Rd, Elizabethtown, PA	1	0	0	0
Col Frank Corte Jr USMCR (ret) Treasurer 7430 Wild Eagle, San Antonio, TX 78255	5	0	0	0
LtCol Will Bentley USMCR (ret) VP, Professional Devel 1520 Clacier Rd, Oceanside, CA 92056	1	0	0	0
LTJG Dean Casataldo, USN VP, Communications 3125 Southampton, Jamestown NC 27282	1	0	0	0
Maj Randy Harris USMCR (ret) VP, Assn Development 233 Hidden Harbour Dr, Mt Juliet, TN 37122	1	0	0	0
LtCol Charles Allen Jr USMCR (ret) Staff Judge Advocate 120 Church Ave SW, Roanoke, VA 24011	1	0	0	0
Col Bob Donaghue, USMCR (ret) Chairman/Exe Dir 51 Sugar Hill Cir, Methuen, MA 01844	1	0	0	0
GySgt Tom Green, USMC (ret) Deputy Director 9520 Allegro Dr, Manassas, VA 20112	5	0	0	0
Cpl Brittney Collins, USMC Board Mbr At-Large 210 Shurley St, Rock Hill, NC 29732	1	0	0	0
Col Frank Tauches USMCR (ret) Board Mbr At-Large 72 Amherst St, Garden City, NY 11530	1	0	0	0
Capt Robert Tuke, USMCR (ret) Board Mbr At-Large 3708 Wimbledon Rd, Nashville, TN 37215	1	0	0	0

CJOB

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

Table with 3 columns: Question ID, Yes, No. Row 33: Yes (empty), No (checked).

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)

Table with 3 columns: Question ID, Yes, No. Row 34: Yes (empty), No (checked).

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)?

Table with 3 columns: Question ID, Yes, No. Row 35a: Yes (empty), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 35b: Yes (empty), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 35c: Yes (empty), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 36: Yes (empty), No (checked).

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?

Table with 3 columns: Question ID, Yes, No. Row 37b: Yes (empty), No (checked).

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?

Table with 3 columns: Question ID, Yes, No. Row 38a: Yes (empty), No (checked).

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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with 3 columns: Question ID, Yes, No. Row 40b: Yes (empty), No (empty).

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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

Table with 3 columns: Question ID, Yes, No. Row 40e: Yes (empty), No (checked).

41 List the states with which a copy of this return is filed Virginia

42a The organization's books are in care of Col Ken Hopper, USMCR (ret) Telephone no. 703 289 1204

Located at 3915 Jefferson Hwy, Ste 115, Stafford VA ZIP + 4 22554

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:

Table with 3 columns: Question ID, Yes, No. Row 42b: Yes (empty), No (checked).

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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

Table with 3 columns: Question ID, Yes, No. Row 42c: Yes (empty), No (checked).

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 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

Table with 3 columns: Question ID, Yes, No. Row 44a: Yes (empty), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 44b: Yes (empty), No (checked).

c Did the organization receive any payments for indoor tanning services during the year?

Table with 3 columns: Question ID, Yes, No. Row 44c: Yes (empty), No (checked).

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

Table with 3 columns: Question ID, Yes, No. Row 44d: Yes (empty), No (empty).

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with 3 columns: Question ID, Yes, No. Row 45a: Yes (empty), No (checked).

b 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)

Table with 3 columns: Question ID, Yes, No. Row 45b: Yes (empty), No (checked).

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

Table with columns Yes, No and row 46 with checkmarks.

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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

Table with columns Yes, No and row 47 with checkmarks.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with columns Yes, No and row 48 with checkmarks.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a with checkmarks.

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 49b with checkmarks.

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (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."

Table with 3 columns: (a) Name and business address of each independent contractor, (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 must attach a completed Schedule A

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

Sign Here: Signature of officer (Frank J. Corje Jr), Date (4/15/18), Type or print name and title (Frank J. Corje Jr Treasurer).

Paid Preparer Use Only: Preparer's name, signature, date, self-employed status, PTIN, firm's name, EIN, address, phone no.

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

Manne Corps Reserve Association

53-0235297

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 none						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Exempt in Virginia (The golf Tournament is held at Fort Belvoir, VA)

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Golf Tournament (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	\$21,355			\$21,355
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	\$8,236			\$8,236
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				\$8,236
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				\$13,119	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

- 9** Enter the state(s) in which the organization conducts gaming activities: _____
- a** Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b** If "No," explain: _____
- _____
- _____
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b** If "Yes," explain: _____
- _____
- _____

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
Manne Corps Reserve Association

Employer identification number
53-0235297

Line 10 Donations to the following organizations, \$13,100 Semper Fi Fund, \$24,868 MCRA Life Membership Trust, \$24,800 MCRA Education Trust,
\$1,500 Women Mannes Annual Convention, \$500 Manne Corps League's Winter Conference, \$126 Guard and Reserve Breakfast Brief

Line 16 Food for several events through the year- Manne Corps League meeting

Breakfast, MCRA 2017 Mid-Year Meeting \$132

County Taxes-\$33

Part IV List of Officers, Directors, Trustee, and Key Employees

	Avg Hrs/week	Reportable Compen	Health Benefits, etc	Est of other Compen
LtCol Sander Snowden, USMCR Secretary 948 Island Dr, Memphis , TN 38103	3	0	0	0
LtCol Thomas Howlett, USMCR(ret) Mbr At-large 1370 Fox River Dnve, De Pere, WI 54115	1	0	0	0
LtCol Ray Adams, USMCR Mbr At-Large (Address withheld)	1	0	0	0
Col Dave Leighton, USMCR (ret) Advisor 409 Sunnyslope Place, Loveland, CO 80537	1	0	0	0
SgtMaj Joseph Staudt, USMCR (ret) Enlisted Advisor 6005 Jonestown Rd, Harnsburg, PA 17112	1	0	0	0