

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2018

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.

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Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning **1 January**, 2018, and ending **31 December**, 2018

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Marine Corps Reserve Association		D Employer identification number 53-0235297
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 3915 Jefferson Davis Highway 115		E Telephone number (703) 289-1204
	City or town, state or province, country, and ZIP or foreign postal code Stafford, VA 22584		F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **usmcra.org**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (19) ◀ (insert no) 4947(a)(1) or 527

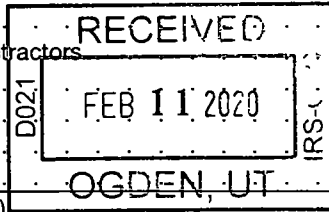
K Form of organization: Corporation Trust Association Other **Virginia Non-Stock Corporation**

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **93,398**

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

SCANNED JUL 09 2020 Revenue

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	44,044
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	14,845
	4 Investment income	4	3,637
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	32,758	
c Less: direct expenses from gaming and fundraising events	6c	6,758	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	26,000	
7a Gross sales of inventory, less returns and allowances	7a	114	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	114	
8 Other revenue (describe in Schedule O)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	88,640	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	47,127
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	7,791
	14 Occupancy, rent, utilities, and maintenance	14	2,794
	15 Printing, publications, postage, and shipping	15	3,079
	16 Other expenses (describe in Schedule O)	16	10,569
	17 Total expenses. Add lines 10 through 16 ▶	17	71,360
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,280
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	66,456
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	83,736



31410

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	66,456	83,736
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	66,456	83,736
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)	66,456	83,736

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? **Advocate & benefit the Marine Corps Reserve & Veterans**

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 2018 Gof Tournament to raise funds for the USMC Wounded Warriors & the Semper Fi Fund		
(Grants \$ 26,000) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 Raised \$15,000 for the Yankee 72 Memorial		
(Grants \$ 15,000) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 108 Awards Programs presenting awards and recognition to Honor Graduates of the The Basic School, Staff Non-Commissioned (SNCO), Non-Commission (NCO) and Officer Professional Military Education (PME)		
(Grants \$ 1,623) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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) National President 2927 Rogers Rd., Falls Church, VA 22063	10	0	0	0
Col Frank Corte Jr., USMCR (ret) Treasurer 7430 Wild Eagle, San Antonio, TX 78255	5	0	0	0
LtCol Alexander Snowden USMCR Secretary 948 Island Dr., Memphis, TN 38103	3	0	0	0
LtCol Charles Allen Jr. USMCR (ret) Staff Judge Advocate 1203 Church Ave., Roanoke, VA 24011	1	0	0	0
LT Dean Castaldo USNR VP Communications 3125 Southampton, NC 27282	1	0	0	0
LtCol Will Bentley USMCR (ret) VP Professional Develop. 1520 Glacier Rd., Oceanside, CA 92056	1	0	0	0
MSgt Thomas Hazlett USMC (ret) VP Membership/Chapter	1	0	0	0
Maj Randy Harris, USMC (ret) VP Assoc Develop 223 Hidden Harbour, Juliet TN 37133	1	0	0	0
Col Frank Wichersham, USMCR (ret) Leg Affairs 8294 Stable Gate Rd. Warrenton, VA 20186	2	0	0	0
Col Bob Donaghue USMCR (ret) Chairman/Exec Dir 51 Sugar Hill Cir., Methuen MA 01844	3	0	0	0
GySgt Thomas Green USMCR (ret) Depty Dir 19100 SW 98th Loop, Dunnellon FL 34432	1	0	0	0
SSgt Brittney Collins USMCR Mbr at Large 219 Shurley St, Rock Hill SC 29732	1	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 0		
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), 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		✓
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		✓
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
			✓
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 ▶		✓
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		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
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		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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		✓

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**

Yes	No
	✓

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 **47**

Yes	No
	✓

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

Yes	No
	✓

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

Yes	No
	✓

b If "Yes," was the related organization a section 527 organization? **49b**

Yes	No
	✓

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 title of each employee	(b) 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
NONE				

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."

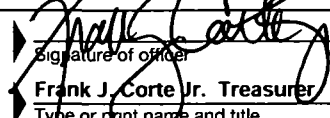
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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

	Date <u>2/10/2020</u>
Signature of officer	
Frank J. Corte Jr. Treasurer	
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 ▶		Phone no ▶	
Firm's address ▶				

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

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	32,758			32,758
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	32,758			32,758
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	1,504			1,504
	6 Rent/facility costs	5,134			5,134
	7 Food and beverages	0			0
	8 Entertainment	0			0
	9 Other direct expenses	120			120
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				6,758
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				26,000	

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: _____

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	32,758			32,758
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	32,758			32,758
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	1,504			1,504
	6 Rent/facility costs	5,134			5,134
	7 Food and beverages	0			0
	8 Entertainment	0			0
	9 Other direct expenses	120			120
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				6,758
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				26,000	

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

2018

Open to Public Inspection

Name of the organization

Marine Corps Reserve Association

Employer identification number

53-0235297

Line 10: Donations to the following organizations, \$26,000 Semper Fi Fund, \$1,323.06 MCRA Education Trust, \$4,504 MCRA Life Membership Trust, \$15,000 Yankee 72 Memorial, \$300 Marine Corps Association Essay Contest

Line 16: Other expenses- food and beverages for several events through the year; Marine Corps League meetings, MCRA mid-year meeting, Marine Corps Reserve Staff Non-Commissioned and Non-Commissioned Officers graduations \$1,571, Congressional Reception and Recognition \$1,405, Marine Corps Officer Basic School recognition \$465, MCRA Annual Meeting \$7,128

Part IV: List of Officers, Directors, Trustees and Key Employees

	Avg Hrs/Week	Reportable Compen.	Health Benefits, etc	Est. of Other Comp.
LtCol Thomas Howlett USMCR (ret) Mbr-at-Large	1	0	0	0
1370 Fox River Drive, De Pere WI 54115				
MGySgt William Simom USMCR (ret) VP/Education	1	0	0	0
114 Park Ave., Berlin NJ				
LtCol Chris Crimi USMCR Mbr-at-Large	1	0	0	0
626 Auwani St., Unit B, Kailua, HI				
Col Frank Tauches USMCR (ret) Mbr-at-Large	1	0	0	0
72 Amherst St., Garden City NY11530				
Capt. Robert Tuke USMCR (ret) Mbr-at-Large	1	0	0	0
3700 Wibleton Rd., Nashville TN 37215				
SgtMaj Donnie G. Boyer USMCR (ret) Enlisted Advisor	1	0	0	0
1674 Country Squired Rd., Elizabethtown PA 17022				
Col Dave Leighton USMCR (ret) Advisor	1	0	0	0
409 Sunnyslope Place, Loveland CO 80637				
SgtMaj Joseph Stauch USMCR (ret) Enlisted Advisor	1	0	0	0
6005 Jonestown Rd., Harrisburg PA 17112				
Col Dave Ready USMCR (ret) Advisor	1	0	0	0
139 Intervale Rd., Canterbury NH 13224				

Name of the organization

Employer identification number

Marine Corps Reserve Association

53-0235329

	Avg Hr/Wk	Reportable Compens.	Health Benefit, etc	Est. of Other Compens.
CWO4 Louis Kubik USMCR (ret) Advisor	1	0	0	0
100 Andover Lane, Huntsville AL 38511				
Sgt John Petrelli USMCR (ret) 1st Dist Liaison	1	0	0	0
15 Darby Lane, Waldwick NJ 07463				
Maj Adam Love USMCR (ret) 6th Dist Liaison	1	0	0	0
30 Elmwood Loop, Madionsville LA 70447				
Capt William E. Lednicky USMCR (ret) 8th Dist Liaison	1	0	0	0
249 Buttercup, Waco TX76705				
Capt Adam Fullerton USMCR (ret) 9th Dist Liaison	1	0	0	0
75 Lawn Street, Boston MA 02120				
CWO5 Michael Elenitsky Jr., USMCR (ret) 12th Dist Liaison	1	0	0	0
2025 Harper Ave., Hermosa CA				