

Form **990-EZ**

Short Form

1912

OMB No 1545-0047

Return of Organization Exempt From Income Tax

2019

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 2019 calendar year, or tax year beginning 1 January, 2019, and ending 31 December, 20 19

Form header section containing: B Check if applicable (Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending); C Name of organization (Marine Corps Reserve Association); D Employer identification number (53-0235297); E Telephone number (703-289-1204); F Group Exemption Number (19); G Accounting Method (Accrual); H Check if the organization is not required to attach Schedule B; I Website (usmcra.org); J Tax-exempt status (501(c)(19)); K Form of organization (Virginia Non-Stock Corporation); L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts (\$73,591).

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 [X]

Table with 21 rows detailing Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Revenue total is 64,014; Expenses total is 64,880; Net Assets total is 82,850. Includes handwritten notes and stamps such as 'NOV 16 2020' and 'Ogden, UT'.

SCANNED OCT 26 2021

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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	83,736	22 82,850
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	83,736	25 82,850
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	83,736	27 82,850

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? To advocate and benefit the Marine Corps Reserve
 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 Raised funds for Marine Corps Education Trust ----- ----- (Grants \$ <u>15,959</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 2019 Golf Tournament to raise fund for the USMC Semper Fi Fund ----- ----- (Grants \$ <u>15,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Raised funds for 75th Iwo Jima Anniversary Memorial Book ----- ----- (Grants \$ <u>8,634</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ <u>6,577</u>) 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	15	0	0	0
Col Frank Corte Jr. USMCR (ret) Treasurer 7430 Wild Eagle, San Antonio, TX 78255	5	0	0	0
Col (sel) Alexander Snowden USMCR Secretary 948 Island Dr., Memphis, TN 38103	3	0	0	0
LtCol Charles Allen Jr. USMCR (ret) Staff Judge Advoc. 120 Church Ave SW, Roanoke, VA 24011	1	0	0	0
LTG Dean Castaldo USNR VP Communications 3125 Southampton, NC 27282	1	0	0	0
LtCol Will Brantley USMCR (ret) VP 1520 Glacier Rd., Oceanside CA 92056	1	0	0	0
MSgt Thomas Hazlett USMC (ret) VP Mbrship/Chapter Act -----	1	0	0	0
Maj Randy Harris USMCR (ret) VP Prof/Assn Development 233 Hidden Harbour Dr., Mt. Juliet, TN 37122	1	0	0	0
Col Frank Wickersham USMCR (ret) VP Legislative Affrs. Warrenton, VA 20186	3	0	0	0
MGySgt William Simon USMCR (ret) VP 114 Park Avenue, Berlin NJ	1	0	0	0
Col Robert Donaghue, USMCR (ret) Chairman/Exec. Dir. 51 Sugar Hill Cir, Methuen, MA 01844	1	0	0	0
GySgt Thomas Green USMC (ret) Dep. Exec. Dir. 19100 Dunnellon, FL 34432	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

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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
37b 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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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 Frank J. Corte Jr. Telephone no. 210-325-6898
Located at 7430 Wild Eagle, San Antonio ZIP + 4 78255
42b 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).
42c 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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)?
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

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 Signature of officer: *Frank J. Cote Jr.* Date: 10/20/20
 Type or print name and title: Frank J. Cote Jr.

Paid Preparer Use Only Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check 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 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.

2019

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 instructions and the latest information.

Name of the organization Marine Corps Reserve Association	Employer identification number 53-0235287
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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.
- | | |
|---|--|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input checked="" type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|--|
- 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.

Registered in the following states: Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Florida, Hawaii, Illinois, Kansas, Kentucky, Maryland, Minnesota, Mississippi, Missouri, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin.

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
		<u>Golf Tournament</u> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	29,0894			29,894
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	29,0894			29,894
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			
	6 Rent/facility costs	9,577			9,577
	7 Food and beverages	0	0	0	
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				9,577
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				20,317	

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

2019

**Open to Public
Inspection**

Name of the organization

Marine Corps Reserve Association

Employer identification number

53-0235297

Part I Line 10: Donations to the following organizations: \$15,959.20 MCRA Education Trust, \$15,000 Semper Fi Fund, \$8,634 Iwo Jima 75th Anniversary Memorial Book, \$3,577.74 MCRA Life Trust, \$3,000 Y72 Memorial

Line 16 Other Expenses: Van Rental for Annual Meeting \$40.00, SNCO Academy Graduates Food Supplies \$139.51, Food for Mid-Year and Annual Meeting \$138.50, Washington DC Veteran's Day Committee Dues \$150

Part III Line 31

Donated Funds from Life Memberships to MCRA Life Trust \$3,577

Rasied Funds for Y72 Memorial in conjunction with Mississippi Marine Corps League \$3,000

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

	Avg Hrs/Week	Reportable Compen.	Health Benefits, etc.	Est of Other Compen
LtCol Thomas Howlett USMCR (ret) Mbr-at-Large	1	0	0	0
1370 Fox River Drive, De Pere WI 54115				
SSgt Brittney Collins USMCR Bd Mbr-at-Large	1	0	0	0
Rock Hill, SC 29732				
LtCol Cris Crimi USMCR Bd Mbr-at-Large	1	0	0	0
Col Frank Tauches USMCR (ret) Bd Mbr-at-Large				
72 Amhurst St, Garden City NY 11530				
Capt Bob Tuke USMCR	1	0	0	0
3708 Wimbledon Rd., Nashville TN 37215				
SgtMaj Donnie Boyer USMCR (ret) Enlisted Advisor	1	0	0	0
1574 Country Squire Rd., Elizabethtown PA 17022				
Col Dave Leighton USMCR (ret) Advisor	1	0	0	0
409 Sunnyslope Place, Leveland CO				

