

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

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

▶ 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 1 January, 2020, and ending 31 December, 20 20

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**
 Number and street (or P O box if mail is not delivered to street address) / Room/suite: **3815 Jefferson Davis Highway / 115**
 City or town, state or province, country, and ZIP code / Foreign postal code: **Stafford, VA 22564**

D Employer identification number: **530235297**

E Telephone number: **703-289-1204**

F Group Exemption Number: **19**

G Accounting Method: Cash Accrual Other (specify) _____

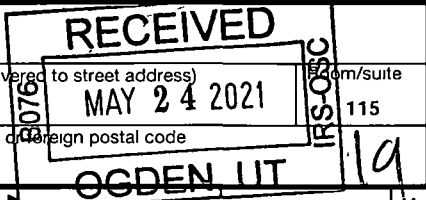
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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. **\$ 52,091**



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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received						22,581																						
	2	Program service revenue including government fees and contracts						0																						
	3	Membership dues and assessments						12,460																						
	4	Investment income						4,306																						
	5a	Gross amount from sale of assets other than inventory						0																						
	b	Less: cost or other basis and sales expenses						0																						
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)							0																					
	6	Gaming and fundraising events:																												
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)							0																					
b	Gross income from fundraising events (not including \$ 12,050 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)									12,050																				
c	Less: direct expenses from gaming and fundraising events							0																						
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													
7a	Gross sales of inventory, less returns and allowances													694																
b	Less: cost of goods sold													0																
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																													
8	Other revenue (describe in Schedule O)																													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																												
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe in Schedule O)																												
17	Total expenses. Add lines 10 through 16																													
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																												
	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)																												
	20	Other changes in net assets or fund balances (explain in Schedule O)																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																												

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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	6,006	27,215
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	6,006	27,215
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)	6,006	27,215

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 <u>Raised Funds for the the 75th Iwo Jima Anniversary Memorial Book</u> ----- (Grants \$ <u>4,316</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 <u>On-Line Auction to raise funds for the USMC Semper Fund</u> ----- (Grants \$ <u>12,500</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 <u>Provided funds for Leadership Development Awards and Recognition</u> ----- (Grants \$ <u>8,175</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 <u>Other program services (describe in Schedule O)</u> (Grants \$ <u>1,800</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
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 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
LT Dean Castaldo, USNR VP-Communications 3 A Sycamore Ct., Annapolis MD 21402	1	0	0	0
LtCol Will Brantley USMCR (ret) VP 3620 Glacier Rd., Oceanside, CA 92056	1	0	0	0
Sgt. Brandon Hughes USMCR VP Mbr Development 1263 1st Street, Apt. 1207, Washington DC 2003	1	0	0	0
Col Frank Wickersham III USMCR (ret) VP Leg. Affairs 8294 Stable Gate Rd., Warrenton VA 20186	3	0	0	0
MGySgt Wm. Simon USMCR (ret) VP Prof Development 114 Park Avenue, Berlin NJ	1	0	0	0
Col Bob Donaghue USMCR (ret) Chairman/Exec. Director 51 Sugar Hill, Methuen MA 01884	3	0	0	0
GySgt Thomas Green USMC (ret) Dep. Director 19100 SW 96th Loop, Dunnellon FL	2	0	0	0
LtCol Thomas Howlett USMCR (ret) 1370 Fox River Drive, De Pere WI 54115	1	0	0	0

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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)?		✓
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 ▶ 37a _____		
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 ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
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 <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		✓
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		✓

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 ▶ _____

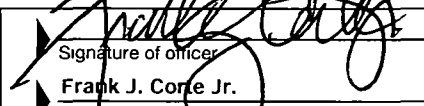
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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	Date 5/15/21
	Frank J. Corte Jr. 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 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.

▶ Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Marine Corps Reserve Association

Employer identification number
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.

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>On-Line Silent Auct.</u> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	12,050			
	2 Less: Contributions	0			
	3 Gross income (line 1 minus line 2)	12,050			
Direct Expenses	4 Cash prizes	0			
	5 Noncash prizes	0			
	6 Rent/facility costs	0			
	7 Food and beverages	0			
	8 Entertainment	0			
	9 Other direct expenses	-			
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				0
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				12,050	

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	0		
Direct Expenses	2 Cash prizes	0			
	3 Noncash prizes	0			
	4 Rent/facility costs	0			
	5 Other direct expenses	0			
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) ▶				0	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0	

9 Enter the state(s) in which the organization conducts gaming activities. None
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

2020

**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 Y72 Memorial - \$1,500.00, MCRA Education Trust - \$300.00, Iwo Jima Anniversary

Memorial - \$4,316.00, MCRA Life Trust - \$5,607.00, Total - \$11,723.00

Line 16: Other Expenses Swords for SNCO Graduation - \$8,175.00, Fundraising Training - \$1,000, Member Recognition - \$460.00, Office

Supplies - \$134.00, Floral Arrangement for Veteran Day Commemoration - \$109.00, Walmart/Computers - \$973.00, Checking Account Check

Printing - \$179.00, USA Custom PAC - \$649.00, Total - \$11,679

Part III Line 31

Raised Funds amongst membership to support the 75th Anniversary of Iwo Jima Commemorative Book - \$4,316.00

Donated funds from On-Line Silent Auction to the United States Marine Corps Semper Paratus Fund. Another 501 (c)(3) organization that support
wounded Marines and their families - \$12,050.00

Purchased Staff Non-Commissioned Officer Ceremonial Swords to be awarded to top graduates from the USMC SNCO academy - \$8,175.00

Other. Donated funds to Marine Corps Reserve Association Education Trust - \$300.00 and Donated remaining amounts to the Y72 Memorial
in conjunction with Mississippi Marine Corps League - \$1,800.00

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

	Avg Hrs/Weeks	Reportable Compen.	Health Benefits, etc.	Est. of Other Compen
SSgt Britteny St.Cere USMCR Board Mbr at Large	1	0	0	0
31 Katelens Way, Beaufort SC 29907				
Col Frank Tauches USMCR (ret) Bd Mbr at Large	1	0	0	0
72 Amherst St., Garden City NY 11530				
LtCol Robert Wilkins USMC (ret) Bd Mbr at Large	1	0	0	0
124 Massey Rd., Stuart VA 24171				
Col Jeffrey Douglass USMC (ret) Bd Mbr at Large	1	0	0	0
3050 39th Ave W, Seattle WA 98199				

Name of the organization Marine Corps Reserve Association	Employer identification number 53-0235297
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Part IV con't:	Avg Hrs/Weeks	Reportable Compen.	Health Benefits, etc	Est of Other Compen
Col Vic Bianchini USMCR (ret) Bd Mbr at Large 15139 Alomond Orchard Ln., San Diego, CA 92131	1	0	0	0
Sgt John Petrelli USMCR Dist. 1 Advisor 15 Derby Lane, Waldwick NJ 07463	1	0	0	0
Col Peter Grimes USMCR (ret) Dist. 4 Advisor 155 Leslie Dr., Hubert NC 28539	1	0	0	0
Capt Wm. E. Lednicky USMCR (ret) Dist 8 Advisor 249 Buttercup, Waco TX 76705	1	0	0	0
Capt Adam Fullerton USMCR Dist 9 Advisor 1228 Wayburn St., Crosse Pointe MI 48230	1	0	0	0
SgtMaj Donnie G. Boyer USMCR (ret) Enlisted Advisor 1574 Country Squire Rd., Elizabethtown PA 17022	1	0	0	0
Col Dave Leighton USMCR (ret) Advisor 409 Sunnyslope Pl, Loveland CO 80537	1	0	0	0
SgtMaj Joseph Staudt USMCR (ret) Enlisted Advisor 6005 Jonestown Rd., Harrisburg PA 17112	1	0	0	0
Col Dave Ready USMCR (ret) Advisor 139 Intervale Rd., Canterbury NH 03224	1	0	0	0
LtCol Chris Crimi Advisor	1	0	0	0