

Form **990EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

**Open to
Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

- 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 INC

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
3619 JEFFERSON DAVIS HWY 115

City or town, state or province, country, and ZIP or foreign postal code
STAFFORD, VA 225640000

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 (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

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 ▶ \$ **42,500**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	12,861
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	7,230
	4 Investment income	4	5,672
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	16,079
	b Gross income from fundraising events (not including \$ 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	
c Less: direct expenses from gaming and fundraising events	6c	630	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15,449	
7a Gross sales of inventory, less returns and allowances	7a	658	
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	658	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	41,870	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	21,604
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	22,004
	14 Occupancy, rent, utilities, and maintenance	14	5,519
	15 Printing, publications, postage, and shipping	15	541
	16 Other expenses (describe in Schedule O)	16	1,696
17 Total expenses. Add lines 10 through 16	17	51,364	

Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,494
	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	27,215
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	17,721

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	27,215	22	17,721
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	27,215	25	17,721
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)	27,215	27	17,721

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	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
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.		
28 Raised funds to benefit the USMC Semper Fi of the Americas Fund. This funds assist wounded Marine Corps veterans and their families. (Grants \$ 12,500) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	12,500
29 Raised funds to assist disaster relief to victims of tornados, hurricanes, and flooding in Tennessee and Louisiana. (Grants \$ 1,983) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,983
30 Donated computers to Computer for Kids, a program to assist children of Active Duty and Reserve Marines with computers to do distant learning during COVID and other natural disasters. (Grants \$ 5,707) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,707
Other program services (described in Schedule O) (Grants \$ 1,811) If this amount includes foreign grants, check here <input type="checkbox"/>		1,811
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) <input type="checkbox"/>	32	22,001

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 Paul K Hopper USMCR Ret N 508 Page Dr., Mt. Juliet, TN 37122	15.00	0	0	0
Col Frank J Corte Jr USMCR Ret 7430 Wild Eagle, San Antonio, TX 78255	5.00	0	0	0
Col Sander Snowden USMCR Secretar 948 Island Dr., Memphis, TN	3.00	0	0	0
LtCol Charles Allen Jr USMCR Sta 159 Hardy Island Rd., Hardy, VA 24101	1.00	0	0	0
Sgt Jasmine Mead USMCR VP Communi 10086 Paseo Montril, Apt. 1109, San Diego, CA 92129	1.00	0	0	0
LT Dean Castaldo USMR VP Developme 3A Sycamore Ct., Annapolis, MD 21402	1.00	0	0	0
Col Frank Wickersham III USMCR R 8294 Stable Gate Rd., Warrenton, VA 20186	3.00	0	0	0
Capt Adam Fullerton USMCR VP Pro 331 Ponce DeLeon Place, Orlando, FL 32801	1.00	0	0	0
MGySgt William Simon USMCR Ret 114 Park Avenue, Berlin NJ 08009	1.00	0	0	0
Sgt Seth Syntelien USMCR VP Mbrsh 185 Stiles Dr,, Dallas GA 30132	1.00	0	0	0
Col Robert Donaghue USMCR Ret 51 Sugar Hill Cir. Methuen, MA 01844	1.00	0	0	0
LtCol Thomas Howlett USMCR Ret 1370 Fox River Dr., De Pere, WI 54115	1.00	0	0	0
GySgt Thomas Green USMC Ret De 19100 SW 98th Loop, Dunnelion, FL 34432	1.00	0	0	0

(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
Sgt Brittney StCere USMCR Bd Mbr 285 Los Padres Dr., Oceanside, CA 92058	1.00	0	0	0
Col Frank Tauches USMCR Ret Bd 72 Amherst St., Garden City NY	1.00	0	0	0
LtCol Will Bentley USMCR Ret B 1520 Glacier Rd., Oceanside CA 92056	1.00	0	0	0
Col Peter Grimes USMCR Ret Dis P.O. Box 186, Hubert NC 28539	1.00	0	0	0
SSgt Johnny Jones USMC Bd Mbr at 128 196th PL SW, Bothell WA 03054	1.00	0	0	0
Capt Wm E Lednicky USMCR Ret 249 Buttercup, Waco TX	1.00	0	0	0
Col Dave Leighton USMCR Ret Bo 409 Sunnyslope Place, Loveland CO 80537	1.00	0	0	0
SgtMaj Donnie G Boyer USMCR Ret 1574 Country Squire Rd., Elizabethtown PA 17032	1.00	0	0	0
Col Dave Ready USMCR Board Adviso 139 Intervale Rd., Canterbury, NH 03224	1.00	0	0	0
SgtMaj Joseph Staudt USMCR Ret 6005 Jonestown Rd., Harrisburg, PA 17112	1.00	0	0	0

Form **990-EZ** (2021)

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
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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
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)

	Yes	No
46		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.

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

	Yes	No
47		No
48		No
49a		No
49b		No

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

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

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

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	2022-11-15
	Frank J Corte Jr Treasurer Type or print name and title	Date

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

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

Name of the organization
MARINE CORPS RESERVE ASSOCIATION INC

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 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						
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.

AL, AR, AK, AZ, CO, CA, CT, DE, GA, HI, FL, IL, IN, KS, ID, KY, IA, LA, ME, MD, MA, MI, MO, MT, MN, NE, MS, NJ, NV, NY, NM, NH, NC, OK, ND, PA, OR, OH, RI, SD, SC, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

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	0	16,079
Direct Expenses	2 Cash prizes			0	0
	3 Noncash prizes			0	0
	4 Rent/facility costs			0	0
	5 Other direct expenses			630	630
	6 Volunteer labor	<input type="checkbox"/> Yes _____ 0 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ 0 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				630	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				15,449	

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: _____

11 Does the organization conduct gaming activities with nonmembers? **Yes** **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	0 %
b An outside facility	13b	0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ BC Woodbridge LLC

Address ▶ 1774 Lee Rd Cleveland, HI 441181736

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Yes** **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 630 and the amount of gaming revenue retained by the third party ▶ \$ 15,449.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶ 1774 Lee Rd Cleveland, OH 441181736

16 Gaming manager information:

Name ▶ None

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ Collecting ticket purchases, sending proceeds to benefited organizations, and selecting the winner of the raffle.

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
Part III, Column (c):	The Marine Corps Reserve Association conducted a raffle during this period that was started during 2021 but extended into the next tax year. The purpose of this extension was to reach the fundraising goal by this gaming activity. A goal of \$30,000 was planned for the gaming. The cash prize of \$10,000 will be awarded in the 2022 tax year.
Part III, Line 13:	All solicitations for participation in the raffle was done by email, internet, or personal contact. No gaming was conducted in a facility.
Part III, Line 9:	The Marine Corps Reserve Association is a Virginia non-stock charitable corporation. Virginia state law allows charitable corporations to use raffles as permissive gaming up to \$30,000 without reporting requirements.

SCHEDULE O
(Form 990)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

2021**Open to Public
Inspection**Name of the organization
MARINE CORPS RESERVE ASSOCIATION INC

Employer identification number

53-0235297

Return Reference	Explanation
Line 16, Other Expenses:	Conference Venue - \$998.82, PAW History - \$300.00, Memorial Day Ceremony - \$159.05, Veteran's Day Ceremony - 238.30 Total - \$1,696.17
Part I, Line 10	Donations to the following organizations: Toy for Tots - \$200.00, MCRA Life Trust - 896.55, Disaster Relief - \$1,982.85, Joe Staudt Memorial Golf Tournament - \$100.00, Never Forget - \$244.00, Semper Fi and America's Fund - 12,500.00, Computer for Kids- \$5,707.12 Total \$21,604
Part III, Line 31	Donated to the Semper Fi and America's Fund from fundraising activities. Another 501(c)3 organization that supports wounded Marines and their families - \$12,500. Raised Funds for MCRA Computer for Kids Program that assisted dependent children of Active Duty and Reserve Marines to include associated individuals with purchases of computers for distant learning and natural disasters - \$5,707. Donated funds to MCRA Life Trust from Life Membership Dues - \$890. Donation to The Society of the Honor Guard Tomb of of the Unknown Solider continental celebration of the Never Forget Garden dedication - \$244. Donations to Toy for Tots - \$200, Flower wreath for the National Veteran's Day Ceremony - \$238, and a flower wreath for the Memorial Day Ceremony - \$159, Donation to Joe Staudt Memorial Golf Tournament - \$100. Total - \$941. Raised funds from members and other Marine Veteran organizations to donated food and clothing to Reserve Marines who were victims of tornados, hurricanes, and flooding in Tennessee and Louisiana - \$1,982

Additional Data

Return to Form

Software ID:

Software Version:

TY 2021 IRS 990 e-File Render

Name: MARINE CORPS RESERVE ASSOCIATION INC

EIN: 53-0235297

Explanation: To complete this return an audit was needed to verify the expenses and income, therefore it was not filed on May 15, 2022. An extension was filed for a November 15, 2022 due date.