

Form **990EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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.

- A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022
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
% Paul K Hopper
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite: 3819 JEFFERSON DAVIS HWY STE 115
City or town, state or province, country, and ZIP or foreign postal code: STAFFORD, VA 225540000

D Employer identification number: 53-0235297
E Telephone number
F Group Exemption Number

G Accounting Method: Cash [] Accrual [x] Other (specify)

H Check [x] 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) [x] 501(c)(19) [] (insert no. 4947(a)(1) or 527)

K Form of organization: Corporation [x] 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. \$ 30,780

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 9 rows for Revenue. Columns include line number, description, and amount. Total revenue is 20,780.

Table with 7 rows for Expenses. Columns include line number, description, and amount. Total expenses is 25,789.

Table with 3 rows for Net Assets. Columns include line number, description, and amount. Net assets at end of year is 12,712.

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	17,721	12,712
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)		
25 Total assets	17,721	12,712
26 Total liabilities (describe in Schedule O).		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,721	12,712

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

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

What is the organization's primary exempt purpose?
To advocate and benefit all veterans and 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.

28 Raised funds to benefit the USMC Semper Fi of the Americas Fund. This funds assist wounded Marine Corps veterans and their families. (Grants \$ 10,000) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	10,000
29 Provided donations to the Marine Corps Reserve Association Life Trust (Grants \$ 2,649) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,649
30 Provided support to the Mississippi Marine Corps League in maintenance and upkeep of the Yankee 72 Memorial (Grants \$ 1,000) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,000
Frank Tejada Congressional Award (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		214
Veteran's Day Ceremony (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		328
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	14,191

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 National President	15	0	0	0
Col Frank Corte Jr USMCR Treasurer	5	0	0	0
Col Sander Snowden USMCR Secretary	1	0	0	0
LtCol Charles Allen Jr USMCR Staff Judge Advocate	1	0	0	0
SSgt Brittney St Cere USMCR VP Communications	5	0	0	0
LT Dean Castaldo USNR VP Development Director	5	0	0	0
Col Frank Wickersham III USMCR VP Legislative Affairs	5	0	0	0
Capt Adam Fullerton USMCR VP Professional Development	5	0	0	0
MGySgt Wm Simon USMCR VP Professional Development	1	0	0	0
Sgt Seth Synstelien USMCR VP Membership Engagement	5	0	0	0
Col Robert Donaghue USMCR Ret Chairman Exec. Director	1	0	0	0
GySgt Thomas Green USMC Ret Dep. Director	1	0	0	0
LtCol Thomas Howlett USMCR Ret Member at Large	1	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
Col Frank Tauches USMCR Ret	1	0	0	0
Member at Large				
LtCol Edward Ted Fienning USMCR	1	0	0	0
Member at Large				
SSgt Cullen Chavis USMCR	1	0	0	0
Member at Large				
SSgt Joseph Lynott USMCR	1	0	0	0
Member at Large				
LtCol Will Bentley USMCR Ret	1	0	0	0
Member at Large				
SSgt Johnny Jones USMCR	1	0	0	0
Member at Large				
Col Peter Grimes USMCR Ret	1	0	0	0
District Special Advisor 4st District				
Capt Wm E Gene Lednicky USMCR Ret	1	0	0	0
District Special Advisor 8th District				
LtCol David Yorck USMC Ret	1	0	0	0
District Special Advisor 12th District				
SgtMaj Donnie G Boyer USMCR Ret	1	0	0	0
Board Enlisted Advisor				
Col Dave Leighton USMCR Ret	1	0	0	0
Board Advisor				
SgtMaj Joseph Staudt	1	0	0	0
Board Enlisted Advisor				

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) 325-6698
Located at 7430 Wild Eagle St San Antonio, TX 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 U.S.? 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)

	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

	Yes	No
47		
48		
49a		
49b		

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

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

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	2023-11-07
	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	
	Firm's address	Phone no.			

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

Additional Data

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Software ID: 22016104

Software Version: V1.0

Form 990-EZ, Special Condition Description:

Special Condition Description

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

2022**Open to Public
Inspection**Name of the organization
MARINE CORPS RESERVE ASSOCIATION INC**Employer identification number**

53-0235297

Return Reference	Explanation
Part I, line 10	Grants And Similar Amounts Paid:, Amount: Semper Fi Fund of America, \$10000 Marine Corps Reserve Trust Fund, \$2650 Donation to Marine Corps League Department of Mississippi for the Yankee 72 Memorial, \$1000
Part I, line 16	Other Expenses:, Amount: Marine Corps Reserve Essay Award Prize, \$1000 National Veteran's Day Ceremony, \$328

Additional Data

Return to Form

Software ID:

Software Version: