

Form **990EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047

2023

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 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023
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, 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), 4947(a)(1), 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. \$ 20,785

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

Table with 9 rows for Revenue. Columns include line number, description, and amount. Total revenue is 20,465.

Table with 7 rows for Expenses. Columns include line number, description, and amount. Total expenses is 22,125.

Table with 3 rows for Net Assets. Columns include line number, description, and amount. Net assets at end of year is 11,052.

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	12,712	11,052
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)		
25 Total assets	12,712	11,052
26 Total liabilities (describe in Schedule O).		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,712	11,052

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.

	28a	29a	30a	31a	32
28 Provided donations to the Marine Corps Reserve Association Membership and Educations Trusts (Grants \$ 2,887) If this amount includes foreign grants, check here <input type="checkbox"/>	2,887				
29 Provide awards and reconigion for Members of the Marine Corps Reserve for leadership and professional education accomplishments. (Grants \$ 1,563) If this amount includes foreign grants, check here <input type="checkbox"/>		1,563			
30 Provide donations to the National Veteran Day and Memorial Day Ceremonies (Grants \$ 532) If this amount includes foreign grants, check here <input type="checkbox"/>			532		
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>					
32 Total program service expenses (add lines 28a through 31a)					4,982

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	1	0	0	0
LT Dean Castaldo USNR VP Development Director	1	0	0	0
Col Frank Wickersham III USMCR VP Legislative Affairs	5	0	0	0
Capt Adam Fullerton USMCR VP Professional Development	1	0	0	0
MGySgt Wm Simon USMCR VP Professional Development	1	0	0	0
Col Robert Donaghue USMCRA Chairman-Executive Director	3	0	0	0
GySt Thomas Green USMC Deputy Director	1	0	0	0
LtCol Thomas Howlett USMCR Member at Large	1	0	0	0
Col Frank Tauches USMCR Member at Large	1	0	0	0
LtCol Edward Ted Fienning USMCR Member at Large	1	0	0	0
SSgt Cullen Chavis USMCR 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
SSgt Joseph Lynott USMCR Member at Large	1	0	0	0
LtCol Will Bentley USMCR Member at Large	1	0	0	0
SSgt Johnny Jones Member at Large	1	0	0	0
Col Peter Grimes USMCR Member at Large	1	0	0	0
LtCol David Yorch USMC District Special Advisor. 12th District	1	0	0	0
SgtMaj Donnie Boyer Board Advisor	1	0	0	0
Col Dave Leighton USMCR Board Advisor	1	0	0	0
SgtMaj Joseph Staudt Board Enlisted Advisor	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.

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

	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		
48		
49a		
49b		

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	2024-11-16
	Frank J Corte Jr Corte 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		Phone no.	
	Firm's address				

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

Additional Data

[Return to Form](#)

Software ID: 23017649

Software Version: V2.0

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

2023

**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: Line 10: These amounts reflect donations to Marine Corps Reserve Association Membership and Education Trust. They are \$2,787.00 for the Membership Trust and \$100.00 for the Education Trust., \$2887
Part I, line 16	Other Expenses:, Amount: Line 18: These are expenses for the Annual Membership and Board Meeting \$11,758.31 National Memorial Day Ceremony \$159.05 National Veterans Day Ceremony \$372.65., \$12290

Additional Data

Return to Form

Software ID:

Software Version: