

Form **990EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024
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
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) (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 \$ 26,455

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 3 columns: Line number, Description, Amount. Rows include Contributions, gifts, grants, and similar amounts received (12,924); Program service revenue including government fees and contracts (0); Membership dues and assessments (5,916); Investment income (6,876); Gross amount from sale of assets other than inventory (5a: 739, 5b: 986, 5c: -247); Gaming and fundraising events (6a: 0, 6b: 0, 6c: 0, 6d: 0); Gross sales of inventory, less returns and allowances (7a: 0, 7b: 0, 7c: 0); Other revenue (8); Total revenue (9: 25,469).

Table with 3 columns: Line number, Description, Amount. Rows include Grants and similar amounts paid (10: 4,709); Benefits paid to or for members (11: 0); Salaries, other compensation, and employee benefits (12: 0); Professional fees and other payments to independent contractors (13: 5,584); Occupancy, rent, utilities, and maintenance (14: 1,606); Printing, publications, postage, and shipping (15: 1,038); Other expenses (describe in Schedule O) (16: 4,453); Total expenses (17: 17,390); Excess or (deficit) for the year (18: 8,079).

Table with 3 columns: Line number, Description, Amount. Rows include Net assets or fund balances at beginning of year (19: 11,052); Other changes in net assets or fund balances (20); Net assets or fund balances at end of year (21: 19,131).

**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
<b>22</b> Cash, savings, and investments . . . . .	11,052	<b>22</b>	19,131
<b>23</b> Land and buildings . . . . .	0	<b>23</b>	0
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	11,052	<b>25</b>	19,131
<b>26 Total liabilities</b> (describe in Schedule O). . . . .		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	11,052	<b>27</b>	19,131

**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.

<b>28</b> Provided donations to the Marine Corps Reserve Association Membership the Marine Corps Reserve Educations Trust and other Veteran and Service Organizations. (Grants \$ 3,709) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	4,709
<b>29</b> Provide awards and recognition for Members of the Marine Corps Reserve for leadership and professional education accomplishments. (Grants \$ 3,750) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	3,750
<b>30</b> Provide donations to the National Veteran Day and Memorial Day Ceremonies (Grants \$ 373) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	373
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	8,832

**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
1stLt David Beltz USMCR Secretary	1	0	0	0
Capt Richard Protzmann 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
LCpl Jeremy Williams USMCR VP Legislative Affairs	5	0	0	0
Maj Adam Fullerton USMCR Maj VP Professional Development	1	0	0	0
Sgt Seth Synstelien USMCR VP Professional Development	1	0	0	0
Col Timothy Dunn 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
SSgt Richard Andrew Farrer USMC Member at Large	1	0	0	0
SSgt Cullen Chavis USMCR	1	0	0	0

<b>(a)</b> Name and title	<b>(b)</b> Average hours per week devoted to position	<b>(c)</b> Reportable compensation (Forms W-2/1099-MISC) <b>(if not paid, enter -0-)</b>	<b>(d)</b> Health benefits, contributions to employee benefit plans, and deferred compensation	<b>(e)</b> Estimated amount of other compensation
Member at Large				
SSgt Joseph Lynott USMCR	1	0	0	0
Member at Large				
LtCol Will Bentley USMCR	1	0	0	0
Member at Large				
SSgt Johnny Jones	1	0	0	0
Member at Large				
Col Peter Grimes USMCR	1	0	0	0
District Advisor 4th District				
LtCol David Yorck USMC	1	0	0	0
District Special Advisor. 12th District				
Capt Wm E Gene Lednicky USMCR	1	0	0	0
District Special Advisor				
Col Dave Leighton USMCR	1	0	0	0
Board Advisor				
SgtMaj Joseph Staudt USMCR	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.

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 . . . . .  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 . . . . .

47		
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**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

49b		
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**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.

<b>Sign Here</b>	Signature of officer	2025-11-17
	Frank J Corte Jr Treasurer Type or print name and title	Date

<b>Paid Preparer Use Only</b>	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 . . . . .  Yes  No

## Additional Data

[Return to Form](#)

**Software ID:** 24020569

**Software Version:** V2.0

**Form 990-EZ, Special Condition Description:**

Special Condition Description

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization MARINE CORPS RESERVE ASSOCIATION INC	Employer identification number 53-0235297
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Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
MARINE CORPS RESERVE ASSOCIATION INC

Employer identification number  
53-0235297

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization  
MARINE CORPS RESERVE ASSOCIATION INC

Employer identification number

53-0235297

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE O**  
**(Form 990)**

(Rev. January 2025)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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 Trusts as well a donation to the Coronado Navy Relief Society. They are \$2,974.00 for the MCRA Membership Trust and \$735.00 for the MCRA Education Trust and \$1,000.00 for the Coronado Navy Relief Society., \$4709
Part I, line 16	Other Expenses:, Amount:  The items of this expense category are mainly for expenses for an annual meeting \$3,266 floral arrangements \$223 and member engagement \$564 and Modern Day Marine participation \$400., \$4453

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**Software Version:**