

Form 3M Income Tax Return for Clubs and Other Organizations not Engaged in Business for Profit (Organizations whose gross income is \$100 or less are not required to file a return)

2009 Massachusetts Department of

Revenue

For calendar year 2009 or taxable year beginning January 1, 2009 and ending December 31, 2009 Name of organization
38 Officer Candidate Course Basic Class 3-66, USMC Alumni, Inc. Federal Identification number 54-2099257 State CA City or town San Francisco Zip รษาธริปาริยา M. Snyder, 180 Montgomery Street, Suite 700 94104 Date of organization If using the whole-dollar method, ► check box □ Organization's books are in care of Principal organization activity Stephen M. Snyder, Secretary/Clerk City or town San Francisco State Street address 94104 180 Montgomery Street, Suite 700 Has the federal government changed your taxable income for any prior year which you have not yet reported to Massachusetts? ▶ ☐ Yes ☐ No. If "Yes," complete a new Form 3M for that year and mark "Amended" across the top of the form. This must be done within one year after final U.S. determination. Computation of Tax

96	III A CACIOII OI IAK	
1	5.3% income, including interest from Mass. banks,* List sources and amounts > 1	
2	Interest and dividend income (from Massachusetts Schedule B, line 28)▶ 2	96.00
3	Total 5.3% income. Add line 1 and line 2	96.00
4	Tax on 5.3% income. Multiply line 3 by .053 ▶ 4	5.09
5	Taxable 12% capital gains (from Massachusetts Schedule B, line 29) ▶ 5	
6	Tax on 12% capital gains. Multiply line 5 by .12 ▶ 6	
7	Tax on long-term capital gains (from Massachusetts Schedule D, line 16; not less than "0") ▶ 7	
8	Total tax. Add lines 4, 6 and 7 ▶ 8	5.09
9	2008 overpayment applied to your 2009 estimated tax	
10	2009 Massachusetts estimated tax payments (do not include amount in line 9) ▶ 10	
11	Payments made with extension	
12	Total payments. Add lines 9, 10 and 11	
13	Overpayment. If line 8 is smaller than line 12, subtract line 8 from line 1213	
14	Amount of overpayment to be credited to your 2010 estimated tax▶ 14	
15	Amount of your refund. Subtract line 14 from line 13 ▶ 15	
16	Amount of tax due. If line 12 is smaller than line 8, subtract line 12 from line 8	5.09
17	M-2210 penalty ► \$; Late file/pay penalties* ► \$	•
18	Interest on unpaid balance*▶ 18	
19	Total payment due at time of filing. Add lines 16, 17 and 18 ▶ 19	5.09
Mak	o check payable to: Commonwealth of Massachusetts	6

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 taxpayer) is based on all information of which he/she has any knowledge.

Your signature	Date 4/6/10	Paid preparer's signature		Date
Title Secretary/Clerk	and middle	Journ J.		
Firm name	e	PTIN or SSN		
Street addres		s =	State	Zip

This return is due on or before the fifteenth day of the fourth month after the close of the taxable year, calendar or fiscal. Make check or money order payable to Commonwealth of Massachusetts. Mail return, together with payment in full, to: Massachusetts Department of Revenue, PO Box 7018, Boston, MA 02204.

*See Form 1 instructions.

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