

The Commonwealth of Massachusetts

Filing Fee: \$15.00

William Francis Galvin
 Secretary of the Commonwealth
 One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512
 Telephone: (617) 727-9640
ANNUAL REPORT

M.G.L. Ch.180
 Corporation
 Annual Report

IDENTIFICATION

Filing for November 1, 20

17

NO. 542099257

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: 38th Officer Candidate Course/Basic Class 3-66, United States Marine Corps, Alumni Incorporated

2. ADDRESS: 9 Regina Road

Weymouth (number) Massachusetts (street) 02188-2717 (zip)
(city or town) (state)

3. DATE OF THE LAST ANNUAL MEETING: October 2017

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:	Walter H. Flynn, Jr	See Attached Sheet	
Treasurer:	Stephen R. McComb		
Clerk: (or Secretary)	John F. Sheehan		
Directors: (or Officers having the powers of Directors)	See attached Sheet		

I, the undersigned Walter H. Flynn, Jr being the President/Resident agent of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this 24th day of January, 20 18.

Signature: Title: President and Resident Agent

Contact Person: Walter H. Flynn, Jr Contact Person Telephone #: 781-335-7363

INSTRUCTIONS: PLEASE TYPE OR PRINT CLEARLY AS DOCUMENT WILL BE MICROFILMED AND CLARITY IS IMPORTANT.

NOTE: INSERT FEDERAL IDENTIFICATION NUMBER (EMPLOYER'S I.D.). IF YOU DO NOT HAVE ONE YOU MUST APPLY TO THE INTERNAL REVENUE SERVICE.

- Line 1. Insert the EXACT name of the corporation as it appears on the Articles of Organization or subsequent amendments. Do not use any d/b/a names, trade names, or abbreviations.
- Line 2. State physical corporate address with number and street, city or town, state and zip code.
- Line 3. Insert the month, day, and year of your corporation's last annual meeting.
- Line 4. M.G.L. - Chapter 114, Section 5C requires all cemetery corporations, which hold perpetual care funds in trust, to file a copy of written instrument establishing the trust with the state secretary.
- Line 5. Please provide names and addresses, with number and street, city or town, state and zip code of all officers and directors. If one person is all, please reflect this fact. If the corporation is composed of husband and wife, for example, make sure the title of each is shown clearly.
CLERK: Massachusetts Law requires that the CLERK of the corporation be a resident of the state, or, that a resident agent be appointed. (Forms for this are available at www.sec.state.ma.us/cor.) Please be sure to show expiration dates of terms of office of all officers and directors.

Complete and sign the statement at the bottom of the page, ensuring that the officer who makes the statement is the one who signs it, and making certain that such officer is listed as an officer.

**This report must be filed on or before November 1st with Filing Fee of \$15.00.
Please make Check payable to: Commonwealth of Massachusetts.**

In order to assist the Corporations Division in processing your Annual Report as quickly as possible, please address all reports to:

William Francis Galvin Secretary of the Commonwealth Att: Annual Report - AR180 One Ashburton Place, Room 1717 Boston, Massachusetts 02108-1512

INCOMPLETE OR INCORRECT REPORTS WILL BE RETURNED TO SENDER FOR COMPLETION AND/OR CORRECTION

PLEASE SEND ORIGINAL DOCUMENT ONLY. Keep photocopies for your files.

ATTACHMENT ()

Annual Report - 2017			Form 990-EZ, 2017		
Commonwealth of Massachusetts			Part IV		
List of Officers and Directors			List of Officers, Directors, Trustees and Key Employees		
<u>Name and Address</u>	<u>Title and Avg Hours per wk devoted to position</u>	<u>Compensation</u>	<u>Expenses</u>	<u>Term Expires</u>	
Walter H. Flynn, Jr. 9 Regina Road Weymouth, MA 02188	President/Clerk 4 hrs	-0-	-0-	Oct-19	
James S. Herak 4725 Jennifer Court Monroe, GA 30656	Vice President 0 hrs	-0-	-0-	Oct-19	
Stephen R. McComb 2960 Pharr Court South, NW, Apt N3 Atlanta, GA 30305	Treasurer 6 hrs	-0-	-0-		
John Sheehan 98 Clarke Street Jamestown, RI 02835	Secretary 4 hrs	-0-	-0-		
Thomas P. Howe, Jr. 104 Druid Drive McMurray, PA 15317	Sergeant-at-Arms 0 hrs	-0-	-0-		
Andrew J. Blenkle 26661 Cuenca Drive Mission Viejo, CA92691	Past President/Director 0 hrs	-0-	-0-	Oct-19	
Alexander McClinchie III 1776 Freedom Way Valencia, PA 16059	Director 0 hrs	-0-	-0-	Oct-19	
Robert S. Rix, Jr. 2246 Prestwick Drive Discovery Bay, CA 94505	Director 0 hrs	-0-	-0-	Oct-19	
ATTACHMENT () CONTINUED					
Charles W. Sooter 11932 Yearling Street	Director 0 hrs	-0-	-0-	Oct-19	

ATTACHMENT ()

Cerritos, CA 90703						
Larry Aker	Director		-0-		-0-	Oct-21
393 Austin Farm Road	0 hrs					
Exeter, RI 02822						
David F. Wall	Director		-0-		-0-	Oct-21
	0 hrs					
Lonnie Myers	Director		-0-		-0-	Oct-21
10102 Leonard Lane	0 hrs					
LeGrande, OR 97850						
Gregory I. Stockstill	Director		-0-		-0-	Oct-21
520 Brickell Drive, Apt 301	0 hrs					
Miami, FL 33131						



Massachusetts Department of Revenue

Form 3M

Income Tax Return for Clubs and Other Organizations not Engaged in Business for Profit

2017

For calendar year 2017 or taxable year beginning , 2017 and ending.

Name of organization 38th Officer Candidate Course/Basic Class 3-6C Atomics, Inc
Federal Identification number
Phone number
Mailing address

City/Town State Zip Date of organization

Organization's books are in care of Principal organization activity

Mailing address

City/Town State Zip Phone number

Fill in if:

Amended return (see "Amended Return" in Instructions) Amended return due to federal change Final return

Computation of tax

Table with 13 rows for tax computation. Line 1: 5.1% income... 1 [100]. Line 2: Interest and dividend income... 2 [120.64]. Line 3: Total 5.1% income... 3 [120.64]. Line 4: Tax on 5.1% income... 4 [6.15]. Line 5: Taxable 12% capital gains... 5 []. Line 6: Tax on 12% capital gains... 6 []. Line 7: Tax on long-term capital gains... 7 []. Line 8: Additional tax on installment sales... 8 []. Line 9: Total tax... 9 [6.15]. Line 10: 2016 overpayment... 10 []. Line 11: 2017 Massachusetts estimated tax payments... 11 []. Line 12: Payments made with extension... 12 []. Line 13: Payment with original return... 13 [].

Declaration

I declare under the pains and penalty of perjury that to the best of my knowledge, the information contained herein is accurate and complete.

Signature of appropriate officer Print name Date Phone number

Title Name of firm PTIN or SSN

Signature of paid preparer Print name Date Employer Identification number

Address of paid preparer

City/Town State Zip Phone number

Fill this return with payment in full to: Massachusetts Department of Revenue, PO Box 7018, Boston, MA 02204.



Name of organization

Federal Identification number

Computation of Tax (cont'd.)

14 Total payments. Add lines 10 through 13	14	
15 Overpayment. If line 9 is smaller than line 14, subtract line 9 from line 14	15	
16 Amount of overpayment to be credited to your 2018 estimated tax.	16	
17 Amount of your refund. Subtract line 16 from line 15	17	
18 Amount of tax due. If line 14 is smaller than line 9, subtract line 14 from line 9	18	6.15
19a M-2210 penalty <input type="radio"/> Exception	19a	
19b Late file/pay penalties (see Form 1 instructions)	19b	
19 Total penalty. Add lines 19a and 19b.	19	
20 Interest on unpaid balance (see Form 1 instructions)	20	
21 Total payment due at time of filing. Add lines 18 through 20	21	6.15

Financial Information for Federal and Massachusetts Tax Filings

Note: Federal Financial Return first - Followed by Massachusetts Return

Federal Form 990-EZ

Short Form - Return of Organization Exempt From Income Tax

Line Number		Year
A	For the 2017 calendar year (1 Jan to 31 Dec)	2017
Part I	Revenue, Expenses, and Changes in Net Assets or Fund Bal	
	Check if organization used Schedule O to respond to this part	X
1	Contributions, gifts, grants and similar amounts received	14,336.40
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income (NFCU Annual Interest)	120.64
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expense	
5c	Gain or (loss) from sale of assets other than inventory	
6	Gaming and fundraising events	
6a	Gross income from gaming	
6b	Gross income from fundraising events	
6c	Less: direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events	
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory	
8	Other revenue (describe in Schedule O)	4,093.12
9	Total revenue	18,550.16
10	Grants and similar amounts paid (list in Schedule O)	3,600.00
11	Benefits paid to or for members - 2015 Reunion Expenses Subsidy	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payment to independent contractors	2,000.00
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage and shipping	
16	Other expenses (describe in Schedule O)	3.37
17	Total Expenses	5,603.37
18	Excess or (deficit) for the year	12,946.79
19	Net assets or fund balances at beginning of year	11,049.20
20	Other changes in net assets or fund balances (explain in Schedule O)	-
21	Net assets or fund balances at end of year	23,995.99
Part II	Balance Sheets	
	Check if the organization used Schedule O to respond to this part	

		Beginning of Year	End of Year
22	Cash, savings, and investments	11,049.20	23,995.99
23	Land and buildings		
24	Other assets (describe in Schedule O)	-	-
25	Total Assets	11,049.20	23,995.99
26	Total Liabilities	-	-
27	Net assets or fund balances	11,049.20	23,995.99
Part III	What is the organizations primary exempt purpose?	See Attachment 1	
28	Grant to Marine Corps Scholarship Fund in support of their mission. (Grants \$3,000.00)		3,000.00
29	Six bereavement payments to various charities in memory of deceased members (Grants \$600.00)		600.00
30	(Grants \$ 0.00)		-
31	Other program services (describe in Schedule O) (Grants \$ 0.00)		-
32	Total program services expenses		3,600.00
Schedule O (Federal Form 990 or 990-EZ)			
	Other Revenue (Part 1, Line 8) Income from Bidual Reunion Fees in		4,093.12
	Grants Paid, (Part 1, Line 10) Marine Corps Scholarship Fund and Six Bereavement Payments to various charities in memory of deceased members		3,000.00 600.00
	Expenses Part 1, Line 16, Other Expenses: State of Mass Taxes,		3.37
Massachusetts Form 3M - 2017			
Income Tax Return for Clubs and Other Organizations not Engaged in Business for Profit			
Computation of Tax			
1	5.1% Income, including interest from Mass banks. List sources and amounts		-
2	Interest and dividend income (from Massachusetts Schedule B, line 29)		120.64
3	Total 5.1% income. Add line 1 and line 2		120.64
4	Tax on 5.1% income. Multiply line 3 by 0.051		6.15
5	Taxable 12% capital gains (from Massachusetts Schedule B, line 29)		
6	Tax on 12% capital gains. Multiply line 5 by 0.12		
7	Tax on long-term capital gains (from Massachusetts Schedule D, line 17; not less than 0)		
8	Additional tax of installment sales		

9	Total tax. Add lines 4, 6, 7 and 8		6.15
10	2016 overpayment applied to your 2017 estimated tax		
11	2017 Massachusetts estimate tax payments (do not include amount in line 10)		
12	Payment made with extension		
13	Payment with original return (use only if amending a return)		
14	Total payments. Add lines 10 through 13		
15	Overpayment. If line 9 is smaller than line 14, subtract line 9 from line 14		
16	Amount of overpayment to be credited to your 2018 estimated tax		
17	Amount of your refund. Subtract line 15 from line 14		
18a	Amount of tax due. If line 14 is smaller than line 9, subtract line 14 from line 9		6.15
18b	M-2210 penalty		
18	Late file/pay penalties (See Form 1 Instructions)		
19	Total Penalty. Add lines 18a and 18b		
20	Interest on unpaid balance (See Form 1 instructions)		
21	Total payment due at time of filing. Add lines 17 through 19		6.15
Make check payable to: Massachusetts Department of Revenue			