

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning **January 1**, 2008, and ending **December 31**, 20 **08**

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

38th Officer Candidate Course/Basic Class 3-66, USMC Alumni, Inc

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
c/o Stephen Snyder, 111 Sutter Street 1950

City or town, state or country, and ZIP + 4
San Francisco, CA 94104

D Employer identification number

54 2099257

E Telephone number

(415) 962-4402

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received														6204.00																
	2	Program service revenue including government fees and contracts														.00																
	3	Membership dues and assessments														.00																
	4	Investment income														238.50																
	5a	Gross amount from sale of assets other than inventory																														
	b	Less: cost or other basis and sales expenses																														
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)															.00															
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																														
	a	Gross revenue (not including \$.00 of contributions reported on line 1)														.00																
b	Less: direct expenses other than fundraising expenses														.00																	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)															.00																
7a	Gross sales of inventory, less returns and allowances																															
b	Less: cost of goods sold																															
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															6442.50																
8	Other revenue (describe ▶)														.00																	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.															6442.50																
Expenses	10	Grants and similar amounts paid (attach schedule)														6300.00																
	11	Benefits paid to or for members														.00																
	12	Salaries, other compensation, and employee benefits														.00																
	13	Professional fees and other payments to independent contractors														1200.00																
	14	Occupancy, rent, utilities, and maintenance														.00																
	15	Printing, publications, postage, and shipping														.00																
	16	Other expenses (describe ▶ Massachusetts Registered Agent, Web hosting, bank checks)														466.12																
17	Total expenses. Add lines 10 through 16														7966.12																	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														-1523.62																
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														16031.37																
	20	Other changes in net assets or fund balances (attach explanation)														.00																
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														14507.75																

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	16031.37	14507.75
23	Land and buildings	.00	.00
24	Other assets (describe ▶)	.00	.00
25	Total assets	16031.37	14507.75
26	Total liabilities (describe ▶)	.00	.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	16031.37	14507.75

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction 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. ▶ 37a		
37b	b 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 unpaid at the start of the period covered by this return?		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b 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	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e 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 books are in care of ▶ _____ Telephone no. ▶ (____) _____ Located at ▶ _____ ZIP + 4 ▶ _____		
42b	b 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: ▶ _____	Yes	No
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		✓
42c	c At any time during the calendar year, did the organization maintain an office outside of 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 ▶ 43 <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
- b If "Yes," was the related organization(s) a section 527 organization? 49b
- 50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ▶		

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 Date
April 10, 2009
Type or print name and title. Stephen M. Snyder, Secretary and Clerk

Paid Preparer's Use Only

Preparer's signature ▶ Date Check if self-employed Preparer's Identifying Number (See instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIN ▶ Phone no. ▶ ()

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

ATTACHMENT 1

Form 990-EZ

Part III

Statement of Program Primary Exempt Purpose

The Corporation is organized under Chapter 180 of the Massachusetts General Laws for the following specific purposes:

(a) To carry on programs within the meaning of Section 501(c)(19) of the Internal Revenue Code of 1986, as amended (hereinafter the "Internal Revenue Code") to perpetuate the memory of deceased members of the 38th Officer Candidate Course and Basic Class 3-66 of the United States Marine Corps, to comfort their survivors and to raise funds and provide other support to benefit charities associated directly or indirectly with the United States Marine Corps.

(b) To provide social, recreational, and educational activities for the members of the Corporation (the "Members").

(c) To have and exercise all the powers necessary or convenient to carry into effect the objects for which the Corporation was formed and in general to have and exercise all the powers conferred by the Commonwealth of Massachusetts upon corporations created under Chapter 180 of the Massachusetts General Laws, as may be amended from time to time.

ATTACHMENT 2

**Form 990-EZ
Part IV
List of Officers & Directors**

<u>Name and Address</u>	<u>Title and average hours Per week devoted to position</u>	<u>Compensation</u>	<u>Contributions</u>	<u>Expense and other allowances</u>
David L. Mellon 23976 Broadhorn Dr. Laguna Niguel, CA 92677	President/4 hours per week	-0-	-0-	-0-
Alexander McClinchie III 1776 Freedom Way Valencia, PA 16059	Vice-President/4 hours per week	-0-	-0-	-0-
Stephen Snyder 1645 Julian Drive El Cerrito, CA 94530	Secretary/4 hours per week	-0-	-0-	-0-
Charles W. Sooter 11932 Yearling St. Cerritos, CA 94708	Treasurer/4 hours per week	-0-	-0-	-0-
Edward M. St. Clair 12138 East Glen St. San Diego, CA 92131	Sergeant-at-Arms/4 hours per week	-0-	-0-	-0-
Andrew J. Blenkle 26661 Cuenca Drive Mission Viejo, CA 92691-6215	Director/1 hour per week	-0-	-0-	-0-
Stephen G. Bowen 666 Greenwich St. New York, NY 10014	Director/1 hour per week	-0-	-0-	-0-
Terry Cox 6205 Via Subida Rancho Palos Verdes, CA 90275	Director/1 hour per week	-0-	-0-	-0-
Michael R. Janay 12350 Barbee Road Bristow, VA 20136	Director/1 hour per week	-0-	-0-	-0-
Terry Lewis 6801 Ben Franklin Road Springfield, VA 22150	Director/1 hour per week	-0-	-0-	-0-
John F. Sheehan 98 Clarke St. Jamestown, RI 02835	Director/1 hour per week	-0-	-0-	-0-
Allan H. Stefl 6367 Ramirez Mesa Dr. Mailbu, CA 90265	Director/1 hour per week	-0-	-0-	-0-
David F. Wall 87 Panorama Lane Hebron, OH 03241	Director/1 hour per week	-0-	-0-	-0-