

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 private foundations)

OMB No. 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <i>BTH OFFICER CANDIDATE COURSE / BASIC CLASS 3-LL USMC ALUMNI, INC.</i></td> <td>D Employer identification number <i>54-2349257</i></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <i>40 WALTER H. FLYNN JR. 9 REGINA ROAD</i></td> <td>E Telephone number <i>781-335-7363</i></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <i>WENMOUTH, MASSACHUSETTS 02158-2717</i></td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization <i>BTH OFFICER CANDIDATE COURSE / BASIC CLASS 3-LL USMC ALUMNI, INC.</i>		D Employer identification number <i>54-2349257</i>	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <i>40 WALTER H. FLYNN JR. 9 REGINA ROAD</i>		E Telephone number <i>781-335-7363</i>	City or town, state or province, country, and ZIP or foreign postal code <i>WENMOUTH, MASSACHUSETTS 02158-2717</i>		F Group Exemption Number ▶
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City or town, state or province, country, and ZIP or foreign postal code <i>WENMOUTH, MASSACHUSETTS 02158-2717</i>		F Group Exemption Number ▶								
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶										
I Website: ▶ <i>WWW.USMC-THE BASIC SCHOOL - 1966.COM</i>										
J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(19) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 ▶ \$ <i>15,933.12</i>										

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 <input checked="" type="checkbox"/>				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	<i>11,318.78</i>
	3	Membership dues and assessments	3	
	4	Investment income	4	<i>88.67</i>
	5a	Gross amount from sale of assets other than inventory 5a	5c	
	5b	Less: cost or other basis and sales expenses 5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		
c	Less: direct expenses from gaming and fundraising events 6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Expenses	7a	Gross sales of inventory, less returns and allowances 7a	7c	
	7b	Less: cost of goods sold 7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	8	<i>4,025.67</i>
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	<i>15,933.12</i>
	10	Grants and similar amounts paid (list in Schedule O)	10	<i>7,500.00</i>
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	<i>1,405.00</i>
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	<i>542.10</i>
	17	Total expenses. Add lines 10 through 16 ▶	17	<i>9,447.10</i>
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<i>6,486.02</i>
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)	19	<i>15,768.22</i>	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	<i>22,254.24</i>	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

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	15,768.22	22,254.24
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	15,768.22	25 22,254.24
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,768.22	27 22,254.24

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE ATTACHMENT 1

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	INJURED MARINE SEMPER PARVUS FUND	(Grants \$ 5,500.00) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,500.00
29	MARINE CORPS SCHOLARSHIP FOUNDATION	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,000.00
30		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0.00
31	Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	4.00
32	Total program service expenses (add lines 28a through 31a)		32	7,504.00

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

[illegible]

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 ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9 39a	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b	<input type="checkbox"/>	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	<input type="checkbox"/>	<input type="checkbox"/>
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	<input type="checkbox"/>	<input type="checkbox"/>
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶	<input type="checkbox"/>	<input type="checkbox"/>
42a The organization's books are in care of ▶ <u>STEPHEN R. McCOMB</u> Telephone no. ▶ <u>913-339-9146</u> Located at ▶ <u>12904 GLENFIELD ROAD, LEAWOOD, KS</u> ZIP + 4 ▶ <u>66209-1745</u>	<input type="checkbox"/>	<input type="checkbox"/>
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: ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	<input type="checkbox"/>	<input type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
46		<input checked="" type="checkbox"/>

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 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

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."

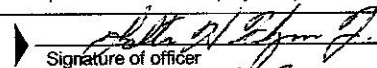
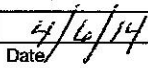
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 and 4947(a)(1) nonexempt charitable trusts 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.

Sign Here  **Signature of officer**  **Date**
WALTER H. FLYNN, JR., SECRETARY AND CLERK
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no. ▶

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

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

38TH OFFICER CANDIDATE COURSE² / BASK CLASS 3-LL, USMC, ALUMNI, INC.

Employer identification number

54-2099257

PART 1, LINE 8, OTHER REVENUE: \$4,525.67, SURPLUS FUNDS FROM
2013 REUNION

PART 1, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

INJURED MARINE SEMPER PARATI FUND - \$7,500.00

MARINE CORPS SCHOLARSHIP FOUNDATION - \$2,000.00

PART 1, LINE 14, OTHER EXPENSES:

COMMONWEALTH OF MASSACHUSETTS TAX, 2012 - \$4.32

COMMONWEALTH OF MASSACHUSETTS REPORT FEE - \$18.50

WEB SUPPORT SERVICES - \$579.28

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, 2013

Part IV

List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average hours per week devoted to position</u>	<u>Compensation</u>	<u>Expenses</u>
Peter M. Clay 3100 Little Bay Road White Stone, VA 22578	President/two (2) hours per week	-0-	-0-
Andrew J. Blenkle 26661 Cuenca Drive Mission Viejo, CA 92691	Vice-President/one (1) hour per week	-0-	-0-
Stephen R. McComb 12904 Glenfield Road Leawood, KS 66209	Treasurer/two (2) hours per week	-0-	-0-
Walter H. Flynn, Jr. 9 Regina Road Weymouth, MA 02188	Secretary and Clerk/ two (2) hours per week	-0-	-0-
Thomas P. Howe, Jr. 104 Druid Drive McMurray, PA 15317	Sergeant-at-Arms/ one (1) hour per week	-0-	-0-
James S. Herak 4725 Jennifer Court Monroe, GA 30656	Director/one (1) hour per week	-0-	-0-
Alexander McClinchie III 1776 Freedom Way Valencia, PA 16059	Director/one (1) hour per week	-0-	-0-
David L. Mellon 23976 Broadhorn Drive Laguna Nigel, CA 92677	Director/one (1) hour per week	-0-	-0-
Stanley J. Pasioka 30003 Lahser Road Franklin, MI 48025	Director/one (1) hour per week	-0-	-0-
John F. Sheehan 98 Clarke Street Jamestown, RI 02835	Director/one (1) hour per week	-0-	-0-
Charles W. Sooter 11932 Yearling Street Cerritos, CA 94708	Director/one (1) hour per week	-0-	-0-

ATTACHMENT 2 (Continued)

Form 990-EZ, 2013

Part IV

List of Officers, Directors, Trustees, and Key Employees (Continued)

<u>Name and Address</u>	<u>Title and Average hours per week devoted to position</u>	<u>Compensation</u>	<u>Expenses</u>
Edward M. St.Clair 12138 East Glen Street San Diego, CA 92131	Director/one (1) hour per week	-0-	-0-
Gregory I. Stockstill 520 Brickell Drive, Apt. 304 Miami, FL 33131	Director/one (1) hour per week	-0-	-0-