

Short Form

Return of Organization Exempt From Income Tax

2014

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.

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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization 38TH OFFICER CANDIDATE COURSE / BASIC CLASS 5-6 USMC ALUMNI INC		D Employer identification number 54-2099257
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 46 WALTER H. FLYNN TR., 9 REGINA ROAD		E Telephone number 781-335-7363
	City or town, state or province, country, and ZIP or foreign postal code WEYMOUTH, MASSACHUSETTS 02188-2717		F Group Exemption Number ▶
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		

I Website: ▶ WWW.USMC-THE BASIC SCHOOL - 1966.COM

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. ▶ \$ 7,384.57

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	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															7,300.00																	
	2	Program service revenue including government fees and contracts																																
	3	Membership dues and assessments																																
	4	Investment income																																
	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)																																
	6	Gaming and fundraising events																																
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																
	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)																																
c	Less: direct expenses from gaming and fundraising events																																	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																	
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)																																	
8	Other revenue (describe in Schedule O)																																	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																	
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																
	11	Benefits paid to or for members																																
	12	Salaries, other compensation, and employee benefits																																
	13	Professional fees and other payments to independent contractors																																
	14	Occupancy, rent, utilities, and maintenance																																
	15	Printing, publications, postage, and shipping																																
	16	Other expenses (describe in Schedule O)																																
	17	Total expenses. Add lines 10 through 16																																
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																
	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)																																
	20	Other changes in net assets or fund balances (explain in Schedule O)																																
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																

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		X
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)		X
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)?		X
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		
35c	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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
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		X
41	List the states with which a copy of this return is filed ▶		
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>		
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: ▶		X
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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: ▶		X
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"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
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		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	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)		X

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 **46** Yes No

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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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 ▶ _____

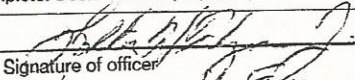
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 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  Date 3/31/15
 Signature of officer
 Type or print name and title WALTER A. FLYNN, JR., SECRETARY AND CLERK

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

2014

**Open to Public
Inspection**

Name of the organization

Employer identification number

38TH OFFICER CANDIDATE COURSE/BASK CLASS 3-4 WITH ALUMNI INC 57-299257

PART 1, LINE 16, OTHER EXPENSES

COMMONWEALTH OF MASSACHUSETTS TAX	4.74
DOMAIN NAME RENEWAL	21.08
CONSTANT CONTACT SOFTWARE	153.00
2015 REUNION HOTEL DEPOSIT	500.00
2015 REUNION MANAGEMENT SERVICE DEPOSIT	250.00
2015 REUNION FAVOR COST	580.55

ATTACHMENT 2

Form 990-EZ, 2014

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 Niguel, CA 92677	Director/one (1) hour per week	-0-	-0-
Stanley J. Pasieka 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 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 (Continued)

Form 990-EZ, 2014

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-