

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**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. By law, the IRS generally cannot redact the information on the form.  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014**

<b>B</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	<b>C</b> Name of organization MARINES' MEMORIAL ASSOCIATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 609 SUTTER ST SUITE 2M City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102 <b>F</b> Name and address of principal officer MAJGEN J MICHAEL MYATT 609 SUTTER ST SUITE 2M SAN FRANCISCO, CA 94102	<b>D</b> Employer identification number 94-1055967 <b>E</b> Telephone number (415) 673-6672 <b>G</b> Gross receipts \$ 15,094,078 <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 19 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: WWW.MARINECLUB.COM		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1946 <b>M</b> State of legal domicile CA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities TO MAINTAIN A LIVING MEMORIAL HONORING VETERANS OF THE U S ARMED FORCES, TO EDUCATE AND PERPETUATE THE ACHIEVEMENTS AND THE SACRIFICES OF THESE VETERANS, AND TO AID AND ASSIST THESE VETERANS AND THE CURRENTLY SERVING MEN AND WOMEN IN THE U S ARMED FORCES		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	184
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	18
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	6,012,828
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-579,709
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	2,903,570	2,762,260
<b>9</b>	Program service revenue (Part VIII, line 2g)	5,834,445	6,747,156
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,147	91,402
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,135,031	3,374,806
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,921,193	12,975,624
		<b>Prior Year</b>	<b>Current Year</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	90,000	97,500
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,001,614	8,021,981
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,610,409	5,146,873
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,702,023	13,266,354
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	219,170	-290,730
		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	13,429,559	13,390,006
<b>21</b>	Total liabilities (Part X, line 26)	1,863,191	1,880,180
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	11,566,368	11,509,826

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including 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.

<b>Sign Here</b>	***** Signature of officer MAJGEN J MICHAEL MYATT USMC CEO Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CHRISTOPHER PEKULA	Preparer's signature
	Firm's name ▶ MCGLADREY LLP	
	Firm's address ▶ 515 S FLOWER ST 41ST FLOOR LOS ANGELES, CA 90071	

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission
THE TAXPAYER IS AN EXEMPT ORGANIZATION UNDER IRC SECTION 501(C)(19) WHOSE PROGRAM SERVICE ACTIVITIES ARE ORGANIZED AND OPERATED FOR THE BENEFIT OF THE VETERANS AND ACTIVE DUTY MILITARY PERSONNEL OF ALL U S ARMED FORCES ALL PROGRAMS OF THE TAXPAYER ARE RELATED TO ITS EXEMPT PURPOSE AS A VETERANS' ORGANIZATION THAT INCLUDES A CONDUCTING COMMEMORATIVE PROGRAMS TO HONOR THE SERVICE AND SACRIFICES OF OUR VETERANS OF THE U S ARMED FORCES B EDUCATING THE PUBLIC ABOUT THOSE SACRIFICES C PROVIDING SERVICES TO OUR VETERANS AND TO MEMBERS WHO ARE CURRENTLY SERVING, INCLUDING AIDE AND ASSIST PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
THE MARINES' MEMORIAL ASSOCIATION IS CHARTERED AS A NON-PROFIT 501(C)(19) VETERANS' ORGANIZATION THAT OPERATES THE MARINES' MEMORIAL CLUB AS A LIVING MEMORIAL (1) TO COMMEMORATE THE SERVICE AND SACRIFICES OF VETERANS OF THE U S MILITARY SERVICES, (2) TO EDUCATE THE PUBLIC ABOUT THESE SACRIFICES, AND (3) TO PROVIDE SERVICES TO VETERANS AND TO THE CURRENTLY SERVING MEN AND WOMEN IN THE U S MILITARY IN THAT REGARD, FOR FISCAL YEAR 2013-2014, THE MARINES' MEMORIAL ASSOCIATION FULFILLED ITS MISSION IN A MULTITUDE OF WAYS ONE WAY WAS TO HOLD SPECIAL EVENTS THE ASSOCIATION CONDUCTS A VARIETY OF PROGRAMS INCLUDING MONTHLY LECTURES ON MILITARY OPERATIONS AND SPEAKING EVENTS BY AUTHORS THIS PAST YEAR, THE ASSOCIATION HELD 41 SEPARATE EVENTS, AS FOLLOWS NINE (9) EVENTS WERE TO COMMEMORATE 1 07 AUGUST 71ST ANNIVERSARY OF THE BATTLE FOR GUADALCANAL COMMEMORATION LUNCHEON FOR THE 71ST ANNIVERSARY OF THE BATTLE FOR GUADALCANAL, THE MOST IMPORTANT BATTLE OF THE PACIFIC WORLD WAR II 2 18 SEPTEMBER 63RD ANNIVERSARY OF THE KOREAN WAR COMMEMORATION LUNCHEON FOR THE 63RD ANNIVERSARY OF THE KOREAN WAR 3 09 NOVEMBER 238TH MARINE CORPS BIRTHDAY BALL GUEST OF HONOR GENERAL JOHN ALLEN, USMC (RET ) GENERAL ALLEN RETIRED ON 30 APRIL 2013 AFTER SERVING 41 YEARS IN THE CORPS 4 20-22 FEBRUARY GOLD STAR PARENTS HONOR AND REMEMBRANCE THE MARINES' MEMORIAL ASSOCIATION, WITH SUPPORT FROM THE BLUE STAR MOMS, EAST BAY, HOSTED THE ANNUAL GOLD STAR PARENTS HONOR AND REMEMBRANCE THE EVENT BENEFITS GOLD STAR PARENTS, PARENTS WHOSE CHILDREN WERE KILLED WHILE SERVING IN THE US ARMED FORCES 5 27 FEBRUARY IWO JIMA COMMEMORATION LUNCHEON SPECIAL MEMORIAL LUNCHEON HONORING IWO JIMA VETERANS FOR THE 69TH ANNIVERSARY OF THE BATTLE FOR IWO JIMA 6 17 APRIL SALUTE TO VIETNAM VETERANS SALUTE TO VIETNAM VETERANS EVENT THE EVENING INCLUDED A GRAND RECEPTION, DINNER, MUSICAL ENTERTAINMENT AND GUEST SPEAKERS GEN TONY ZINNI, USMC (RET ) AND JOE GALLOWAY, AUTHOR OF "WE WERE SOLDIERS ONCE AND YOUNG" 7 23 APRIL 3RD ANNUAL SALUTE TO IRAQ AND AFGHANISTAN VETERANS GUEST SPEAKER, GENERAL JAMES N MATTIS, USMC (RET ), THE FORMER COMMANDER OF THE US CENTRAL COMMAND 8 24 MAY MMA MEMORIAL SERVICE AND LUNCHEON WE REMEMBER AND KEEP THE MEMORY ALIVE OF THOSE WHO MADE THE ULTIMATE SACRIFICE GUEST SPEAKER MR JON PAULSON 9 07 JUNE BATTLE OF THE MIDWAY COMMEMORATION GUEST OF HONOR, FORMER COMMANDER IN CHIEF PACIFIC FLEET, ADMIRAL RONALD J ZLATOPER TWENTY (20) EVENTS WERE TO EDUCATE 1 29 JULY APOCALYPTIC PLANET FIELD GUIDE TO THE EVERENDING WITH CRAIG CHILDS 2 13 AUGUST THINKING FAST AND SLOW WITH DANIEL KAHNEMAN 3 12 SEPTEMBER MEET THE AUTHOR PROGRAM ISSUES ON MY MIND WITH GEORGE P SHULTZ 4 24 SEPTEMBER FEATURED SPEAKER KENNETH POLLACK, FORMER CIA ANALYST "RESPONDING TO A NEW IRANIAN LEADER" WITH THE ELECTION OF A NEW, MODERATE PRESIDENT, QUESTIONS REMAIN OVER THE FUTURE OF IRAN'S FOREIGN POLICY AND THE COUNTRY'S NUCLEAR INTENTIONS 5 25 SEPTEMBER GEORGE P SHULTZ LECTURE SERIES ADMIRAL JONATHAN W GREENERT, 30TH CHIEF OF NAVAL OPERATIONS (CNO) AS BOTH A SERVICE CHIEF AND A MEMBER OF THE JOINT CHIEFS OF STAFF, CNO TOLD HOW HE IS WRESTLING WITH THE CONSTRAINTS OF SEQUESTRATION WHILE KEEPING THE UNITED STATES NAVY READY TO DEAL WITH THE UNCERTAINTIES OF THIS WORLD 6 03 OCTOBER STRATEGY FROM ACHILLES TO TODAY'S BOARDROOM LAWRENCE FREDMAN, A PROFESSOR OF WAR STUDIES AT KING'S COLLEGE LONDON AND FORMER FOREIGN POLICY ADVISOR TO TONY BLAIR, DISCUSSED HOW STRATEGY HAS COME TO PERVADE EVERY ASPECT OF OUR LIVES 7 10 OCTOBER SENIOR LEADERS SEMINAR THE KEY SPEAKERS WERE THE ISRAELI SURGEON GENERAL, COLONEL SALMAN ZARKA, MR SHELLY PITTERMAN, THE REGIONAL REPRESENTATIVE TO THE UNITED STATES AND THE CARIBBEAN FOR THE UNITED NATIONS HIGH COMMISSION FOR REFUGEES, AND, WRAPPING UP THE PROGRAM, THE FORMER US AMBASSADOR TO AFGHANISTAN, THE HONORABLE KARL EKENBERRY 8 16 OCTOBER MEET THE AUTHOR OUT OF THE MOUNTAINS WITH DAVID KILCULLEN 9 24 OCTOBER SPECIAL OPERATIONS FORCES THE 'NEW' FACE OF THE US MILITARY DRAWING ON HER EXPERIENCE ON MULTIPLE TOURS IN AFGHANISTAN, RAND SENIOR INTERNATIONAL POLICY ANALYST, LINDA ROBINSON SHARED HER EXPERIENCES 10 04 NOVEMBER MEET THE AUTHOR THANK YOU FOR YOUR SERVICE WITH DAVID FINKEL 11 14 NOVEMBER THE POWER OF THE IMAGE IN WAR HOW IT HAS CHANGED SINCE VIETNAM COLLECTED IN "VIETNAM THE REAL WAR" ARE IMAGES THAT TELL THE STORY OF THE WAR THAT LEFT A DEEP AND LASTING IMPRESSION ON AMERICAN LIFE IN OUR THEATRE, WE HELD A PANEL TO DISCUSS HOW THE POWER OF IMAGES HAS CHANGED SINCE VIETNAM 12 19 NOVEMBER PORT EXERCISE THE EXERCISE GENERATED A LONG LIST OF QUESTIONS TO BE ADDRESSED RELATING TO PRIORITIZATION OF THE DELIVERY OF RESOURCES TO THE PORT OF SF 13 11 DECEMBER YOUNG PROFESSIONAL VETERAN ROUND TABLE DISCUSSION WITH GENERAL ZINNI GENERAL ZINNI MET WITH THE "YOUNG VETERANS OF SILICON VALLEY" IN OUR LIBRARY 14 18 DECEMBER PUBLIC FORUM THE MODERN AMERICAN MILITARY PROFESSOR DAVID KENNEDY DISCUSSED THE VOLUNTEER NATURE OF THE AMERICAN MILITARY FROM HIS OWN HISTORICAL PERSPECTIVE AND FROM THOSE OF OTHER INFORMED INDIVIDUALS CONTRIBUTING ESSAYS TO HIS RECENTLY EDITED BOOK, "THE MODERN AMERICAN MILITARY" 15 12 MARCH YOUNG PROFESSIONAL VETERAN ROUND TABLE DISCUSSION WITH GENERAL MATTIS GENERAL MATTIS MET WITH THE "YOUNG VETERANS OF SILICON VALLEY" IN OUR LIBRARY 16 12 APRIL ECONOMIC & MARITIME SECURITY IN THE WESTERN PACIFIC "HOW TO GROW A SUPERPOWER THOUGHTS ON CHINA'S PLAN FOR GLOBAL EXPANSION" SPONSORED BY THE NAVAL WAR COLLEGE FOUNDATION 17 15 MAY MEET THE AUTHOR THE GUNS AT LAST LIGHT WITH RICK ATKINSON 18 19 MAY NONPROLIFERATION CHALLENGES TO INTERNATIONAL SECURITY ASSISTANT SECRETARY COUNTRYMAN DISCUSSED THE STATE DEPARTMENT'S BUREAU OF INTERNATIONAL SECURITY AND NONPROLIFERATION'S WORK AND THE MOST PRESSING ISSUES IN NONPROLIFERATION THAT FACE THE GLOBAL COMMUNITY 19 04 JUNE INSIDE THE PALESTINIAN AUTHORITY SECURITY SECTOR REFORM PALESTINIAN AUTHORITY, VICE ADMIRAL PAUL BUSHONG, THE US SECURITY COORDINATOR (USSC) FOR ISRAEL AND THE PALESTINIAN AUTHORITY, DISCUSSED THE LATEST PALESTINIAN AUTHORITY SECURITY SECTOR DEVELOPMENTS 20 17 JUNE SERIOUSLY NOT ALL RIGHT WITH RON CAPPS TWELVE (12) EVENTS WERE TO SERVE VETERANS AND THE MEN AND WOMEN CURRENTLY SERVING 1 12-14 AUGUST BLUE STAR MOTHERS OF AMERICA MMA HOSTS THE 71ST CONVENTION OF THE NATIONAL ORGANIZATION OF BLUE STAR MOMS 2 07-12 OCTOBER US VETERANS ART EXHIBIT THE SF FLEET WEEK ASSOCIATION, WITH SUPPORT FROM ACADEMY OF ART UNIVERSITY, PRESENTS AN EXHIBIT OF ART BY VETERANS 3 30 OCTOBER MMT THEATRE REOPENING RECEPTION AND PERFORMANCE CELEBRATING THE REMODELING AND CREATION OF THE 2ND FLOOR LEATHERNECK LOUNGE AND NEW MAIN AUDITORIUM SEATING FOR THE THEATRE 4 6 NOVEMBER NON-PROFITS HONORED AT WESTIN ST FRANCIS MMA WAS AN HONOREE 5 28 NOVEMBER MARINES' MEMORIAL THANKSGIVING BRUNCH COMMANDANTS ROOM WITH BOUNTIFUL BUFFETS, CARVING STATIONS AND MUSICAL ENTERTAINMENT BY THE GOLDEN GATE PHILHARMONIC 6 31 DECEMBER MARINES' MEMORIAL CLUB - NEW YEAR'S EVE PARTY MUSIC (2 DIFFERENT BANDS FOR MUSICAL ENTERTAINMENT THE A & D ORCHESTRA WITH DENIS LARSEN AND THE STARDUST ORCHESTRA WITH NOAH GRIFFIN 7 14-15 MARCH CO-SPONSORED/SUPPORTED WORLD AFFAIRS ANNUAL CONFERENCE ST REGIS HOTEL, SAN FRANCISCO 8 20 MARCH SAN FRANCISCO VETERANS MEMORIAL GROUND-BREAKING CEREMONY SECRETARY GEORGE SHULTZ, MAYOR ED LEE AND FORMER MAYOR WILLIE BROWN PARTICIPATED 9 18 APRIL FAREWELL AND APPRECIATION RECEPTION FOR VADM ZUNKUFT SELECT TO BE THE U S COAST GUARD COMMANDANT, THE MARINES' MEMORIAL HOSTED A RECEPTION TO THANK ADMIRAL ZUNKUFT FOR HIS FLEET WEEK SUPPORT 10 APRIL 20 ANNUAL EASTER BRUNCH ANNUAL MARINES' MEMORIAL EASTER BRUNCH ON SUNDAY, APRIL 20TH IN THE COMMANDANTS ROOM WITH BOUNTIFUL BUFFETS, CARVING STATIONS AND MUSICAL ENTERTAINMENT BY THE GOLDEN GATE PHILHARMONIC 11 29 APRIL DINNER AND CABARET NIGHT AN EVENING OF CABARET ENTERTAINMENT AT THE MARINES' MEMORIAL THEATRE 12 11 MAY MOTHER'S DAY DINNER THE LEATHERNECK STEAKHOUSE WAS OPEN ONLY FOR MOTHER'S DAY SUNDAY DINNER SERVICES PROVIDED TO THE MEN AND WOMEN CURRENTLY SERVING INCLUDE PROVIDING HOTEL ACCOMMODATIONS AND MEALS AT A GREATLY REDUCED RATE, COMPLIMENTARY MEMBERSHIP IN THE ASSOCIATION AND THE MAILING OF CARE PACKAGES TO THE DEPLOYED MARINES AND SOLDIERS IN IRAQ AND AFGHANISTAN THE ASSOCIATION AWARDS SCHOLARSHIPS TO THE CHILDREN AND GRANDCHILDREN OF ITS MEMBERS AND TWICE ANNUALLY, THE ASSOCIATION BRINGS MILITARY MUSIC TO THE BAY AREA FOR CONCERTS OPEN TO THE PUBLIC

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
THE MARINES' MEMORIAL ASSOCIATION SPONSORS AN ANNUAL GOLD STAR PARENTS EVENT FOR THE 9TH STRAIGHT YEAR, THE ASSOCIATION HAS HOSTED MORE THAN 300 PARENTS FOR TWO DAYS TO COMMEMORATE THE LOSS OF THEIR LOVED ONES IN OUR NATION'S WARS IN IRAQ AND AFGHANISTAN ATTENDEES SHARE PICTURES AND STORIES OF THEIR LOVED ONES, ATTEND A MEMORIAL SERVICE AND DEVELOP NETWORKS TO MAINTAIN CONTACT WITH EACH OTHER

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
IN ADDITION TO EVENTS, THE FLAGSHIP OF THE ASSOCIATION, THE MARINES' MEMORIAL CLUB, PROVIDED DRAMATICALLY REDUCED RATE HOTEL ROOMS TO CURRENTLY SERVING MEMBERS OF THE U S MILITARY FOR 5,914 ROOM NIGHTS, WHICH INCLUDED COMPLIMENTARY BREAKFAST, FITNESS CENTER ACCESS AND FREE INTERNET ACCESS IN OUR BUSINESS CENTER, A SUBSIDY OF \$362,194 IN ADDITION, WE PERMITTED CURRENTLY SERVING MILITARY TO BECOME MEMBERS WITHOUT MAKING TAX-DEDUCTIBLE DONATIONS TO THE ASSOCIATION

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
A THE ASSOCIATION PROVIDED 23 SCHOLARSHIPS TO MEMBERS OR DEPENDENTS OF MEMBERS TO ATTEND ACCREDITED COLLEGES AND UNIVERSITIES AS UNDERGRADUATES THESE SCHOLARSHIPS IN THE AMOUNTS OF \$2,500 (ELEVEN), \$5,000 (TEN), AND \$10,000 (TWO) WERE PROVIDED FOR VARIOUS MAJORS B THE ASSOCIATION PROVIDED A SUPPORT STRUCTURE FOR THE CALIFORNIA GOVERNOR'S TROOPS TO COLLEGE PROGRAM THE PROGRAM WAS INITIATED IN 2006 BY A FORMER MARINES' MEMORIAL BOARD CHAIRMAN TO ASSIST OUR VETERANS IN GAINING ADMISSION TO AND SUCCEEDING IN HIGHER EDUCATION IN CALIFORNIA'S COLLEGES AND UNIVERSITIES C THE ASSOCIATION ACTIVELY SUPPORTED YOUNG IRAQ AND AFGHANISTAN WAR VETERANS AS THEY TRANSITIONED BACK TO CIVILIAN STATUS BY ARRANGING FOR SKILLED LABOR TRAINING AND ADVOCATING FOR CHANGES TO THE DEPARTMENT OF LABOR TRANSITION ASSISTANCE PROGRAM (TAP) SO AS TO ASSIST THE VETERANS TO FIND MEANINGFUL JOBS LEADING TO SUCCESSFUL CAREERS D THE ASSOCIATION PUBLISHES A QUARTERLY ASSOCIATION MAGAZINE TITLED "CROSSROADS OF THE CORPS" TO PROVIDE SUMMARIES OF THE COMMEMORATIVE AND EDUCATIONAL PROGRAMS HELD AT THE CLUB 27,000 COPIES OF EACH QUARTERLY ISSUE ARE PROVIDED TO THE MEMBERS AND LOCAL COMMUNITY E THE ASSOCIATION ASSUMED RESPONSIBILITY FOR SAN FRANCISCO'S ANNUAL FLEET WEEK ACTIVITIES AT THE REQUEST OF THE MAYOR OF SAN FRANCISCO, SENATOR FEINSTEIN AND FORMER SECRETARY OF STATE GEORGE P SHULTZ A COMMITTEE OF VOLUNTEERS WAS RECRUITED TO MEET WEEKLY AT THE MARINES' MEMORIAL TO ORGANIZE ONE OF SAN FRANCISCO'S SIGNATURE MILITARY EVENTS

4d Other program services (Describe in Schedule O )
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/> . . . . .	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/> . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> . . . . .		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/> . . . . .		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/> . . . . .		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/> . . . . .		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/> . . . . .		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . . <input checked="" type="checkbox"/> . . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . . <input checked="" type="checkbox"/> . . . . .	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . . <input checked="" type="checkbox"/> . . . . .		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V  ✓

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 40		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		Yes	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 184		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .		Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		Yes	
<b>4a</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)? . . . . .			No
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .			No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CA
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> RUBY WU 609 SUTTER ST SAN FRANCISCO, CA 94102 (415) 673-6672

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J BARRIE GRAHAM USMC CHAIRMAN	2 00	X		X			0	0	0	
(2) GEN ANTHONY ZINNI USMC RET VICE CHAIRMAN	2 00	X		X			0	0	0	
(3) SGT MAJ FRANK PULLEY USMC SECRETARY	2 00	X		X			0	0	0	
(4) JODY BRECKINRIDGE USCG RET DIRECTOR	2 00	X					0	0	0	
(5) GUNNAR COUNSELMAN USMC DIRECTOR	2 00	X					0	0	0	
(6) BRADFORD DAVIS DIRECTOR	2 00	X					0	0	0	
(7) LOREE DRAUDE DIRECTOR	2 00	X					0	0	0	
(8) EATON DUNKELBERGER DIRECTOR	2 00	X					0	0	0	
(9) COL JOSEPH H FELTER PHD RET DIRECTOR	2 00	X					0	0	0	
(10) EDWARD LEBARON USMC DIRECTOR	2 00	X					0	0	0	
(11) MAJ GEN TONY JACKSON USMC DIRECTOR	2 00	X					0	0	0	
(12) LT GEN ROBERT JOHNSTON USMC RET DIRECTOR	2 00	X					0	0	0	
(13) ERIC SCHROEDER USMC DIRECTOR	2 00	X					0	0	0	
(14) LT COL JEFFREY TICE USAF RET DIRECTOR	2 00	X					0	0	0	
(15) GEN JOE HOAR USMC RET DIRECTOR EMERITUS	2 00	X					0	0	0	
(16) MAJ GEN JAMES M MYATT USMC RET PRESIDENT & CEO	36 00 4 00			X			290,000	0	13,063	
(17) MICHAEL ALLEN GENERAL MANAGER	24 00 16 00			X			189,355	0	16,218	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RUBY WU CHIEF FINANCIAL OFFICER	32 00 8 00			X				139,336	0	14,141
(19) LECELIA HARRISON DIRECTOR OF MEMBERSHIP & DEVELOPMENT	40 00					X		106,835	0	16,092
(20) NICKY BRODERICK DIRECTOR OF SALES & MARKETING	40 00					X		124,097	0	20,760
(21) BETHANY MEYER DIRECTOR OF HUMAN RESOURCES	40 00					X		106,835	0	12,730
(22) MARYANN HATLAN DIRECTOR OF FOOD & BEVERAGE	40 00					X		114,835	0	12,413
(23) PAUL LOZITO EXECUTIVE CHEF	40 00					X		120,100	0	27,406
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,191,393	0	132,823

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>	2,614,341				
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	147,919				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	15,074				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	2,762,260				
<b>Program Service Revenue</b>	<b>2a</b>	ROOMS	721110	6,208,806	2,786,810	3,421,996	
	<b>b</b>	PARKING	721110	538,350	241,365	296,985	
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		6,747,156			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		91,402		91,402
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b>		Royalties . . . . .					
<b>6a</b>		Gross rents	(i) Real	378,795			
			(ii) Personal				
			<b>b</b> Less rental expenses	218,128			
			<b>c</b> Rental income or (loss)	160,667			
<b>d</b>		Net rental income or (loss) . . . . .		160,667		160,667	
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses				
			<b>c</b> Gain or (loss)				
<b>d</b>		Net gain or (loss) . . . . .					
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	163,658			
			<b>b</b> Less direct expenses . . . . . <b>b</b>	395,390			
			<b>c</b> Net income or (loss) from fundraising events . . . . .		-231,732		-231,732
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
			<b>b</b> Less direct expenses . . . . . <b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	4,715,606				
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>	1,504,936				
		<b>c</b> Net income or (loss) from sales of inventory . . . . .		3,210,670	1,081,827	2,128,843	
Miscellaneous Revenue		Business Code					
<b>11a</b>	BANQUET REVENUE	531120	228,414	67,154	161,260		
<b>b</b>	MISCELLANEOUS	721110	6,787	3,043	3,744		
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		235,201				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		12,975,624	4,180,199	6,012,828	20,337	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22.	97,500			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
<b>4</b>	Benefits paid to or for members.				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees.	668,696			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b>	Other salaries and wages.	5,063,947			
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
<b>9</b>	Other employee benefits.	1,527,116			
<b>10</b>	Payroll taxes.	762,222			
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management.				
<b>b</b>	Legal.				
<b>c</b>	Accounting.	56,605			
<b>d</b>	Lobbying.				
<b>e</b>	Professional fundraising services. See Part IV, line 17.				
<b>f</b>	Investment management fees.				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	81,545			
<b>12</b>	Advertising and promotion.	202,513			
<b>13</b>	Office expenses.	823,876			
<b>14</b>	Information technology.	266,610			
<b>15</b>	Royalties.				
<b>16</b>	Occupancy.	665,203			
<b>17</b>	Travel.	782			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b>	Conferences, conventions, and meetings.	39,424			
<b>20</b>	Interest.				
<b>21</b>	Payments to affiliates.				
<b>22</b>	Depreciation, depletion, and amortization.	1,040,280			
<b>23</b>	Insurance.	180,652			
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	PARKING EXPENSE	472,349			
<b>b</b>	REPAIR & MAINTENANCE	224,454			
<b>c</b>	SERVINGWARE, LINENS, LA	156,869			
<b>d</b>	COMMISSIONS	153,038			
<b>e</b>	All other expenses	782,673			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e.	13,266,354			
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	2,103,131	<b>1</b>	848,528
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	554,298	<b>4</b>	580,371
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	192,010	<b>8</b>	189,445
	<b>9</b> Prepaid expenses and deferred charges . . . . .	139,834	<b>9</b>	267,820
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 24,804,328		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 16,247,554	8,169,516	<b>10c</b> 8,556,774
	<b>11</b> Investments—publicly traded securities . . . . .	1,656,373	<b>11</b>	2,121,496
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	603,570	<b>12</b>	467,286
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	10,827	<b>15</b>	358,286
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	13,429,559	<b>16</b>	13,390,006	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,321,728	<b>17</b>	1,343,329
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	541,463	<b>25</b>	536,851
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,863,191	<b>26</b>	1,880,180
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	10,986,458	<b>27</b>	10,912,471
	<b>28</b> Temporarily restricted net assets . . . . .	579,910	<b>28</b>	597,355
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	11,566,368	<b>33</b>	11,509,826	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	13,429,559	<b>34</b>	13,390,006	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,975,624
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,266,354
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-290,730
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	11,566,368
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	234,188
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	11,509,826

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization MARINES' MEMORIAL ASSOCIATION

Employer identification number

94-1055967

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements..., 2 Complete lines 2a through 2d..., 3 Number of conservation easements..., 4 Number of states..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets...

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
  - b** Permanent endowment
  - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	120,000			120,000
<b>b</b> Buildings	18,109,400		12,763,495	5,345,905
<b>c</b> Leasehold improvements				
<b>d</b> Equipment	6,574,928		3,484,059	3,090,869
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,556,774

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEPOSITS	461,262
ACCRUED SEVERANCE PAY	75,589
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	536,851

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART III, LINE 4	IN PRIOR YEARS, THE ORGANIZATION HAS RECEIVED VARIOUS PAINTINGS AND ARTIFACTS WHICH ARE DISPLAYED THROUGHOUT THE BUILDING AND ARE USED AS A PART OF THE RESTAURANT'S DECOR
PART X, LINE 2	MARINES' MEMORIAL ASSOCIATION AND ITS AFFILIATE HAVE IMPLEMENTED THE GUIDANCE FOR INCOME TAXES IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740 AS IT RELATES TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH CLARIFIES THE TREATMENT OF THE ENTITIES' POSITION OF ACCOUNTING FOR INCOME TAXES RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS THE GUIDANCE ALSO PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE CONSOLIDATED FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN THE TAX RETURN IN ADDITION, IT PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION MANAGEMENT EVALUATED THE ENTITIES' TAX POSITIONS AND CONCLUDED THAT THE ENTITIES HAVE NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2014 OR 2013 WITH FEW EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2011





SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

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

Department of the Treasury Internal Revenue Service

Name of the organization MARINES' MEMORIAL ASSOCIATION

Employer identification number 94-1055967

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>VARIOUS SOCIAL</b> (event type)	(event type)	(total number)	(add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	163,658			163,658
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	163,658			163,658
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	395,390			395,390
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				(395,390)
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-231,732	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2013

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization MARINES' MEMORIAL ASSOCIATION

Employer identification number 94-1055967

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) COLLEGE SCHOLARSHIPS	23	97,500		FMV	

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	VETERANS, MEMBERS AND THE CHILDREN OF MEMBERS AND/OR GRANDCHILDREN OF MEMBERS ARE ELIGIBLE TO APPLY FOR THE COLLEGE SCHOLARSHIP THE SCHOLARSHIP WINNERS ARE SELECTED BY THE BOARD OF DIRECTORS FROM THE LIST OF APPLICANTS THE SCHOLARSHIP CHECKS ARE PAID DIRECTLY TO THE SCHOOLS THAT THE APPLICANTS ARE ATTENDING THE SCHOLARSHIP WINNERS ARE EVALUATED BASED ON THEIR PAST ACHIEVEMENTS SO NO PROGRESS REPORT OR OTHER MONITORING OF THE STUDENTS ARE REQUIRED

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MARINES' MEMORIAL ASSOCIATION

Employer identification number

94-1055967

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MAJ GEN JAMES M MYATT USMC RET PRESIDENT & CEO	(i)	235,000	55,000	0	9,967	3,096	303,063	0
	(ii)	0	0	0	0	0	0	0
(2) MICHAEL ALLEN GENERAL MANAGER	(i)	159,355	30,000	0	7,574	8,644	205,573	0
	(ii)	0	0	0	0	0	0	0
(3) RUBY WU CHIEF FINANCIAL OFFICER	(i)	134,336	5,000	0	5,573	8,568	153,477	0
	(ii)	0	0	0	0	0	0	0



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

**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 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization  
MARINES' MEMORIAL ASSOCIATION

Employer identification number

94-1055967

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	MANAGEMENT MONITORS EMPLOYEE COMPLIANCE. THE BOARD OF DIRECTORS IS REQUIRED TO READ AND SIGN A CERTIFICATION OF UNDERSTANDING ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15	THE HUMAN RESOURCES DIRECTOR IS RESPONSIBLE FOR MAKING RECOMMENDATIONS FOR EVALUATING ALL EMPLOYEES. THE COMPENSATION OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES IS COMPARED WITH EXECUTIVE COMPENSATION OF SIMILAR ORGANIZATIONS.
FORM 990, PART VI, SECTION C, LINE 19	THE PUBLIC CAN REQUEST AND RECEIVE COPIES OF THE ARTICLES OF INCORPORATION, THE BY-LAWS, THE CONFLICT OF INTEREST POLICY, AND THE AUDITED FINANCIAL STATEMENTS.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990. ▶ See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MARINES' MEMORIAL ASSOCIATION

**Employer identification number**

94-1055967

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> MARINES' MEMORIAL THEATRE 609 SUTTER ST SUITE 2M SAN FRANCISCO, CA 94102 45-5261064	COMMUNITY THEATRE	CA	501(C)(3)	LINE 9			No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> MARINES' MEMORIAL THEATRE	J	150,000	FMV



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

**Return Reference****Explanation**