

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

OMB No 1545-0047  
2014  
**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<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>D</b> Employer identification number 94-1055967  <b>E</b> Telephone number (415) 673-6672  <b>G</b> Gross receipts \$ 15,334,348
<b>F</b> Name and address of principal officer MAJGEN J MICHAEL MYATT 609 SUTTER ST SUITE 2M SAN FRANCISCO, CA 94102		<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>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities THE MARINES' MEMORIAL ASSOCIATION, A 501(C)(19) NON-PROFIT VETERANS ORGANIZATION, HAS A MISSION TO "HONOR THE LEGACY OF MILITARY SERVICE BY OPERATING THE MARINES' MEMORIAL CLUB AS A LIVING MEMORIAL AND HOLDING PROGRAMS THAT COMMEMORATE, EDUCATE, AND SERVE AMERICAN VETERANS OF ALL ERAS "			
	<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>	16	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	16	
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	190	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	15	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	6,072,462	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-786,488	
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	2,762,260	2,844,051	
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	6,747,156	6,984,719	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	91,402	114,771	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,374,806	3,308,905	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	12,975,624	13,252,446	
<b>Expenses</b>				
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	97,500	104,000	
	<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)	8,021,981	9,034,482	
	<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) . . . . .	5,146,873	5,047,568	
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,266,354	14,186,050	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-290,730	-933,604	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16) . . . . .	13,390,006	15,245,709	
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	1,880,180	4,638,329	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	11,509,826	10,607,380	

**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 CHRISTOPHER PEKULA
	Firm's name ▶ RSM US LLP	
	Firm's address ▶ 515 S FLOWER ST 41ST FLOOR  LOS ANGELES, CA 90071	

Part III Statement of Program Service Accomplishments

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

Yes No

1 Briefly describe the organization's mission

THE MARINES' MEMORIAL ASSOCIATION, A 501(C)(19) NON-PROFIT VETERANS ORGANIZATION, HAS A MISSION TO "HONOR THE LEGACY OF MILITARY SERVICE BY OPERATING THE MARINES' MEMORIAL CLUB AS A LIVING MEMORIAL AND HOLDING PROGRAMS THAT COMMEMORATE, EDUCATE, AND SERVE AMERICAN VETERANS OF ALL ERAS"

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 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 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 WITH A MISSION TO "HONOR THE LEGACY OF MILITARY SERVICE BY OPERATING THE MARINES' MEMORIAL CLUB AS A LIVING MEMORIAL AND HOLDING PROGRAMS THAT COMMEMORATE, EDUCATE, AND SERVE AMERICAN VETERANS OF ALL ERAS "IN THAT REGARD, FOR FISCAL YEAR 2014-2015, 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 37 SEPARATE EVENTS, AS FOLLOWS ELEVEN (11) EVENTS WERE TO COMMEMORATE 1 07 AUGUST 72ND 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 SPEAKER WAS THE PRESIDENT/CEO OF THE MARINES' MEMORIAL ASSOCIATION AND HE FOCUSED ON THE GUADALCANAL BATTLE AS AN AIR BATTLE WAGED BY THE CACTUS AIR FORCE, A FORCE OF MARINE, NAVY AND ARMY AIRPLANES AND PILOTS 2 18 SEPTEMBER 64TH ANNIVERSARY OF THE KOREAN WAR COMMEMORATION LUNCHEON FOR THE 64TH ANNIVERSARY OF THE KOREAN WAR THE TITLE OF THE COMMEMORATION TALK WAS "A PLACE CALLED THE HOOK", DELIVERED BY GUNNY SERGEANT (DENNY) WEISGERBER, USMC (RET ) 3 09 OCTOBER HONOR THE FALLEN CONCERT AT THE MARINES' MEMORIAL THEATRE THIS WAS A MOVING BAND CONCERT BY THE 1ST MARINE DIVISION BAND AS A TRIBUTE TO THE SOULS LOST IN WARS 4 10 OCTOBER DEDICATION OF THE VETERAN'S MEMORIAL LOCATED BETWEEN THE WAR MEMORIAL AND OPERA HOUSE, VAN NESS AVENUE, SAN FRANCISCO THE VETERANS MEMORIAL WAS PROMISED TO THE VETERANS IN 1932, A SHORTAGE OF MONEY WAS THE EXCUSE FOR NOT KEEPING THE PROMISE THE PRESIDENT AND CEO OF THE MARINES' MEMORIAL ASSOCIATION LED A VOLUNTEER FUND RAISING EFFORT WHICH RAISED \$2 5 MILLION FOR THE MEMORIAL, CONDUCTED A NATION-WIDE DESIGN COMPETITION, AND BUILT THE MEMORIAL UNDER THE HEADLINE "KEEPING THE PROMISE" THE DEDICATION CEREMONY WAS ATTENDED BY THE MAYOR OF SAN FRANCISCO MAYOR ED LEE, THE SENIOR SENATOR FROM CALIFORNIA, SENATOR DIANE FEINSTEIN, FORMER SECRETARY OF STATE AND A MARINE, GEORGE P SHULTZ AND A HOST OF ELECTED AND APPOINTED OFFICIALS 5 08 NOVEMBER 239TH MARINE CORPS BIRTHDAY BALL GUEST OF HONOR GENERAL JOHN KELLY, USMC (RET ) GENERAL KELLY ATTENDED AND WAS GRACIOUS IN HIS REMARKS HE IS THE COMMANDER OF US SOUTHCOM, HAVING ASSUMED THAT COMMAND ON 19 NOVEMBER 2012 FROM HIS PREVIOUS POSITION AS SENIOR MILITARY ASSISTANT TO THE SECRETARY OF DEFENSE USSOUTHCOM IS RESPONSIBLE FOR ALL DOD SECURITY COOPERATION IN THE 45 NATIONS AND TERRITORIES OF CENTRAL AND SOUTH AMERICA AND THE CARIBBEAN 6 19-21 FEBRUARY GOLD STAR PARENTS HONOR AND REMEMBRANCE THE MARINES' MEMORIAL ASSOCIATION, WITH SUPPORT FROM THE BLUE STAR MOMS, EAST BAY <HTTP //WWW BLUESTARMOMS ORG/INDEX PHP>, HOSTED THE 10TH ANNUAL GOLD STAR PARENTS HONOR AND REMEMBRANCE GOLD STAR PARENT REFERS TO ONE WHOSE SON OR DAUGHTER WAS KILLED WHILE SERVING IN THE US ARMED FORCES THE EVENT CONSIST OF (1) A RECEPTION WHERE THE GOLD STAR PARENTS HAVE AN OPPORTUNITY TO MEMORIALIZE THEIR SON OR DAUGHTER IN A PERSONAL WAY AND TALK ABOUT THEIR LOSS WITH OTHERS, (2) A BUFFET DINNER WHERE THEY MEET AND BOND WITH OTHER GOLD STAR PARENTS, (3) A MOVING MEMORIAL SERVICE WITH THE NAMES OF THE LOST SONS AND DAUGHTERS IS READ ALOUD, A CANDLE IS LIT, AND SACRIFICE RECOGNIZED, (4) BREAKOUT GROUPS LED BY PSYCHIATRISTS AND PSYCHOLOGISTS TO HELP WITH THE GRIEVING PROCESS, AND, (5) A FORMAL BANQUET THAT FEATURES A GUEST SPEAKER, NORMALLY A SENIOR MILITARY LEADER, WHO THANKS THE PARENTS FOR THEIR DEDICATION AT THE CONCLUSION, THE US MARINE BAND PLAYS A SERVICE MEDLEY AND THEN ENTERTAINS THE GOLD STAR FAMILIES WITH JAZZ AND CONTEMPORARY MUSIC THE FAMILIES LEAVE HAVING PRIDE IN THEIR CHILD'S SERVICE, HAVING FOUND NEW FRIENDS, AND BEING NETWORKED WITH OTHER GOLD STAR FAMILIES IN CALIFORNIA 7 24 FEBRUARY IWO JIMA COMMEMORATION LUNCHEON SPECIAL MEMORIAL LUNCHEON HONORING IWO JIMA VETERANS FOR THE 70TH ANNIVERSARY OF THE BATTLE FOR IWO JIMA MASTER OF CEREMONIES WAS MAJGEN O K STEELE, USMC (RET ) WHO INTRODUCED THE PRODUCER, DUSTIN SPENCE WHO TALKED ABOUT AND THEN SHOWED THE FILM "THE FORGOTTEN FLAG RAISERS", A STORY OF THE FIRST FLAG RAISING ON IWO JIMA, WHICH WAS REPLACED BY THE MORE FAMOUS SECOND FLAG RAISING CAPTURED BY JOE ROSENTHAL'S ICONIC PHOTO 8 19 MARCH SALUTE TO VIETNAM VETERANS SALUTE TO VIETNAM VETERANS EVENT THIS EVENT WAS HELD IN OUR THEATRE AND FEATURED PAUL "BUD" BUCHA, RECIPIENT OF THE MEDAL OF HONOR, WHO PUT THE VIETNAM EXPERIENCE INTO CURRENT DAY PERSPECTIVE AND EXPLAINED WHY HE ATTENDS GATHERINGS FOR SUCH OCCASIONS HIS TALK WAS FOLLOWED BY A SHOWING OF THE FILM "THE LAST DAYS IN VIETNAM", A NEW DOCUMENTARY BY RORY KENNEDY THEN WE GATHERED IN THE COMMANDANTS ROOM TO SOCIALIZE IN A GRAND RECEPTION WITH FOOD, DRINKS AND MUSIC OF THE ERA 9 06 APRIL 4TH ANNUAL SALUTE TO IRAQ AND AFGHANISTAN VETERANS GENERAL JAMES N MATTIS, USMC (RET ), THE FORMER COMMANDER OF THE US CENTRAL COMMAND SPOKE TO A FULL HOUSE IN THE MM THEATER ABOUT THE MEANING OF THEIR SERVICE HIS REMARKS WERE PRINTED THE NEXT DAY IN THE WALL STREET JOURNAL - REFERENCING HIS SPEECH AT THE MARINES' MEMORIAL CLUB 10 23 MAY MMA MEMORIAL SERVICE AND LUNCHEON FOR THE 68TH CONSECUTIVE YEAR, THE SATURDAY BEFORE MEMORIAL DAY THE MARINES' MEMORIAL ASSOCIATION SPONSORED A MEMORIAL SERVICE FOR THE MEMBERS, FOLLOWED BY A LUNCHEON IT IS FITTING THAT WE PAUSE TO REMEMBER THE TRUE COST OF FREEDOM AND HONOR THOSE WHO MADE THE ULTIMATE SACRIFICE TO PROTECT IT WE HONOR OUR BRAVE MEN AND WOMEN WHO SELFLESSLY GAVE OF THEMSELVES TO DEFEND A WAY OF LIFE THAT WE ALL CHERISH, FREE OF OPPRESSION AND FEAR WE OWE ALL OF OUR VETERANS, PAST AND PRESENT, A DEBT OF GRATITUDE FOR THEIR SACRIFICES IN THE DEFENSE OF LIBERTY WE REFLECT ON WHAT IT TRULY MEANS TO LIVE IN FREEDOM THE SPEAKER AT THE MEMORIAL SERVICE AS THE MARINES' MEMORIAL ASSOCIATION DIRECTOR OF MILITARY AND VETERAN AFFAIRS, COLONEL CHRIS STARLING, USMC (RET ) 11 06 JUNE BATTLE OF MIDWAY COMMEMORATION THE MIDWAY COMMEMORATION REMAINS ONE OF THE MOST ATTENDED EVENTS ANNUALLY AND RESONATES WITH OUR NAVY AND MARINE MEMBERS GUEST OF HONOR AND SPEAKER WAS ADMIRAL SCOTT SWIFT, FORMER COMMANDER, UNITED STATES PACIFIC FLEET SEVENTEEN (17)EVENTS WERE TO EDUCATE 1 09 JULY REMARKS BY NATO SECRETARY GENERAL ANDERS FOGH RASMUSSEN NATO REMAINS AN ESSENTIAL ELEMENT OF THE U S EUROPEAN RELATIONSHIP BEYOND THE EURO-ATLANTIC AREA, NATO IS WORKING WITH PARTNERS ACROSS THE GLOBE, INCLUDING IN THE ASIA-PACIFIC, TO BUILD COMMON SECURITY AND SUPPORT THE INTERNATIONAL ORDER STABILITY OF OUR INTERNATIONAL SYSTEM CANNOT BE TAKEN FOR GRANTED IN UKRAINE, RUSSIA HAS DEMONSTRATED BLATANT DISREGARD FOR THE INTERNATIONAL LAW NATO'S SECRETARY GENERAL, ATTEMPTED TO DESCRIBE HOW AMERICA AND EUROPE, WORKING THROUGH AN OUTWARD-LOOKING NATO, CAN CONTINUE TO LEAD BY EXAMPLE AND SAFEGUARD THE ORDER ON WHICH SECURITY AND PROSPERITY DEPEND 2 04 SEPTEMBER "LIGHT AT THE END OF THE TUNNEL MIKE CERRE, AN EMMY AWARD WINNING JOURNALIST AND A MARINE, INTERVIEWED CHUCK SEARCY ABOUT THE EFFORTS OF PROJECT RENEW THE MISSION OF THE PROJECT IS TO MAKE QUANG TRI PROVINCE IN VIETNAM SAFE FROM THE THREAT OF EXPLOSIVE REMNANTS OF WAR 3 15 SEPTEMBER "BEFORE THE FIRST SHOTS ARE FIRED" BY GEN ANTHONY ZINNI AFTER FOUR DECADES OF MILITARY SERVICE AND COUNTLESS EXPERIENCES IN MILITARY INTERVENTION, RETIRED FOUR-STAR GENERAL TONY ZINNI IS WELL AWARE THAT WARS ARE NOT ALWAYS DECIDED ON THE BATTLEFIELD POLITICAL DECISIONS, INTELLIGENCE ESTIMATES, STRATEGIES ( OR THE LACK THEREOF), AND MANY OTHER NON-BATTLEFIELD COMPONENTS HAVE CRUCIAL SIGNIFICANCE IN THE OUTCOME OF WAR, AND FEW AMERICANS REALIZE HOW MANY ESSENTIAL PIECES HAVE TO FALL IN TO PLACE TO EXECUTE A SUCCESSFUL CAMPAIGN TOO OFTEN, THERE ARE DISASTROUS DISCONNECTS BETWEEN THE CIVILIAN LEADERS AND MILITARY LEADERS WHO SEND OUR SOLDIERS OFF TO BATTLE, RESULTING IN WAR TIME DECISIONS THAT ARE INEFFECTIVE, AND DANGEROUS FOR OUR MEN AND WOMEN ON THE FRONT LINES IN BEFORE THE FIRST SHOTS ARE FIRED HOW AMERICA CAN WIN OR LOSE OFF THE BATTLEFIELD, GENERAL ZINNI TEAMED UP WITH TONY KOLTZ, CALLING FOR WIDESPREAD CHANGE IN THE WAY THE U S DECIDES TO GO TO WAR, AND HOW OUR MILITARY STRATEGY IS CONDUCTED ANALYZING OUR PAST MILITARY EXPERIENCES, ESPECIALLY OUR MOST RECENT ONES, HE PINPOINTS WHAT MUST BE DONE TO MAKE OUR PROCESS OF GOING TO WAR MORE CLEAR-EYED, AND ULTIMATELY, SUCCESSFUL

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

THE MARINES' MEMORIAL ASSOCIATION SPONSORS AN ANNUAL GOLD STAR PARENTS EVENT FOR THE 10TH 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 5,740 ROOM NIGHTS, WHICH INCLUDED COMPLIMENTARY BREAKFAST, FITNESS CENTER ACCESS AND FREE INTERNET ACCESS IN OUR BUSINESS CENTER, A SUBSIDY OF \$393,777 IN ADDITION, WE PERMITTED CURRENTLY SERVING MILITARY TO BECOME MEMBERS WITHOUT MAKING TAX-DEDUCTIBLE DONATIONS TO THE ASSOCIATION

See Additional Data

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</i> (see instructions) <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?		
<b>20b</b>			

**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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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

Table with columns for question number, question text, and Yes/No/Amount columns. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7d, 7e-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 2 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); 3 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); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a 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); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a 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); 16b 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

- 17 List the States with which a copy of this Form 990 is required to be filed CA
18 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. [ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain in Schedule O)
19 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
20 State the name, address, and telephone number of the person who possesses the organization's books and records. 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) BRADFORD DAVIS DIRECTOR	2 00	X					0	0	0	
(6) LOREE DRAUDE DIRECTOR	2 00	X					0	0	0	
(7) EATON DUNKELBERGER DIRECTOR	2 00	X					0	0	0	
(8) COL JOSEPH H FELTER PHD RET DIRECTOR	2 00	X					0	0	0	
(9) MAJ GEN TONY JACKSON USMC DIRECTOR	2 00	X					0	0	0	
(10) LT GEN ROBERT JOHNSTON USMC RET DIRECTOR	2 00	X					0	0	0	
(11) LT COL JEFFREY TICE USAF RET DIRECTOR	2 00	X					0	0	0	
(12) GEN JOE HOAR USMC RET DIRECTOR EMERITUS	2 00	X					0	0	0	
(13) SGT MAJ RAMONA COOK USMC RET DIRECTOR	2 00	X					0	0	0	
(14) IAN THOMSON MARINE VETERAN DIRECTOR	2 00	X					0	0	0	

**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			
(15) ROBERT WILLIAMS MARINE VETERAN DIRECTOR	2 00	X					0	0	0	
(16) GEN JAMES MATTIS USMC RET DIRECTOR EMERITUS	2 00	X					0	0	0	
(17) MAJ GEN JAMES M MYATT USMC RET PRESIDENT & CEO	36 00 4 00			X			235,000	0	17,112	
(18) MICHAEL ALLEN GENERAL MANAGER	24 00 16 00			X			191,326	0	17,760	
(19) RUBY WU CHIEF FINANCIAL OFFICER	32 00 8 00			X			149,291	0	23,076	
(20) LECELIA HARRISON DIRECTOR OF MEMBERSHIP & DEVELOPMENT	40 00					X	115,531	0	17,049	
(21) NICKY BRODERICK DIRECTOR OF SALES & MARKETING	40 00					X	137,726	0	22,441	
(22) BETHANY MEYER DIRECTOR OF HUMAN RESOURCES	40 00					X	115,531	0	21,401	
(23) MARYANN HATLAN DIRECTOR OF FOOD & BEVERAGE	40 00					X	116,105	0	14,082	
(24) PAUL LOZITO EXECUTIVE CHEF	40 00					X	125,280	0	30,180	
<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>							1,185,790	0	163,101	

**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>	2,005,640				
	<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>	838,411				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	2,844,051				
<b>Program Service Revenue</b>	<b>2a</b>	ROOMS	6,466,449	2,893,360	3,573,089		
	<b>b</b>	PARKING	518,270	231,896	286,374		
	<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 . . . . .	6,984,719				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	114,771			114,771	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents	(i) Real	385,763			
			(ii) Personal				
			<b>b</b> Less rental expenses	212,504			
			<b>c</b> Rental income or (loss)	173,259			
	<b>d</b>	Net rental income or (loss) . . . . .	173,259			173,259	
	<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>	128,326			
			<b>b</b> Less direct expenses . . . . . <b>b</b>	389,442			
<b>c</b> Net income or (loss) from fundraising events . . . . .			-261,116			-261,116	
<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>	4,640,955				
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>	1,479,956				
		<b>c</b> Net income or (loss) from sales of inventory . . . . .	3,160,999	1,108,931	2,052,068		
Miscellaneous Revenue		Business Code					
<b>11a</b>	BANQUET REVENUE	531120	233,252	73,708	159,544		
<b>b</b>	MISCELLANEOUS	721110	2,511	1,124	1,387		
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		235,763				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		13,252,446	4,309,019	6,072,462	26,914	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	104,000			
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 . . . . .	649,251			
<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 . . . . .	5,390,302			
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .	2,152,818			
<b>10</b>	Payroll taxes . . . . .	842,111			
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	58,715			
<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) . . . . .	99,075			
<b>12</b>	Advertising and promotion . . . . .	233,660			
<b>13</b>	Office expenses . . . . .	818,453			
<b>14</b>	Information technology . . . . .	311,322			
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	654,615			
<b>17</b>	Travel . . . . .	17,276			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	53,240			
<b>20</b>	Interest . . . . .	38,716			
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	1,046,180			
<b>23</b>	Insurance . . . . .	178,680			
<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	446,952			
<b>b</b>	REPAIR & MAINTENANCE	188,389			
<b>c</b>	SERVINGWARE, LINENS, LA	139,262			
<b>d</b>	COMMISSIONS	135,959			
<b>e</b>	All other expenses	627,074			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	14,186,050			
<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 . . . . .	848,528	<b>1</b>	1,078,175
	<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 . . . . .	580,371	<b>4</b>	581,247
	<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 . . . . .	189,445	<b>8</b>	191,925
	<b>9</b> Prepaid expenses and deferred charges . . . . .	267,820	<b>9</b>	231,072
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 24,857,384		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 16,532,457	8,556,774	<b>10c</b> 8,324,927
	<b>11</b> Investments—publicly traded securities . . . . .	2,121,496	<b>11</b>	1,820,752
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	467,286	<b>12</b>	897,170
	<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 . . . . .	358,286	<b>15</b>	2,120,441
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	13,390,006	<b>16</b>	15,245,709	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,343,329	<b>17</b>	1,859,759
	<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 . . . . .	0	<b>24</b>	2,300,000
	<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 . . . . .	536,851	<b>25</b>	478,570
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,880,180	<b>26</b>	4,638,329
<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 . . . . .	10,912,471	<b>27</b>	10,029,234
	<b>28</b> Temporarily restricted net assets . . . . .	597,355	<b>28</b>	578,146
	<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 . . . . .	11,509,826	<b>33</b>	10,607,380	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	13,390,006	<b>34</b>	15,245,709	

**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>	13,252,446
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	14,186,050
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-933,604
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	11,509,826
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	31,158
<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>	10,607,380

**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		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 94-1055967

**Name:** MARINES' MEMORIAL ASSOCIATION

### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

A THE ASSOCIATION PROVIDED 25 SCHOLARSHIPS TO MEMBERS OR DEPENDENTS OF MEMBERS TO ATTEND ACCREDITED COLLEGES AND UNIVERSITIES AS UNDERGRADUATES THESE SCHOLARSHIPS IN THE AMOUNTS OF \$2,500 (TEN), \$4,000 (ONE), \$5,000 (THIRTEEN), AND \$10,000 (ONE) 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 20,000 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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

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.

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 value of contributions to (during year), 3 Aggregate value of 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 if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 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 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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, for escrow or custodial account liability?  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 . . . . .	18,065,288		13,238,107	4,827,181
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .	6,672,096		3,294,350	3,377,746
<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).) . . . . .				8,324,927

**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		
(3) Other		
(A) NONCURRENT INVESTMENTS	897,170	C
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	897,170	

**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
(1) INTEREST RECEIVABLE	3,465
(2) CONSTRUCTION IN PROGRESS	2,116,976
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	2,120,441

**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	425,596
ACCRUED SEVERANCE PAY	52,974
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	478,570

**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 (losses) 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, MARINES' MEMORIAL THEATRE, ARE NOT-FOR-PROFIT ORGANIZATIONS AS DESCRIBED UNDER INTERNAL REVENUE CODE SECTIONS 501(C)(19) AND 501(C)(3), RESPECTIVELY. THE ASSOCIATION IS SUBJECT TO TAXATION AT REGULAR CORPORATE RATES ON INCOME UNRELATED TO ITS EXEMPT FUNCTION. 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, 2015 OR 2014. 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 2012.



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

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.

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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

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 . . . . .	128,326			128,326
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	128,326			128,326
<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 . . . . .	389,442			389,442
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				(389,442)
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-261,116

**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 conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct 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 activities conducted 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 provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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 Domestic Organizations and Domestic Governments. 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 section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (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 Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) COLLEGE SCHOLARSHIPS	25	104,000		FMV	

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

<b>Return Reference</b>	<b>Explanation</b>
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

**2014**

**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.

▶ 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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> MAJ GEN JAMES M MYATT USMC RET, PRESIDENT & CEO	(i)	235,000	0	0	11,652	5,460	252,112	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> MICHAEL ALLEN, GENERAL MANAGER	(i)	165,826	25,500	0	9,444	8,316	209,086	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> RUBY WU, CHIEF FINANCIAL OFFICER	(i)	139,791	9,500	0	7,393	15,683	172,367	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> NICKY BRODERICK, DIRECTOR OF SALES & MARKETING	(i)	120,432	17,199	95	5,792	16,649	160,167	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> PAUL LOZITO, EXECUTIVE CHEF	(i)	101,476	3,500	20,304	6,218	23,962	155,460	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
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2014**

**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 III, LINE 4A	
FORM 990, PART III, LINE 4A	<p>16 14 MAY MEET THE AUTHOR COLONEL TOM MANION, USMC (RET ) "BROTHERS FOREVER" IN HIS BOOK, COLONEL MANION DESCRIBES THAT FOUR WEEKS AFTER NAVY SEALS HAD KILLED OSAMA BIN LADEN, THE PRESIDENT OF THE UNITED STATES STOOD IN ARLINGTON NATIONAL CEMETERY GIVING HIS MEMORIAL DAY ADDRESS HE EXTOLLED THE COURAGE AND SACRIFICE OF THE TWO YOUNG MEN BURIED SIDE-BY-SIDE IN THE GRAVES BEFORE HIM TRAVIS MANION, A FALLEN US MARINE, AND BRENDAN LOONEY, A FALLEN US NAVY SEAL ALTHOUGH THEY WERE KILLED THREE YEARS APART, ONE IN IRAQ AND ONE IN AFGHANISTAN, THESE TWO BEST FRIENDS AND FORMER ROOMMATES WERE NOW BURIED TOGETHER-</p> <p>"BROTHERS FOREVER" 17 09 JUNE MEET THE AUTHOR GENERAL STANLEY MCHRYSTAL, U S ARMY (RET ) AUTHOR, TEAM OF TEAMS NEW RULES OF ENGAGEMENT FOR A COMPLEX WORLD U S ARMY GENERAL STANLEY MCHRYSTAL IS A UNIQUE LEADER WITH AN IMPRESSIVE LIST OF CREDITS, INCLUDING THE 2003 CAPTURE OF SADDAM HUSSEIN AND THE 2006 LOCATION AND KILLING OF ABU MUSAB AL-ZARQAWI WIDELY PRAISED FOR CONDUCTING OPERATIONS BY FUSING INTELLIGENCE AND OPERATIONS, HE ALSO CREATED AND PUT INTO PLACE THE COUNTER-INSURGENCY STRATEGY IN AFGHANISTAN AND AN EXTENSIVE COUNTER-TERRORISM ORGANIZATION THAT CHANGED HOW MILITARY AGENCIES INTERACT AND OPERATE WITH EACH OTHER NINE (9) EVENTS WERE TO SERVE VETERANS AND THE MEN AND WOMEN CURRENTLY SERVING 1 29 JULY - 02 AUGUST BLUE STAR MOTHERS OF AMERICA NATIONAL BLUE STAR MOTHER'S CONVENTION HELD AT MARINES' MEMORIAL WITH OVER 160 BLUE STAR MOMS IN ATTENDANCE FROM ACROSS THE NATION THE PRESIDENT &amp; CEO WAS A SPEAKER AGAIN AT THE CONVENTION 2 08-12 OCTOBER US VETERANS ART EXHIBIT THE MARINES' MEMORIAL ASSOCIATION, WITH SUPPORT FROM ACADEMY OF ART UNIVERSITY, PRESENTS AN EXHIBIT OF ART BY US VETERANS THE EXHIBIT WAS OPEN TO THE PUBLIC, WITH WORKS FROM MORE THAN A DOZEN ARTISTS DISPLAYED IN AAU GALLERIES, CANNERY BUILDING, FISHERMAN'S WHARF, SAN FRANCISCO 3 27 NOVEMBER MARINES' MEMORIAL THANKSGIVING BRUNCH WE SERVED THANKSGIVING BRUNCH IN OUR COMMANDANTS ROOM WITH BOUNTIFUL BUFFETS, CARVING STATIONS AND MUSICAL ENTERTAINMENT BY THE GOLDEN GATE PHILHARMONIC 4 31 DECEMBER MARINES' MEMORIAL CLUB - NEW YEAR'S EVE PARTY MARINES' MEMORIAL CLUB WAS THE PLACE TO CELEBRATE AND RING IN 2015 IN GRAND STYLE! WITH MUSIC (2 DIFFERENT BANDS FOR MUSICAL ENTERTAINMENT THE A &amp; D ORCHESTRA WITH DENIS LARSEN AND THE STARDUST ORCHESTRA WITH NOAH GRIFFIN) WE CELEBRATED ON THE 10TH AND 11TH FLOORS 5 08 JANUARY MARINE DAY LUNCHEON MARINES' MEMORIAL CLUB HOSTS MARINE DAY LUNCHEON WITH THE MARINE CORPS COORDINATING COUNCIL OF NORTHERN CALIFORNIA GUEST OF HONOR BRIGADIER GENERAL JAMES W BIERMAN, CG, MCRD, SAN DIEGO 6 14-15 MARCH CO-SPONSORED/SUPPORTED WORLD AFFAIRS CONFERENCE ST REGIS HOTEL, SAN FRANCISCO 7 APRIL 05 ANNUAL EASTER BRUNCH WE SERVED MARINES' MEMORIAL EASTER BRUNCH ON SUNDAY, APRIL 5TH IN THE COMMANDANTS ROOM WITH BOUNTIFUL BUFFETS, CARVING STATIONS AND MUSICAL ENTERTAINMENT BY THE GOLDEN GATE PHILHARMONIC 8 11 MAY DINNER AND CABARET NIGHT AN EVENING OF CABARET ENTERTAINMENT AT THE MARINES' MEMORIAL CLUB FOR BENEFACTOR MEMBERS WITH RECEPTION AND DINNER FEATURING A STELLAR LINEUP OF NATIONALLY RENOWNED PERFORMERS! 9 10 MAY MOTHER'S DAY DINNER THIS YEAR, WE OPENED THE LEATHERNECK STEAKHOUSE ONLY FOR MOTHER'S DAY SUNDAY DINNER MEMBERS WERE ABLE TO TREAT THEIR MOMS TO A WONDERFUL DINNER WITH A SPECTACULAR VIEW OF THE CITY ATOP THE MARINES' MEMORIAL CLUB</p>
FORM 990, PART VI, SECTION B, LINE 11	THE TAX RETURN IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER BEFORE A FINAL COPY IS PROVIDED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL ONCE APPROVED THE RETURN IS SUBMITTED TO THE CHIEF EXECUTIVE OFFICER FOR SIGNATURE
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

**2014**

**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.
- ▶ 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
(1) 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 VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII Supplemental Information**

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

**Return Reference****Explanation**