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Return of Organization Exempt From Income Tax

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning and ending

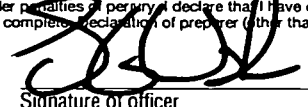
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization MARINE CORPS ASSOCIATION Doing Business As		D Employer identification number 54-0460860
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 715 BROADWAY STREET		E Telephone number 703-640-0165
		City or town, state or country, and ZIP + 4 QUANTICO, VA 22134		G Gross receipts \$ 12,618,351.
		F Name and address of principal officer MAJ GEN LES PALM, USMC (SAME AS C ABOVE)		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status. <input checked="" type="checkbox"/> 501(c) (19) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.MCA-MARINES.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1972	
M State of legal domicile: DC				

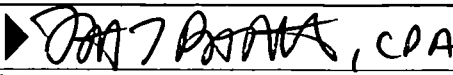
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE MARINE CORPS ASSOCIATION IS TO SUPPORT THE MARINE CORPS BY DISSEMINATING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	26
	5	Total number of employees (Part V, line 2a)	134
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	1,448,891.
7b	Net unrelated business taxable income from Form 990-T, line 34	130,240.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 226,994. Current Year: 1,391,101.
	9	Program service revenue (Part VIII, line 2g)	4,610,458. 3,401,949.
	10	Investment income (Part VIII, column (D), lines 3, 4, and 7d)	-12,942. -411,095.
	11	Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	3,161,367. 2,804,755.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,985,877. 7,186,710.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,071.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,745,807. 4,362,722.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25)	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,351,097. 3,126,752.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,096,904. 7,503,545.
	19	Revenue less expenses Subtract line 18 from line 12	-1,111,027. -316,835.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 13,897,394. End of Year: 15,566,290.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	3,898,411. 4,332,496.
	22	Net assets or fund balances Subtract line 21 from line 20	9,998,983. 11,233,794.

Part II Signature Block

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶  Date: 10/27/2010
 Signature of officer
 MAJ GEN ED USHER, USMC (RET), CURRENT PRESIDENT & CEO
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature:  Date: 10/26/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: LARSON ALLEN LLP, 2900 SOUTH QUINCY ST., SUITE 150, ARLINGTON, VA 22206
 Check if self-employed:
 Preparer's identifying number (see instructions): P00007511
 EIN: 41-0746749
 Phone no.: 703-998-5100

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED NOV 24 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
THE MISSION OF THE MARINE CORPS ASSOCIATION IS TO SUPPORT THE MARINE
CORPS BY DISSEMINATING KNOWLEDGE OF MILITARY ART AND SCIENCE AMONG
MARINES, PROVIDE OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT FOR
MARINES AND TO FOSTER THE SPIRIT AND PRESERVE THE TRADITIONS OF THE

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
RETAIL OPERATIONS:
SINCE THE MCA IS THE PREMIER PROVIDER OF ALL IN-PRINT BOOKS LISTED ON
THE MARINE CORPS PROFESSIONAL READING PROGRAM, IT OPERATES A RETAIL
BOOK SERVICE (BOTH ONLINE AND THROUGH BRICK AND MORTAR STORES) FOR THE
CONVENIENCE OF MEMBERS IN BUILDING THEIR OWN PROFESSIONAL LIBRARIES.
BOOKSTORES ARE LOCATED IN CAMP LEJEUNE, NORTH CAROLINA AND WITHIN THE
MARINE SHOP IN QUANTICO, VIRGINIA. THE MAIL ORDER SERVICE IS LOCATED IN
QUANTICO, VIRGINIA, IN THE MCA HEADQUARTERS. WITH THE PURCHASE OF THE
MARINE SHOP IN QUANTICO, VIRGINIA, IN JANUARY, 2007, THE MCA IS NOW
ABLE TO OFFER QUALITY UNIFORMS, ACCESSORIES AND SERVICES TO ALL
MARINES. THESE PRODUCTS AND SERVICES COMPLEMENT MCA'S OTHER
PROFESSIONAL OFFERINGS AND ENABLE MCA TO BETTER SERVE ALL MARINES'

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
PUBLICATIONS AND MEMBERSHIP:
THE MARINE CORPS ASSOCIATION PRODUCES TWO MONTHLY PUBLICATIONS, THE
"MARINE CORPS GAZETTE" AND THE "LEATHERNECK." THE "MARINE CORPS
GAZETTE'S" MISSION HAS REMAINED UNCHANGED DURINGS IT'S 90 YEARS OF
PUBLICATION: THAT IS "TO PROVIDE A FORUM FOR THE EXCHANGE OF IDEAS THAT
WILL ADVANCE KNOWLEDGE, INTEREST AND ESPRIT IN THE MARINE CORPS." THE
"LEATHERNECK" MAGAZINE CONTINUES ITS COMMITMENT TO TELLING THE CORPS'
STORY WITH ARTICLES ON ITS ILLUSTRIOUS HISTORY, CURRENT OPERATIONS AND
EXERCISES, CONTINUING UPDATES ON THE ORGANIZATION AND EQUIPMENT OF
MARINES, AND PLANS FOR THE FUTURE. THESE MAGAZINES ARE OFFERED AS PART
OF THE BENEFITS OF MCA MEMBERSHIP.

4c (Code.) (Expenses \$ including grants of \$) (Revenue \$)
PROFESSIONAL DEVELOPMENT:
THE MCA SPONSORS A LARGE RANGE OF PROFESSIONAL EVENTS AND PROFESSIONAL
MILITARY EDUCATION (PME'S) PRESENTATIONS DEVELOPED TO PROVIDE
EDUCATIONAL INFORMATION ON TOPICS MOST CRITICAL TO THE MARINE CORPS.
ATTENDEES AT MCA DINNERS AND LUNCHEONS HAVE THE OPPORTUNITY TO COME
TOGETHER FOR LIVELY DISCUSSIONS AND LISTEN TO NOTEWORTHY KEY SPEAKERS.
THE ASSOCIATION IS ALSO COMMITTED TO PROVIDING WELL-EARNED RECOGNITION
TO SUPERIOR PERFORMING MARINES AS WELL AS EMERGING LEADERS IN MCJROTC
AND NROTC UNITS ACROSS THE NATION THROUGH ITS AWARDS PROGRAM, UNDER
PROFESSIONAL DEVELOPMENT. AS OF JULY 2009, THE THIS PROGRAM IS
CARRIED-ON BY THE MARINE CORPS ASSOCIATION FOUNDATION.

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
1	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>		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	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>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		X
7	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>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, 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>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	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>		X
18	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>		X
19	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>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 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>	X	
24a 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 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. 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 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>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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>		X
33 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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 32		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 134		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			26
b	Enter the number of voting members that are independent		
1b			26
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
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?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **VA, NC, CA, SC**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
THE ORGANIZATION - 703-640-0165
715 BROADWAY STREET, QUANTICO, VA 22134

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. 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, and 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MR. MICHAEL HEGARTY DIRECTOR	2.00	X					0.	0.	0.	
MAJ GEN HARRY JENKINS, USMC (RET) CHAIRMAN	2.00	X					0.	0.	0.	
MAJ GILBERT JUAREZ DIRECTOR	2.00	X					0.	0.	0.	
SGT MAJ CARLTON KENT DIRECTOR	2.00	X					0.	0.	0.	
BGEN JAMES KESSLER DIRECTOR	2.00	X					0.	0.	0.	
SGT MAJ FRANKIE KNOX, USMC (RET) DIRECTOR	2.00	X					0.	0.	0.	
MR. MATT MCGARVEY DIRECTOR	2.00	X					0.	0.	0.	
MR. JAMES MOSEL DIRECTOR	2.00	X					0.	0.	0.	
MAJ GEN EUGENE PAYNE, JR DIRECTOR	2.00	X					0.	0.	0.	
LT COL GREG REEDER DIRECTOR	2.00	X					0.	0.	0.	
MR. SKIP SACK DIRECTOR	2.00	X					0.	0.	0.	
MR. DOUGLAS TENNIS, JR DIRECTOR	2.00	X					0.	0.	0.	
MGY SGT STEVE WILLIAMS DIRECTOR	2.00	X					0.	0.	0.	
BGEN JOSEPH F. DUNFORD DIRECTOR	2.00	X					0.	0.	0.	
SGT MAJ RICHARD ARNDT USMC (RET) DIRECTOR	2.00	X					0.	0.	0.	
COL CATHERINE CHASE DIRECTOR	2.00	X					0.	0.	0.	
LT GEN RONALD CHRISTMAS, USMC (RET) 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	(C) Position (check all that apply)						(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			
BGEN JOSEPH COMPOSTO, USMC (RET) DIRECTOR	2.00	X						0.	0.	0.
COL WILLIAM COSTANTINI DIRECTOR	2.00	X						0.	0.	0.
MR. CARLTON CRENSHAW DIRECTOR	2.00	X						0.	0.	0.
MAJ GEN ANDREW DAVIS, USMC (RET) DIRECTOR	2.00	X						0.	0.	0.
SGT MAJ KIM DAVIS DIRECTOR	2.00	X						0.	0.	0.
BGEN THOMAS DRAUDE, USMC (RET) DIRECTOR	2.00	X						0.	0.	0.
LT GEN EARL HAILSTON, USMC (RET) VICE-CHAIR	2.00	X						0.	0.	0.
MR. THOMAS J LEINENKUGEL DIRECTOR	2.00	X						0.	0.	0.
COL DANIEL P. OBRIEN, USMC (RET) DIRECTOR	2.00	X						0.	0.	0.
COL HELEN G. PRATT DIRECTOR	2.00	X						0.	0.	0.
1b Total								774,894.	0.	38,722.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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

(A) Name and business address	(B) Description of services	(C) Compensation
GREGORY SCOT DINKEL 634 77TH ST, BROOKLYN, NY 11205	ADVERTISING SALESMAN	247,811.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	956,617.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	434,484.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1391101.			
	Program Service Revenue	2 a LEATHERNECK MAGAZINE	Business Code 541800	1551867.	841,710.	710,157.
b MARINE CORPS GAZETTE		541800	1041197.	306,287.	734,910.	
c ENDORSEMENT FEES		900099	464,896.		464,896.	
d PROFESSIONAL DEVELOPME		900099	280,042.	280,042.		
e INSURANCE POLICY DIVID		900099	63,947.		63,947.	
f All other program service revenue						
g Total. Add lines 2a-2f			3401949.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,389.		7,389.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		104,509.		104,509.	
	6 a Gross Rents	(i) Real	68,246.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	68,246.			
	d Net rental income or (loss)		68,246.		68,246.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,186,502.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,598,794.	6,192.		
		c Gain or (loss)	-412,292.	-6,192.		
	d Net gain or (loss)		-418,484.	-6,192.	-412292.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	6,335,577.				
	b Less: cost of goods sold	b	3,826,655.			
	c Net income or (loss) from sales of inventory		2508922.	2508922.		
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	119,254.	119,254.			
b NEW CAREER CENTER (JOB	900004	3,824.		3,824.		
c						
d All other revenue						
e Total. Add lines 11a-11d		123,078.				
12 Total revenue. See instructions.		7186710.	4050023.	1,448,891.	296,695.	

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) but are not required to complete columns (B), (C), and (D).

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	7,671.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,400.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	350,340.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,413,856.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	86,254.			
9 Other employee benefits	225,124.			
10 Payroll taxes	287,148.			
11 Fees for services (non-employees)				
a Management				
b Legal	855.			
c Accounting	45,888.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	204.			
g Other	106,402.			
12 Advertising and promotion	548,164.			
13 Office expenses	132,947.			
14 Information technology	85,444.			
15 Royalties				
16 Occupancy	92,216.			
17 Travel	54,124.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	144,489.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	443,450.			
23 Insurance	63,314.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a POSTAGE AND SHIPPING	727,371.			
b PRINTING	293,603.			
c BANK CHARGES	173,818.			
d AWARDS	74,410.			
e UBI TAXES	38,252.			
f All other expenses	101,801.			
25 Total functional expenses. Add lines 1 through 24f	7,503,545.			
26 Joint costs Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	203,363.	1	619,245.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	675,054.	4	484,870.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,555,600.	8	2,033,470.
	9	Prepaid expenses and deferred charges	119,226.	9	96,786.
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 10,666,336.		
	b	Less: accumulated depreciation	10b 5,810,008.	10c	4,856,328.
	11	Investments - publicly traded securities	4,824,644.	11	1,048,530.
	12	Investments - other securities See Part IV, line 11	6,519,507.	12	6,427,061.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	13,897,394.	16	15,566,290.	
Liabilities	17	Accounts payable and accrued expenses	956,823.	17	1,124,385.
	18	Grants payable		18	
	19	Deferred revenue	2,688,596.	19	3,086,324.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	68,874.	23	121,787.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	184,118.	25	0.
	26	Total liabilities. Add lines 17 through 25	3,898,411.	26	4,332,496.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	9,918,715.	27	11,139,494.
	28	Temporarily restricted net assets	35,168.	28	49,200.
	29	Permanently restricted net assets	45,100.	29	45,100.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	9,998,983.	33	11,233,794.	
34	Total liabilities and net assets/fund balances	13,897,394.	34	15,566,290.	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990. Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

MARINE CORPS ASSOCIATION

Employer identification number

54-0460860

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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 XIV

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 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 XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV

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
1a Beginning of year balance	45,100.	50,069.			
b Contributions					
c Net investment earnings, gains, and losses	2,023.	-4,969.			
d Grants or scholarships					
e Other expenditures for facilities and programs	2,023.				
f Administrative expenses					
g End of year balance	45,100.	45,100.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		106,000.		106,000.
b Buildings		8,533,565.	4,408,342.	4,125,223.
c Leasehold improvements				
d Equipment		1,889,744.	1,387,916.	501,828.
e Other		137,027.	13,750.	123,277.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,856,328.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,186,710.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,503,545.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-316,835.
4	Net unrealized gains (losses) on investments	4	1,551,646.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	1,551,646.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,234,811.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	12,565,011.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,551,646.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	3,826,655.
e	Add lines 2a through 2d	2e	5,378,301.
3	Subtract line 2e from line 1	3	7,186,710.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,186,710.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,330,200.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	3,826,655.
e	Add lines 2a through 2d	2e	3,826,655.
3	Subtract line 2e from line 1	3	7,503,545.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,503,545.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4: ENDOWMENT FUNDS ARE USED TO GENERATE EARNINGS TO

SUPPORT WRITING AND ACADEMIC AWARDS GIVEN TO MARINES. WRITING AWARDS ARE

GIVEN TO MARINES FOR ESSAY CONTESTS IN THE FOLLOWING AREAS: LEADERSHIP,

COMBAT INNOVATION, STATE OF THE CORPS AND BOLDNESS AND DARING. ACADEMIC

AWARDS ARE GIVEN FROM THESE FUNDS TO THE GRADUATES OF OFFICER CANDIDATE

SCHOOL AND THE BASIC SCHOOL WITH THE HIGHEST ACADEMIC AVERAGES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information *(continued)*

COST OF GOOD SOLD: 3826655.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOOD SOLD: 3826655.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SUPPORT TO WOUNDED MARINES	1	6,400.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

MARINE CORPS ASSOCIATION

Employer identification number

54-0460860

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 indemnification 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 on 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" 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 section 501(c)(3) and 501(c)(4) 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 Regs. 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

MARINE CORPS ASSOCIATION

Employer identification number

54-0460860

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KNOWLEDGE OF MILITARY ART AND SCIENCE AMONG MARINES, PROVIDE

OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT FOR MARINES AND TO FOSTER

THE SPIRIT AND PRESERVE THE TRADITIONS OF THE MARINE CORPS THROUGHOUT

THE MARINE CORPS FAMILY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MARINE CORPS THROUGHOUT THE MARINE CORPS FAMILY.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

ALL PROFESSIONAL DEVELOPMENT ACTIVITIES TO INCLUDE AWARDS, FUNDING UNIT

LIBRARIES AND EVENTS WERE MOVED TO THE MARINE CORPS ASSOCIATION

FOUNDATION IN JULY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NEEDS.

FORM 990, PART VI, SECTION A, LINE 6: AS THE PROFESSIONAL ASSOCIATION OF

MARINES, THE ORGANIZATION HAS A LARGE NUMBER OF MEMBERS WHO JOIN TO PROMOTE

THE ASSOCIATION'S MISSION, RECEIVE THE MAGAZINES PUBLISHED BY THE

ASSOCIATION, ATTEND EVENTS AND RECEIVE OTHER BENEFITS ASSOCIATED WITH BEING

A MEMBER.

FORM 990, PART VI, SECTION B, LINE 11: THE ASSOCIATION'S CEO, COO AND

AUDIT COMMITTEE, COMPRISED OF EIGHT BOARD MEMBERS, WILL REVIEW THE DRAFT

FORM 990 BEFORE IT IS FILED. THEY WILL REVIEW THE 990 INDEPENDENTLY AND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009
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54-0460860

RETURN ANY COMMENTS TO THE CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C: ALL MEMBERS OF THE BOARD ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS. THE STATEMENT ASKS THE INDIVIDUALS TO LIST ANY PROFESSIONAL, BUSINESS OR VOLUNTEER POSITION THAT MIGHT GIVE RISE TO CONFLICTS WITH THEIR POSITION ON THE BOARD. IN ADDITION, IT ASKS FOR DISCLOSURE IN ALL INSTANCES IN WHICH THE BOARD MEMBER MAY BE A VENDOR, EMPLOYED OR CONSULTING WITH A VENDOR TO THE ASSOCIATION. ANY POSSIBLE CONFLICTS THAT ARE DISCLOSED ARE REVIEWED BY COUNSEL. IN ADDITION, THE ASSOCIATION HAS A CONFLICT OF INTEREST POLICY WITHIN ITS HANDBOOK, WHICH IS DISTRIBUTED TO ALL EMPLOYEES. EMPLOYEES SIGN A FORM INDICATING THEY HAVE READ THE HANDBOOK. THE CONFLICT OF INTEREST POLICY IS EXPLAINED IN THE HANDBOOK WITH SPECIFIC INSTRUCTIONS ON HOW TO REPORT AN ACTUAL OR POTENTIAL CONFLICT. SUPERVISORS ARE NOTIFIED AND THE CHIEF OPERATING OFFICER EVALUATES THESE REPORTS AND INSTRUCTS THE EMPLOYEE AS TO THE PROPER COURSE OF ACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION FOR THE CEO USING INFORMATION SUCH AS PERFORMANCE, SALARY DATA AND EXPERIENCE. THIS PROCESS WAS LAST PERFORMED IN 2008.

THE CEO AND COO ESTABLISH COMPENSATION OF THESE PERSONS USING INFORMATION SUCH AS SALARY DATA FOR THE POSITION FROM OUTSIDE SOURCES, PERFORMANCE AND EXPERIENCE. THIS PROCESS WAS CONDUCTED DURING 2009.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Inspection

Name of the organization

MARINE CORPS ASSOCIATION

Employer identification number

54-0460860

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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 other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

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

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

- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) MARINE CORPS ASSOCIATION FOUNDATION	M	13,747.
(2) MARINE CORPS ASSOCIATION FOUNDATION	N	535,763.
(3) MARINE CORPS ASSOCIATION FOUNDATION	P	279,646.
(4)		
(5)		
(6)		

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization MARINE CORPS ASSOCIATION	Employer identification number 54-0460860
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 715 BROADWAY STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. QUANTICO, VA 22134	

Check type of return to be filed(file a separate application for each return):

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 527 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MARINE CORPS ASSOCIATION

- The books are in the care of ▶ **715 BROADWAY - QUANTICO, VA 22134**
 Telephone No. ▶ **703-640-6161** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2009** or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization MARINE CORPS ASSOCIATION	Employer identification number 54-0460860
	Number, street, and room or suite no. If a P.O. box, see instructions. 715 BROADWAY STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. QUANTICO, VA 22134	

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MARINE CORPS ASSOCIATION

• The books are in the care of **715 BROADWAY - QUANTICO, VA 22134**
 Telephone No. **703-640-6161** FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
MORE TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO PROVIDE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **STAFF ACCOUNTANT** Date **05/10/10**