

**MCRD Museum Historical Society
Exempt Organization
Income Tax Returns
September 30, 2018**

EXTENDED TO AUGUST 15, 2019

OMB No. 1545-0047

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending SEP 30, 2018

B Check if applicable: C Name of organization: MCRD MUSEUM HISTORICAL SOCIETY D Employer identification number: 33-0290006 E Telephone number: 619-524-4426 G Gross receipts \$: 1,027,162. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.MCRDMUSEUMFOUNDATION.ORG K Form of organization: L Year of formation: 1988 M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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: Signature of officer PAUL MCNAMARA, EXECUTIVE DIRECTOR. Date: Preparer: RICHARD HOTZ, Preparer's signature, Date: 08/15/19, Check if self-employed, PTIN: P00452784, Firm's name: CONSIDINE & CONSIDINE, Firm's EIN: 95-2694444, Firm's address: 8989 RIO SAN DIEGO DRIVE, SUITE 250, SAN DIEGO, CA 92108, Phone no. 619.231.1977

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO SUPPORT THE MARINE CORPS RECRUIT DEPOT COMMAND MUSEUM THROUGH FUNDRAISING ACTIVITIES, DEVELOPMENT OF EDUCATIONAL PROGRAMS, AND COORDINATION OF DOCENT PROGRAMS AND VOLUNTEER EFFORTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 477,444. including grants of \$ 3,100.) (Revenue \$ 343,922.) OUR PRIMARY PURPOSE IS TO SUPPORT THE MCRD COMMAND MUSEUM. SUPPORT INCLUDES SUPPLIES, EQUIPMENT, ARTIFACTS, PUBLICATIONS, AND ADMINISTERING THE VOLUNTEER PROGRAM.

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

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 477,444.

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 <i>Schedule B, Schedule of Contributors</i> ?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 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>		X
6 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>		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, 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>		X
10 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>	X	
11 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.		
a 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>	X	
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>	X	
c 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>		X
d 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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		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
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>		X
15 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>		X
16 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>		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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>		X
22 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>		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 25a</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), 501(c)(4), and 501(c)(29) 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>		X
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>		X
26 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>		X
27 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>		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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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 11b and 19?	X	

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

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 response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

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; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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:
LAUREN RITCHEY-MAYER - (619) 524-4426
P.O. BOX 400085, SAN DIEGO, CA 92140

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	b	Membership dues	39,518.					
	c	Fundraising events	15,000.					
	d	Related organizations						
	e	Government grants (contributions)						
	f	All other contributions, gifts, grants, and similar amounts not included above	74,066.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		128,584.				
Program Service Revenue	2 a	PLATOON PHOTO SALES	900099	23,246.	23,246.			
	b	T-56 CONTRACT	900099	13,690.	13,690.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		36,936.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		57,581.		57,581.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 15,000. of contributions reported on line 1c). See Part IV, line 18	a	34,316.				
	b	Less: direct expenses	b	24,738.				
c	Net income or (loss) from fundraising events		9,578.		9,578.			
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	769,745.					
		b	Less: cost of goods sold	b	462,759.			
		c	Net income or (loss) from sales of inventory		306,986.	306,986.		
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.		539,665.	343,922.	0.	67,159.		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,100.	3,100.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	77,000.	63,140.	6,160.	7,700.
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	203,180.	166,608.	16,254.	20,318.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	731.	600.	58.	73.
10 Payroll taxes	93,976.	77,060.	7,518.	9,398.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,076.	7,442.	726.	908.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	855.	701.	68.	86.
12 Advertising and promotion	1,379.	1,131.	110.	138.
13 Office expenses	35,930.	29,462.	2,875.	3,593.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,691.	10,156.	535.	
23 Insurance	18,846.	15,453.	1,508.	1,885.
24 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.)				
a MEMBERSHIP AND PUBLIC E	32,077.	32,077.		
b MUSEUM EXHIBITS	28,748.	28,748.		
c CREDIT CARD FEES AND BA	28,220.	23,705.	1,975.	2,540.
d EDUCATION	9,750.	9,750.		
e All other expenses	12,896.	8,311.	3,571.	1,014.
25 Total functional expenses. Add lines 1 through 24e	566,455.	477,444.	41,358.	47,653.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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	
Assets	1	Cash - non-interest-bearing	455,377.	1	414,654.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	244,028.	8	251,630.
	9	Prepaid expenses and deferred charges	6,827.	9	14,019.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 154,756.		
	b	Less: accumulated depreciation	10b 123,216.	33,952.	10c 31,540.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,775,286.	12	1,933,319.
	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)	2,515,470.	16	2,645,162.	
Liabilities	17	Accounts payable and accrued expenses	37,611.	17	93,641.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	37,611.	26	93,641.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,118,641.	27	2,184,534.
	28	Temporarily restricted net assets	31,675.	28	39,444.
	29	Permanently restricted net assets	327,543.	29	327,543.
	Organizations that do not follow SFAS 117 (ASC 958), 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	2,477,859.	33	2,551,521.	
34	Total liabilities and net assets/fund balances	2,515,470.	34	2,645,162.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	539,665.
2	Total expenses (must equal Part IX, column (A), line 25)	2	566,455.
3	Revenue less expenses. Subtract line 2 from line 1	3	-26,790.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,477,859.
5	Net unrealized gains (losses) on investments	5	100,452.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,551,521.

Part XII Financial Statements and Reporting

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

		Yes	No
1	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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?		X
3b	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		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	93,479.	82,434.	89,418.	122,233.	125,692.	513,256.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,102,307.	997,086.	912,033.	785,912.	806,681.	4,604,019.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,195,786.	1,079,520.	1,001,451.	908,145.	932,373.	5,117,275.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,010.	5,840.	4,650.	6,220.	16,396.	38,116.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	5,010.	5,840.	4,650.	6,220.	16,396.	38,116.
8 Public support. (Subtract line 7c from line 6.)						5,079,159.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	1,195,786.	1,079,520.	1,001,451.	908,145.	932,373.	5,117,275.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50,312.	50,663.	55,857.	53,424.	57,581.	267,837.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	50,312.	50,663.	55,857.	53,424.	57,581.	267,837.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				4,010.		4,010.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,246,098.	1,130,183.	1,057,308.	965,579.	989,954.	5,389,122.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	94.25 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	95.05 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	4.97 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	4.36 %

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Lined area for supplemental information.

Schedule A

Payments from Disqualified Persons
Included on Part III, Line 7a

2017

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2013 Amount	2014 Amount	2015 Amount	2016 Amount	2017 Amount
JIM GUERIN	1,010.	1,520.	1,650.	2,700.	4,650.
ALLAN RAPPOPORT	2,000.	2,820.	1,500.	0.	1,800.
FANK PULLEY	0.	0.	0.	250.	0.
JOHN LICARI	2,000.	0.	0.	0.	0.
BEN SAYLOR	0.	1,500.	0.	0.	0.
BRUCE WHITE	0.	0.	1,500.	0.	0.
BOBBY WOODS	0.	0.	0.	2,000.	2,100.
NEIL O'CONNELL	0.	0.	0.	50.	1,000.
MICHAEL LINEHAN	0.	0.	0.	100.	0.
ROBERT/BOB ROSS	0.	0.	0.	250.	2,156.
PETE IVERSON	0.	0.	0.	250.	0.
PAUL ATTERBURY	0.	0.	0.	250.	1,000.
GREGG STONER	0.	0.	0.	250.	0.
DAN MCGINTY	0.	0.	0.	20.	0.
DENNIS KUSHNER	0.	0.	0.	100.	0.
JASON GALETTI	0.	0.	0.	0.	1,090.
GREG BOND	0.	0.	0.	0.	1,100.
CORY CUNNINGHAM	0.	0.	0.	0.	1,500.
Total to Schedule A, Part III, Line 7a	5,010.	5,840.	4,650.	6,220.	16,396.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

MCRD MUSEUM HISTORICAL SOCIETY

33-0290006

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization MCRD MUSEUM HISTORICAL SOCIETY	Employer identification number 33-0290006
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<p><u>LAND OF THE FREE</u></p> <p><u>13191 CROSSROADS PARKWAY NORTH</u></p> <p><u>CITY OF INDUSTRY, CA 91746</u></p>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<p><u>DONALD CONTARDI</u></p> <p><u>26 SANTA MARIA</u></p> <p><u>FOOTHILL RANCH, CA 92610</u></p>	\$ <u>7,373.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
MCRD MUSEUM HISTORICAL SOCIETY

Employer identification number
33-0290006

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once) ▶ \$
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MCRD MUSEUM HISTORICAL SOCIETY

Employer identification number

33-0290006

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic land area, historic structure), questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

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" on 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	1,775,285.	1,589,366.	1,369,558.	1,407,275.	1,103,058.
b Contributions					128,000.
c Net investment earnings, gains, and losses	158,033.	185,919.	219,808.	-37,717.	176,217.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,933,318.	1,775,285.	1,589,366.	1,369,558.	1,407,275.

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 on 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:

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

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

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

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" on 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		154,756.	123,216.	31,540.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,540.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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) CORPORATE BONDS	368,152.	END-OF-YEAR MARKET VALUE
(B) CORPORATE STOCK	1,272,130.	END-OF-YEAR MARKET VALUE
(C) MONEY MARKET	293,037.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,933,319.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	658,307.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	100,452.	
b	Donated services and use of facilities	2b	7,373.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	10,817.	
e	Add lines 2a through 2d	2e		118,642.
3	Subtract line 2e from line 1	3		539,665.
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 XIII.)	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		539,665.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	584,645.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	7,373.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	10,817.	
e	Add lines 2a through 2d	2e		18,190.
3	Subtract line 2e from line 1	3		566,455.
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 XIII.)	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		566,455.

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.

PART X, LINE 2:

THE FOUNDATION FOLLOWS ACCOUNTING STANDARDS WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN ITS FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT ALSO PROVIDES GUIDANCE ON DERECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR TO BE TAKEN IN A TAX RETURN. AS OF SEPTEMBER 30, 2018 AND 2017, THE FOUNDATION HAS NOT ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 24,738.

Part XIII Supplemental Information (continued)

SPECIAL EVENT DIRECT BENEFIT COSTS TO DONORS -13,921.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 10,817.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 24,738.

SPECIAL EVENT DIRECT BENEFIT COSTS TO DONORS -13,921.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 10,817.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 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.
Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: MCRD MUSEUM HISTORICAL SOCIETY
Employer identification number: 33-0290006

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities...

Table with 6 main 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 a Total row at the bottom.

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" on 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 (add col. (a) through col. (c))	
		GLOBE & ANCHOR (event type)	GOLF TOURNAMENT (event type)	NONE (total number)		
Revenue	1	Gross receipts	28,358.	20,957.		49,315.
	2	Less: Contributions	0.	15,000.		15,000.
	3	Gross income (line 1 minus line 2)	28,358.	5,957.		34,315.
Direct Expenses	4	Cash prizes		900.		900.
	5	Noncash prizes		162.		162.
	6	Rent/facility costs	950.	2,670.		3,620.
	7	Food and beverages	12,087.	1,290.		13,377.
	8	Entertainment	1,650.			1,650.
	9	Other direct expenses	4,948.	80.		5,028.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				24,737.
	11	Net income summary. Subtract line 10 from line 3, column (d)				9,578.

Part III Gaming. Complete if the organization answered "Yes" on 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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	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	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	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 activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 to be 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.

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **MCRD MUSEUM HISTORICAL SOCIETY**

Employer identification number **33-0290006**

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? Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

1 (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 (book, FMV, appraisal, other)	(g) Description of noncash 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 ▶▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2017

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

MCRD MUSEUM HISTORICAL SOCIETY

Employer identification number

33-0290006

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

THE HISTORICAL ROLE OF THE U.S. MARINE CORPS.

FORM 990, PART VI, SECTION B, LINE 11B:

EXECUTIVE DIRECTOR REVIEWS WITH CPA.

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEE HANDBOOK WITH PROCEDURES AND ANNUALLY A WORKSHEET IS SIGNED BY
EMPLOYEES AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

CONSULTATION WITH "2009 COMPENSATION AND BENEFITS SURVEY OF SOUTHERN AND
CENTRAL CALIFORNIA NONPROFIT ORGANIZATIONS" AND INDEPENDENT AUDIT FIRM
REVIEW OF EMPLOYEE SALARY AND BASE.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
13	COMPUTER - BUNNY	09/15/05	SL	5.00		16	1,128.				1,128.	1,055.		0.	1,055.
14	2 ROUNDERS 42" TO HANG SWEATERS	02/05/09	SL	5.00		16	241.				241.	241.		0.	241.
15	POS COMPUTER SYSTEM	04/02/09	SL	5.00		16	7,674.				7,674.	7,674.		0.	7,674.
33	GIFT SHOP SECURITY CAMERAS	09/02/09	SL	5.00		16	3,360.				3,360.	3,360.		0.	3,360.
34	BAR CODE SYSTEM - DEPOSIT	07/27/09	SL	5.00		16	1,400.				1,400.	1,400.		0.	1,400.
35	STORE FIXTURES	08/27/09	SL	7.00		16	663.				663.	663.		0.	663.
36	STORE FIXTURES	09/04/09	SL	7.00		16	1,016.				1,016.	1,016.		0.	1,016.
37	GLASS TOWER	09/04/09	SL	7.00		16	598.				598.	597.		0.	597.
38	STORE FIXTURES	09/25/09	SL	7.00		16	5,258.				5,258.	5,258.		0.	5,258.
39	BIOMETRIC LOCKS, DVR, CAM	09/25/09	SL	5.00		16	3,066.				3,066.	3,066.		0.	3,066.
40	RETRACTABLE STANCHION	10/14/09	SL	5.00		16	522.				522.	522.		0.	522.
41	TAM RETAIL	12/08/09	SL	5.00		16	22,510.				22,510.	22,510.		0.	22,510.
42	TAM RETAIL	11/09/09	SL	5.00		16	10,734.				10,734.	10,734.		0.	10,734.
43	HANDHELD SCANNER	06/23/11	SL	5.00		16	1,559.				1,559.	1,559.		0.	1,559.
44	COMPUTER FOR DOCENT OFFICE	03/07/12	SL	5.00		16	500.				500.	500.		0.	500.
45	NEW COPIER	03/26/12	SL	5.00		16	3,678.				3,678.	3,678.		0.	3,678.
46	NEW COMPUTER FOR KAT	07/03/12	SL	5.00		16	1,305.				1,305.	1,305.		0.	1,305.
47	WINTER COMPUTER SOLUTIONS	09/07/12	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl.	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
48	COMPUTER TOWER	01/02/13	SL	5.00	16	941.				941.	892.		49.	941.
50	SHOP VACUUM	11/21/13	SL	5.00	16	516.				516.	395.		103.	498.
51	ELECTRIC CART	08/15/14	SL	5.00	16	9,424.				9,424.	5,969.		1,885.	7,854.
52	COMPUTER	10/25/13	SL	5.00	16	1,092.				1,092.	855.		218.	1,073.
54	SHOPIFY EQUIPMENT	03/18/16	SL	5.00	16	2,767.				2,767.	830.		553.	1,383.
55	FURNITURE	03/18/16	SL	5.00	16	1,197.				1,197.	359.		239.	598.
56	IPAD	03/28/16	SL	5.00	16	993.				993.	298.		199.	497.
75	APPLE COMPUTER	04/30/18	SL	5.00	16	478.				478.			40.	40.
76	COMPUTER EQUIPMENT - ELECTRONICS	05/04/18	SL	5.00	16	655.				655.			55.	55.
77	COMPUTER EQUIPMENT - SHOPIFY	05/16/18	SL	5.00	16	863.				863.			74.	74.
	* 990 PAGE 10 TOTAL -					85,638.				85,638.	76,236.		3,415.	79,651.
19	GIFT SHOP BLDG IMPROVEMENTS	02/15/02	SL	10.00	16	6,641.				6,641.	6,641.		0.	6,641.
	* 990 PAGE 10 TOTAL -					6,641.				6,641.	6,641.		0.	6,641.
20	COMPUTER	12/15/99	SL	5.00	16	900.				900.	900.		0.	900.
24	COPIER	04/15/04	SL	5.00	16	4,681.				4,681.	4,681.		0.	4,681.
25	COMPUTER	01/15/05	SL	5.00	16	1,237.				1,237.	1,237.		0.	1,237.
26	MONITOR/PRINTER	09/15/00	SL	5.00	16	855.				855.	855.		0.	855.
27	MONITOR - PAT	01/15/06	SL	5.00	16	365.				365.	365.		0.	365.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
30	FURNITURE & FIXTURES	08/15/89	SL	5.00		16	12,171.				12,171.	12,171.	0.	0.	12,171.
53	COMPUTER TOWER	09/10/15	SL	5.00		16	528.				528.	221.	106.	106.	327.
57	CAMERA FOR MKTG DEPT	12/01/15	SL	5.00		16	947.				947.	347.	189.	189.	536.
58	COMPUTER	01/14/16	SL	5.00		16	1,627.				1,627.	569.	325.	325.	894.
59	FURNITURE	03/15/16	SL	5.00		16	3,416.				3,416.	1,082.	683.	683.	1,765.
60	FRUIT STAND TENT	06/17/16	SL	5.00		16	5,457.				5,457.	1,364.	1,091.	1,091.	2,455.
62	ELITE DESIGN CABINETS	02/23/17	SL	5.00		16	6,800.				6,800.	793.	1,360.	1,360.	2,153.
63	NATIONAL BUSINESS FURNITURE	03/02/17	SL	5.00		16	4,672.				4,672.	545.	934.	934.	1,479.
64	GLEN RITCHEY EQUIPMENT	12/14/16	SL	5.00		16	500.				500.	83.	100.	100.	183.
65	3 LAPTOPS	01/19/17	SL	5.00		16	2,877.				2,877.	384.	575.	575.	959.
66	NATIONAL BUSINESS FURNITURE	04/27/17	SL	5.00		16	727.				727.	61.	145.	145.	206.
	* 990 PAGE 10 TOTAL -						47,760.				47,760.	25,658.	5,508.	5,508.	31,166.
31	SD COPIERS & OFFICE PRODUCTS	02/20/09	SL	5.00		16	372.				372.	372.	0.	0.	372.
32	SD COPIERS & OFFICE PRODUCTS	04/25/09	SL	5.00		16	412.				412.	412.	0.	0.	412.
61	PUNCH VISUAL CONCEPTS	02/19/16	SL	5.00		16	3,802.				3,802.	1,204.	760.	760.	1,964.
67	FIXTURES	12/14/16	SL	5.00		16	500.				500.	83.	100.	100.	183.
68	PROGRAM GALLERY	02/09/17	SL	5.00		16	649.				649.	87.	130.	130.	217.
69	DOG TAG DISPLAY	03/28/17	SL	5.00		16	571.				571.	57.	114.	114.	171.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
78	OFFICE EQUIPMENT	07/10/18	SL	5.00	16	336.				336.			17.	17.
	* 990 PAGE 10 TOTAL -					6,642.				6,642.	2,215.		1,121.	3,336.
70	ROCKLER	02/27/18	SL	5.00	16	904.				904.			105.	105.
71	COMMAND MUSEUM SUPPORT - LA MESA SEW N VAC	04/03/18	SL	5.00	16	171.				171.			17.	17.
72	CARPET	06/06/18	SL	5.00	16	395.				395.			26.	26.
73	COMMAND MUSEUM SUPPORT - LESSLER'S DRAPERIES	08/27/18	SL	5.00	16	631.				631.			11.	11.
74	DOG TAG MACHINE	08/30/18	SL	5.00	16	2,000.				2,000.			33.	33.
	* 990 PAGE 10 TOTAL -					4,101.				4,101.	0.		192.	192.
49	WIRE SHELVING	08/12/13	SL	5.00	16	2,128.				2,128.	1,775.		353.	2,128.
79	FURNITURE AND FIXTURES	04/30/18	SL	5.00	16	463.				463.			39.	39.
80	FURNITURE AND FIXTURES	05/29/18	SL	5.00	16	509.				509.			34.	34.
81	FURNITURE AND FIXTURES	06/04/18	SL	5.00	16	285.				285.			19.	19.
82	FURNITURE AND FIXTURES	08/29/18	SL	5.00	16	589.				589.			10.	10.
	* 990 PAGE 10 TOTAL -					3,974.				3,974.	1,775.		455.	2,230.
	* GRAND TOTAL 990 PAGE 10 DEPR					154,756.				154,756.	112,525.		10,691.	123,216.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					146,477.			0.	146,477.	112,525.			122,736.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						8,279.			0.	8,279.	0.			480.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						154,756.			0.	154,756.	112,525.			123,216.
	ENDING ACCUM DEPR										123,216.				
	ENDING BOOK VALUE										31,540.				

Depreciation and Amortization
(Including Information on Listed Property) **990**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return MCRD MUSEUM HISTORICAL SOCIETY	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 33-0290006
------------------------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	510,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	10,691.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	10,691.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes lines 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) through (f) Vehicle. Includes lines 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with columns Yes No. Includes lines 37-41 regarding policy statements and information retention.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes lines 42-44.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. MCRD MUSEUM HISTORICAL SOCIETY	Employer identification number (EIN) or 33-0290006
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. P.O. BOX 400085	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92140	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LAUREN RITCHEY-MAYER

- The books are in the care of ▶ **P.O. BOX 400085 - SAN DIEGO, CA 92140**
Telephone No. ▶ **(619) 524-4426** 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.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - MCRD MUSEUM HISTORICAL SOCIETY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
13	COMPUTER - BUNNY	091505SL		5.00	1,128.		1,128.	1,055.	0.
14	2 ROUNDERS 42" TO HANG SWEATERS	020509SL		5.00	241.		241.	241.	0.
15	POS COMPUTER SYSTEM	040209SL		5.00	7,674.		7,674.	7,674.	0.
33	GIFT SHOP SECURITY CAMERAS	090209SL		5.00	3,360.		3,360.	3,360.	0.
34	BAR CODE SYSTEM - DEPOSIT	072709SL		5.00	1,400.		1,400.	1,400.	0.
35	STORE FIXTURES	082709SL		7.00	663.		663.	663.	0.
36	STORE FIXTURES	090409SL		7.00	1,016.		1,016.	1,016.	0.
37	GLASS TOWER	090409SL		7.00	598.		598.	597.	0.
38	STORE FIXTURES	092509SL		7.00	5,258.		5,258.	5,258.	0.
39	BIOMETRIC LOCKS, DVR. CAM	092509SL		5.00	3,066.		3,066.	3,066.	0.
40	RETRACTABLE STANCHION	101409SL		5.00	522.		522.	522.	0.
41	TAM RETAIL	120809SL		5.00	22,510.		22,510.	22,510.	0.
42	TAM RETAIL	110909SL		5.00	10,734.		10,734.	10,734.	0.
43	HANDHELD SCANNER	062311SL		5.00	1,559.		1,559.	1,559.	0.
44	COMPUTER FOR DOCENT OFFICE	030712SL		5.00	500.		500.	500.	0.
45	NEW COPIER	032612SL		5.00	3,678.		3,678.	3,678.	0.
46	NEW COMPUTER FOR KAT	070312SL		5.00	1,305.		1,305.	1,305.	0.
47	WINTER COMPUTER SOLUTIONS	090712SL		5.00	1,500.		1,500.	1,500.	0.
48	COMPUTER TOWER	010213SL		5.00	941.		941.	941.	0.
50	SHOP VACUUM	112113SL		5.00	516.		516.	498.	18.
51	ELECTRIC CART	081514SL		5.00	9,424.		9,424.	7,854.	1,570.
52	COMPUTER	102513SL		5.00	1,092.		1,092.	1,073.	19.
54	SHOPIFY EQUIPMENT	031816SL		5.00	2,767.		2,767.	1,383.	553.
55	FURNITURE	031816SL		5.00	1,197.		1,197.	598.	239.
56	IPAD	032816SL		5.00	993.		993.	497.	199.
75	APPLE COMPUTER	043018SL		5.00	478.		478.	40.	96.
76	COMPUTER EQUIPMENT - ELECTRONIS	050418SL		5.00	655.		655.	55.	131.
77	COMPUTER EQUIPMENT - SHOPIFY	051618SL		5.00	863.		863.	74.	173.
	* 990 PAGE 10 TOTAL -				85,638.		85,638.	79,651.	2,998.
19	GIFT SHOP BLDG IMPROVEMENTS	021502SL		10.00	6,641.		6,641.	6,641.	0.
	* 990 PAGE 10 TOTAL -				6,641.		6,641.	6,641.	0.
20	COMPUTER	121599SL		5.00	900.		900.	900.	0.
24	COPIER	041504SL		5.00	4,681.		4,681.	4,681.	0.
25	COMPUTER	011505SL		5.00	1,237.		1,237.	1,237.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - MCRD MUSEUM HISTORICAL SOCIETY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
26	MONITOR/PRINTER	091500SL		5.00	855.		855.	855.	0.
27	MONITOR - PAT	011506SL		5.00	365.		365.	365.	0.
30	FURNITURE & FIXTURES	081589SL		5.00	12,171.		12,171.	12,171.	0.
53	COMPUTER TOWER	091015SL		5.00	528.		528.	327.	106.
57	CAMERA FOR MKTG DEPT	120115SL		5.00	947.		947.	536.	189.
58	COMPUTER	011416SL		5.00	1,627.		1,627.	894.	325.
59	FURNITURE	031516SL		5.00	3,416.		3,416.	1,765.	683.
60	FRUIT STAND TENT	061716SL		5.00	5,457.		5,457.	2,455.	1,091.
62	ELITE DESIGN CABINETS	022317SL		5.00	6,800.		6,800.	2,153.	1,360.
63	NATIONAL BUSINESS FURNITURE	030217SL		5.00	4,672.		4,672.	1,479.	934.
64	GLEN RITCHEY EQUIPMENT	121416SL		5.00	500.		500.	183.	100.
65	LAPTOPS	011917SL		5.00	2,877.		2,877.	959.	575.
66	NATIONAL BUSINESS FURNITURE	042717SL		5.00	727.		727.	206.	145.
	* 990 PAGE 10 TOTAL -				47,760.		47,760.	31,166.	5,508.
31	SD COPIERS & OFFICE PRODUCTS	022009SL		5.00	372.		372.	372.	0.
32	SD COPIERS & OFFICE PRODUCTS	042509SL		5.00	412.		412.	412.	0.
61	PUNCH VISUAL CONCEPTS	021916SL		5.00	3,802.		3,802.	1,964.	760.
67	FIXTURES	121416SL		5.00	500.		500.	183.	100.
68	PROGRAM GALLERY	020917SL		5.00	649.		649.	217.	130.
69	DOG TAG DISPLAY	032817SL		5.00	571.		571.	171.	114.
78	OFFICE EQUIPMENT	071018SL		5.00	336.		336.	17.	67.
	* 990 PAGE 10 TOTAL -				6,642.		6,642.	3,336.	1,171.
70	ROCKLER	022718SL		5.00	904.		904.	105.	181.
	COMMAND MUSEUM SUPPORT - LA MESA SEW								
71	N VAC	040318SL		5.00	171.		171.	17.	34.
72	CARPET	060618SL		5.00	395.		395.	26.	79.
	COMMAND MUSEUM SUPPORT - LESSLER'S								
73	DRAPERIES	082718SL		5.00	631.		631.	11.	126.
74	DOG TAG MACHINE	083018SL		5.00	2,000.		2,000.	33.	400.
	* 990 PAGE 10 TOTAL -				4,101.		4,101.	192.	820.
49	WIRE SHELVING	081213SL		5.00	2,128.		2,128.	2,128.	0.
79	FURNITURE AND FIXTURES	043018SL		5.00	463.		463.	39.	93.
80	FURNITURE AND FIXTURES	052918SL		5.00	509.		509.	34.	102.
81	FURNITURE AND FIXTURES	060418SL		5.00	285.		285.	19.	57.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

MCRD MUSEUM HISTORICAL SOCIETY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
82	FURNITURE AND FIXTURES	082918SL		5.00	589.		589.	10.	118.
	* 990 PAGE 10 TOTAL -				3,974.		3,974.	2,230.	370.
	* GRAND TOTAL 990 PAGE 10 DEPR				154,756.		154,756.	123,216.	10,867.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

TAXABLE YEAR
2017

California Exempt Organization Annual Information Return

728941 12-06-17
FORM

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) **10/01/2017**, and ending (mm/dd/yyyy) **09/30/2018**

Corporation/Organization name
MCRD MUSEUM HISTORICAL SOCIETY
Additional information. See instructions.

California corporation number
1556718

FEIN
33-0290006

Street address (suite or room)
P.O. BOX 400085

City
SAN DIEGO

State
CA

ZIP code
92140

Foreign country name
Foreign province/state/county
Foreign postal code

- A First Return Yes No
- B Amended Return Yes No
- C IRC Section 4947(a)(1) trust Yes No
- D Final Information Return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date: (mm/dd/yyyy)
- E Check accounting method: (1) Cash (2) Accrual (3) Other
- F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
- G Is this a group filing? See instructions Yes No
- H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name?
- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ Yes No
- L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. Yes No
- M Is the organization a Limited Liability Company? Yes No
- N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- P Is federal Form 1023/1024 pending? Yes No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	898,578.00
	2	Gross dues and assessments from members and affiliates	2	39,518.00
	3	Gross contributions, gifts, grants, and similar amounts received	3	89,066.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	1,027,162.00
	5	Cost of goods sold	5	462,759.00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	462,759.00
	8	Total gross income. Subtract line 7 from line 4	8	564,403.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	591,193.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-26,790.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A 00
	16	Penalties and interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: **CLIENT'S COPY** Title: **EXECUTIVE DIRE** Date: _____ Telephone: _____

Preparer's signature: _____ Date: **08/15/19** Check if self-employed: PTIN: **P00452784**

Paid Preparer's Use Only
Firm's name (or yours, if self-employed) and address: **CONSIDINE & CONSIDINE**
8989 RIO SAN DIEGO DRIVE, SUITE 250
SAN DIEGO, CA 92108
Telephone: **95-2694444**
619.231.1977

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

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	804,061.00
	2	Interest	2	18,247.00
	3	Dividends	3	39,334.00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions)	6	00
	7	Other income	7	36,936.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	898,578.00
	9	Contributions, gifts, grants, and similar amounts paid	9	3,100.00
Expenses and Disbursements	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees	11	77,000.00
	12	Other salaries and wages	12	203,180.00
	13	Interest	13	00
	14	Taxes	14	93,976.00
	15	Rents	15	00
	16	Depreciation and depletion (See instructions)	16	10,691.00
	17	Other Expenses and Disbursements	17	203,246.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	591,193.00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		455,377.		414,654.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		244,028.		251,630.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments	STMT 8	1,775,286.		1,933,319.
10 a Depreciable assets	146,477.		154,756.	
b Less accumulated depreciation	(112,525.)	33,952.	(123,216.)	31,540.
11 Land				
12 Other assets	STMT 9	6,827.		14,019.
13 Total assets		2,515,470.		2,645,162.
Liabilities and net worth				
14 Accounts payable		37,611.		93,641.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,477,859.		2,551,521.
22 Total liabilities and net worth		2,515,470.		2,645,162.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	-26,790.	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	-26,790.
6 Total. Add line 1 through line 5	-26,790.		

CA 199 CASH CONTRIBUTIONS STATEMENT 1
INCLUDED ON PART I, LINE 3

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
LAND OF THE FREE	13191 CROSSROADS PARKWAY NORTH CITY OF INDUSTRY, CA 91746	12/27/17	10,000.
TOTAL INCLUDED ON LINE 3			<u>10,000.</u>

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		244,028
2. MERCHANDISE PURCHASED.	470,361	
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		714,389
7. INVENTORY AT END OF YEAR		251,630
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		462,759

CA 199 NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 3

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
DONALD CONTARDI	26 SANTA MARIA FOOTHILL RANCH, CA 92610		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
OFFICE/ADMIN SERVICES	12/28/17	7,373.	7,373.
TOTAL INCLUDED ON LINE 3			7,373.

CA 199 OTHER INCOME STATEMENT 4

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PLATOON PHOTO SALES	23,246.
T-56 CONTRACT	13,690.
TOTAL TO FORM 199, PART II, LINE 7	36,936.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 5

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS INDIVIDUALS	VARIOUS - SAN DIEGO, CA 92140	NONE	3,100.

TOTAL FOR THIS ACTIVITY 3,100.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 3,100.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MSGT ROBERT ROSS P.O. BOX 400085 SAN DIEGO, CA 92140	PRESIDENT 1.00	0.
SGTMAJ NEIL O' CONNELL, USMC (RET) P.O. BOX 400085 SAN DIEGO, CA 92140	VICE PRESIDENT 1.00	0.
COL JIM GUERIN, USMC (RET) P.O. BOX 400085 SAN DIEGO, CA 92140	PAST PRESIDENT 1.00	0.
COL PAUL ATTERBURY P.O. BOX 400085 SAN DIEGO, CA 92140	SECRETARY 1.00	0.
LTCOL GREGORY F. BOND, USMC (RET) P.O. BOX 400085 SAN DIEGO, CA 92140	BOARD MEMBER 1.00	0.
JASON GALETTI P.O. BOX 400085 SAN DIEGO, CA 92140	BOARD MEMBER 1.00	0.

MCRD MUSEUM HISTORICAL SOCIETY

33-0290006

SGTMAJ BOBBY WOODS P.O. BOX 400085 SAN DIEGO, CA 92140	BOARD MEMBER 1.00	0.
ALLAN RAPPOPORT P.O. BOX 400085 SAN DIEGO, CA 92140	BOARD MEMBER 1.00	0.
COL CORY M. CUNNINGHAM P.O. BOX 400085 SAN DIEGO, CA 92140	CFO 1.00	0.
PAUL MCNAMARA P.O. BOX 400085 SAN DIEGO, CA 92140	EXECUTIVE DIRECTOR 40.00	77,000.
TOTAL TO FORM 199, PART II, LINE 11		<u>77,000.</u>

CA 199 OTHER EXPENSES STATEMENT 7

DESCRIPTION	AMOUNT
MEMBERSHIP AND PUBLIC E	32,077.
MUSEUM EXHIBITS	28,748.
CREDIT CARD FEES AND BA	28,220.
EDUCATION	9,750.
DIRECT EXPENSES OF FUNDRAISING EVENTS	24,738.
OTHER EMPLOYEE BENEFITS	731.
ACCOUNTING FEES	9,076.
OTHER PROFESSIONAL FEES	855.
ADVERTISING AND PROMOTION	1,379.
OFFICE EXPENSES	35,930.
INSURANCE	18,846.
ALL OTHER EXPENSES	12,896.
TOTAL TO FORM 199, PART II, LINE 17	<u>203,246.</u>

CA 199 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CORPORATE BONDS	392,362.	368,152.
CORPORATE STOCK	1,199,880.	1,272,130.
MONEY MARKET	183,044.	293,037.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	<u>1,775,286.</u>	<u>1,933,319.</u>

CA 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	6,827.	14,019.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	6,827.	14,019.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 33-0290006

Corporation name

California corporation number

MCRD MUSEUM HISTORICAL SOCIETY

1556718

Part I Election To Expense Certain Property Under IRC Section 179

Table with 13 rows for Part I. Line 1: \$25,000; Line 3: \$200,000; Line 13: 13.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns (a-h) and 15 rows. Row 14: SEE STATEMENT, 10, 154,756., 112,525.; Row 15: 15, 10,691.

Part III Summary

Table with 2 rows for Part III. Line 16: 10,691.; Line 17: 10,691.; Line 18: 0.

Part IV Amortization

Table with 7 columns (a-g) and 22 rows for Part IV. Line 20: Total amortization; Line 22: Amortization adjustment.

CA 3885

DEPRECIATION

STATEMENT 10

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
13 COMPUTER - BUNNY	09/15/05	1,128.	1,055.	SL	5.00	0.	
14 2 ROUNDERS 42" TO HANG SWEATERS	02/05/09	241.	241.	SL	5.00	0.	
15 POS COMPUTER SYSTEM	04/02/09	7,674.	7,674.	SL	5.00	0.	
19 GIFT SHOP BLDG IMPROVEMENTS	02/15/02	6,641.	6,641.	SL	10.00	0.	
20 COMPUTER	12/15/99	900.	900.	SL	5.00	0.	
24 COPIER	04/15/04	4,681.	4,681.	SL	5.00	0.	
25 COMPUTER	01/15/05	1,237.	1,237.	SL	5.00	0.	
26 MONITOR/PRINTER	09/15/00	855.	855.	SL	5.00	0.	
27 MONITOR - PAT	01/15/06	365.	365.	SL	5.00	0.	
30 FURNITURE & FIXTURES	08/15/89	12,171.	12,171.	SL	5.00	0.	
31 SD COPIERS & OFFICE PRODUCTS	02/20/09	372.	372.	SL	5.00	0.	
32 SD COPIERS & OFFICE PRODUCTS	04/25/09	412.	412.	SL	5.00	0.	
33 GIFT SHOP SECURITY CAMERAS	09/02/09	3,360.	3,360.	SL	5.00	0.	
34 BAR CODE SYSTEM - DEPOSIT	07/27/09	1,400.	1,400.	SL	5.00	0.	
35 STORE FIXTURES	08/27/09	663.	663.	SL	7.00	0.	
36 STORE FIXTURES	09/04/09	1,016.	1,016.	SL	7.00	0.	
37 GLASS TOWER	09/04/09	598.	597.	SL	7.00	0.	
38 STORE FIXTURES	09/25/09	5,258.	5,258.	SL	7.00	0.	
39 BIOMETRIC LOCKS, DVR. CAM	09/25/09	3,066.	3,066.	SL	5.00	0.	
40 RETRACTABLE STANCHION	10/14/09	522.	522.	SL	5.00	0.	
41 TAM RETAIL	12/08/09	22,510.	22,510.	SL	5.00	0.	
42 TAM RETAIL	11/09/09	10,734.	10,734.	SL	5.00	0.	
43 HANDHELD SCANNER	06/23/11	1,559.	1,559.	SL	5.00	0.	

44	COMPUTER FOR DOCENT OFFICE						
	03/07/12	500.	500.	SL	5.00	0.	
45	NEW COPIER						
	03/26/12	3,678.	3,678.	SL	5.00	0.	
46	NEW COMPUTER FOR KAT						
	07/03/12	1,305.	1,305.	SL	5.00	0.	
47	WINTER COMPUTER SOLUTIONS						
	09/07/12	1,500.	1,500.	SL	5.00	0.	
48	COMPUTER TOWER						
	01/02/13	941.	892.	SL	5.00	49.	
49	WIRE SHELVING						
	08/12/13	2,128.	1,775.	SL	5.00	353.	
50	SHOP VACUME						
	11/21/13	516.	395.	SL	5.00	103.	
51	ELECTRIC CART						
	08/15/14	9,424.	5,969.	SL	5.00	1,885.	
52	COMPUTER						
	10/25/13	1,092.	855.	SL	5.00	218.	
53	COMPUTER TOWER						
	09/10/15	528.	221.	SL	5.00	106.	
54	SHOPIFY EQUIPMENT						
	03/18/16	2,767.	830.	SL	5.00	553.	
55	FURNITURE						
	03/18/16	1,197.	359.	SL	5.00	239.	
56	IPAD						
	03/28/16	993.	298.	SL	5.00	199.	
57	CAMERA FOR MKTG DEPT						
	12/01/15	947.	347.	SL	5.00	189.	
58	COMPUTER						
	01/14/16	1,627.	569.	SL	5.00	325.	
59	FURNITURE						
	03/15/16	3,416.	1,082.	SL	5.00	683.	
60	FRUIT STAND TENT						
	06/17/16	5,457.	1,364.	SL	5.00	1,091.	
61	PUNCH VISUAL CONCEPTS						
	02/19/16	3,802.	1,204.	SL	5.00	760.	
62	ELITE DESIGN CABINETS						
	02/23/17	6,800.	793.	SL	5.00	1,360.	
63	NATIONAL BUSINESS FURNITURE						
	03/02/17	4,672.	545.	SL	5.00	934.	
64	GLEN RITCHEY EQUIPMENT						
	12/14/16	500.	83.	SL	5.00	100.	
65	3 LAPTOPS						
	01/19/17	2,877.	384.	SL	5.00	575.	
66	NATIONAL BUSINESS FURNITURE						
	04/27/17	727.	61.	SL	5.00	145.	
67	FIXTURES						
	12/14/16	500.	83.	SL	5.00	100.	
68	PROGRAM GALLERY						
	02/09/17	649.	87.	SL	5.00	130.	
69	DOG TAG DISPLAY						
	03/28/17	571.	57.	SL	5.00	114.	
70	ROCKLER						
	02/27/18	904.		SL	5.00	105.	

71	COMMAND MUSEUM SUPPORT - LA MESA SEW N VAC					
	04/03/18	171.	SL	5.00	17.	
72	CARPET					
	06/06/18	395.	SL	5.00	26.	
73	COMMAND MUSEUM SUPPORT - LESSLER'S DRAPERIES					
	08/27/18	631.	SL	5.00	11.	
74	DOG TAG MACHINE					
	08/30/18	2,000.	SL	5.00	33.	
75	APPLE COMPUTER					
	04/30/18	478.	SL	5.00	40.	
76	COMPUTER EQUIPMENT - ELECTRONIS					
	05/04/18	655.	SL	5.00	55.	
77	COMPUTER EQUIPMENT - SHOPIFY					
	05/16/18	863.	SL	5.00	74.	
78	OFFICE EQUIPMENT					
	07/10/18	336.	SL	5.00	17.	
79	FURNITURE AND FIXTURES					
	04/30/18	463.	SL	5.00	39.	
80	FURNITURE AND FIXTURES					
	05/29/18	509.	SL	5.00	34.	
81	FURNITURE AND FIXTURES					
	06/04/18	285.	SL	5.00	19.	
82	FURNITURE AND FIXTURES					
	08/29/18	589.	SL	5.00	10.	

TOTAL TO FORM 3885

154,756.	112,525.
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10,691.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>73215</u> <u>MCRD MUSEUM HISTORICAL SOCIETY</u> <small>Name of Organization</small> <u>P.O. BOX 400085</u> <small>Address (Number and Street)</small> <u>SAN DIEGO, CA 92140</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1556718</u> Federal Employer I.D. No. <u>33-0290006</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 10/01/2017 ending 09/30/2018) list:
 Gross annual revenue \$ 539,665. Total assets \$ 2,645,162.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 619-) 524-4426

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

CLIENT'S COPY

<u>PAUL MCNAMARA</u>	<u>EXECUTIVE DIRECTOR</u>		
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

CONSIDINE & CONSIDINE
AN ACCOUNTANCY CORPORATION
8989 RIO SAN DIEGO DRIVE, SUITE 250
SAN DIEGO, CA 92108

PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.

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