#### \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

Α	For th	he 2019 calendar year, or tax year beginning ਹਾ	UL 1, 2019 and	ending J	UN 30, 2020				
В	Check it applicat	if ble: C Name of organization			D Employer id	entifi	cation number		
	Addr	ress MARINE CORPS SCHOLARSHIP FOUNDATI	ON INC						
F	Nam	ne	,		22-190	5062			
F	Initia	al	livered to street address)	Room/suite	E Telephone n		ur		
F	Final	909 N WASHINGTON STREET	involve to stroot address)	400	703-549-				
_	—lretur termi ated	11 <i>V</i> •	7IP or foreign postal code		G Gross receipts \$		62,039,984.		
		ended ATEVANDETA WA 22314	Zii di laraigii paatai aada		H(a) Is this a gr	OUD re			
F	Appli	lica-	RT R. RUARK		for subord				
	pend	SAME AS C ABOVE					ncluded? Yes No		
$\overline{\Gamma}$	Tax-ex	exempt status: X 501(c)(3) 501(c) (		or 527	1		list. (see instructions)		
		site: WWW.MCSF.ORG	,		H(c) Group exe				
			ssociation Other >	<b>L</b> Year	of formation: 196		M State of legal domicile; NJ		
		Summary							
_	1	Briefly describe the organization's mission or most	significant activities: TO HON	OR MARINE	ES BY EDUCATI	NG			
Governance		THEIR CHILDREN.							
rna	2	Check this box  if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its n	et as	sets.		
Ş	3	Number of voting members of the governing body	(Part VI, line 1a)			3	28		
		Number of independent voting members of the go	verning body (Part VI, line 1b)			4	27		
Se	5	Total number of individuals employed in calendar y	vear 2019 (Part V, line 2a)			5	39		
Viţi.	6	Total number of volunteers (estimate if necessary)				6	379		
Activities &	7 a	a Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.		
_	b	b Net unrelated business taxable income from Form	990-T, line 39			7b	0.		
					Prior Year		Current Year		
<u>o</u>	8				15,457,		18,010,379.		
Revenue	9					0.	0.		
ě	10	, , , , , , , , , , , , , , , , , , , ,			2,811,	2,511,106.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		725,		707,019.		
_	12	3 \ 1			18,994,		21,228,504.		
	13	1 ,			8,223,		7,560,233.		
	14				3,583,	0.	<del></del>		
es	15		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses	16a	a Professional fundraising fees (Part IX, column (A), I			492,	513.	452,765.		
ů.	- b	b Total fundraising expenses (Part IX, column (D), lin			2 556	<u> </u>	2 001 000		
	''	Other expenses (Part IX, column (A), lines 11a-11d			3,776,		3,221,822.		
		,		·····	16,075,		14,832,003.		
	19 /	Revenue less expenses. Subtract line 18 from line	12		2,919,		6,396,501.		
Net Assets or	<b>1</b>	Total access (Dart V. Frag 40)		Ве	ginning of Current 119,106,		End of Year 126,336,184.		
SSe Sold	20	, , , , , , , , , , , , , , , , , , , ,			10,102,		9,416,635.		
let /	21	, , , , , , , , , , , , , , , , , , , ,	line 20		109,004,		116,919,549.		
P	art II		lille 20		105,001,		110,313,313.		
		nalties of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the hest	nf m	v knowledge and helief it is		
		ect, and complete. Declaration of preparer (other than office				-	y Kilowioago alia bollol, it io		
	,, 00110	Son, and complete Boolaration of property (other than office	or y to bacoa on an information of w	mon proparor	That any knowledge				
Sig	ın	Signature of officer			Date				
He		ROBERT R. RUARK, PRESIDENT & CHIE	F EXECUTIVE OFFICER						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	] [	Date cr	neck	PTIN		
Pai	d	AMY CHAPMAN	AMY CHAPMAN	0	3/23/21 if se	ے If-employ	ved P00843460		
	parer	Firm's name CLIFTONLARSONALLEN LLP	•		Firm's E		41-0746749		
	Only	-	200						
	-	ARLINGTON, VA 22203			Phone n	0.571	227-9500		
Ma	v the	IRS discuss this return with the preparer shown abo	ve? (see instructions)		•		X Yes No		

	Briefly describe the organization's mis		mo m uno rant III		X
1	SEE SCHEDULE O.	SSIOH.			
	5.11				
2	Did the organization undertake any si			nich were not listed on the	Yes X No
	If "Yes," describe these new services				1es1NO
3			inges in how it cond	ducts, any program services?	Yes X No
	If "Yes," describe these changes on S		_		
4		· · · · · · · · · · · · · · · · · · ·		e largest program services, as measured	•
			port the amount of	grants and allocations to others, the total	al expenses, and
4a	revenue, if any, for each program serv	9 817 287 inclu	ding grants of \$	7,560,233. ) (Revenue \$	
4a	SEE SCHEDULE O	includ	aing grants of \$		
4b	(Code:) (Expenses \$	inclu	ding grants of \$	) (Revenue \$	
4c	(Code: ) (Expenses \$	include	ding grants of \$	) (Revenue \$	
4d	Other program services (Describe on	Schedule ()			
4d	Other program services (Describe on (Expenses \$	Schedule O.) including grants of \$		) (Revenue \$	)

SEE SCHEDULE O FOR CONTINUATION(S)

#### 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U				x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		₩
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		х
С	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? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f		116		_
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<del>                                     </del>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	х	
	Schedule D, Parts XI and XII	12a		$\vdash$
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I. Parts I and II	21		X
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Form 990 (2019) MARINE CORPS SCHOLARSHI
Part IV | Checklist of Required Schedules (contin

I a	Official of Required Scriedules (continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		77			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х			
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? If "Yes," complete		v			
04 -	Schedule J	23	Х			
24 a	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? If "Yes," answer lines 24b through 24d and complete			х		
	Schedule K. If "No," go to line 25a	24a				
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240				
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d				
		24u				
<b>2</b> 5a	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? If "Yes," complete Schedule L, Part I					
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		X		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete					
		25b		Х		
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230				
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х		
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):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>					
-	"Yes," complete Schedule L, Part IV	28a		х		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х		
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If					
•	"Yes," complete Schedule L, Part IV	28c		Х		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		Х		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>					
	Schedule N. Part II	32		Х		
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? If "Yes," complete Schedule R, Part I	33		Х		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34		Х		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х		
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)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		Х		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?					
_	Note: All Form 990 filers are required to complete Schedule O	38	Х			
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35	-				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c				

Form **990** (2019)

064-0382

Form 990 (2019)  MARINE CORPS SCHOLARSHIP FOUNDATION, INC  Page 5  Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action (1997).	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a	X	
b			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7c		Х
d	• • • • • • • • • • • • • • • • • • • •	7d	_		77
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained		7h		
8			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	•			
а		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	I		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 27			
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?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY, LA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website     Another's website     V Upon request     Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	RITA H. HSIEH - 571-384-2806			
	909 N WASHINGTON STREET, SUITE 400, ALEXANDRIA, VA 22314			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

**Employees, and Independent Contractors** 

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average			(e Pos	C) sition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ROBERT R. RUARK	40.00									
PRESIDENT AND CEO		Х		Х				279,012.	0.	14,930.
(2) EDWARD W. PROBERT JR.	40.00									
EXECUTIVE VP, DEVELOPMENT					Х			241,783.	0.	37,420.
(3) STEVEN D. PETERSON	40.00									
EXECUTIVE VP, OPERATIONS				Х				200,976.	0.	13,315.
(4) ASHLEY E. SAVILLE	40.00									
SENIOR PHILANTHROPIC OFFICER						Х		156,806.	0.	7,838.
(5) STEPHANIE TRISTAN	40.00	1								
DIRECTOR OF DEVELOPMENT						Х		120,375.	0.	37,223.
(6) RITA HSIEH	40.00	1								
SR. DIR OF ACCOUNTING & FINANCE				Х				131,756.	0.	17,659.
(7) JEANNA ADAMS	40.00	1								
DIRECTOR, SCHOLARSHIP PROGRAMS						Х		115,655.	0.	19,077.
(8) JENNIFER MCNULTY	40.00	1								
DIRECTOR OF DEVELOPMENT		<u> </u>			<u> </u>	Х		125,878.	0.	8,649.
(9) CHRISTINE WILSON	40.00	1								
DIRECTOR OF DEVELOPMENT		<u> </u>			<u> </u>	Х		118,875.	0.	15,305.
(10) GEORGE J. TRAUTMAN III	1.00	4						_	_	_
CHAIRMAN - PARTIAL YEAR		Х		Х	<u> </u>			0.	0.	0.
(11) ROBERT B. NELLER	1.00	1								
CHAIRMAN		Х		Х				0.	0.	0.
(12) ERIC J. CANDELORI	1.00	┨							_	
VICE CHAIRMAN	1 00	Х		Х				0.	0.	0.
(13) RICHARD D. STEPHENS	1.00	ł							•	
TREASURER	1 00	Х		Х				0.	0.	0.
(14) STEVEN M. POST	1.00	١,,		,,					٥	_
GENERAL COUNSEL	1 00	Х		Х	<u> </u>			0.	0.	0.
(15) MICHEAL P. BARRETT	1.00	x							0.	_
DIRECTOR  (16) DICHARD A REDCEN	1 00	Α.	$\vdash$	$\vdash$	-			0.	0.	0.
(16) RICHARD A. BERGEN DIRECTOR	1.00	x						0.	0.	_
(17) CHARLES F. BOLDEN JR.	1.00	^	$\vdash$		$\vdash$		<del>                                     </del>	0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
DILLOTOIL CO.		41	<u> </u>		<u> </u>		<u> </u>		0,	Form <b>990</b> (2010)

Part VII   Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	;)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JON M. DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(19) MIGUEL EATON	1.00	x						0.	0.	0
DIRECTOR	1 00	Λ						0.	٠.	0.
(20) GEORGE J. FLYNN DIRECTOR	1.00	Х						0.	0.	0.
(21) MATTHEW GANTZ	1.00									
DIRECTOR		х						0.	0.	0.
(22) TRACY GARRETT DIRECTOR	1.00	х						0.	0.	0.
(23) FRANK J. GAUDIO	1.00									
DIRECTOR		х						0.	0.	0.
(24) ROBERT E. JOYCE JR. DIRECTOR	1.00	x						0.	0.	0.
(25) MARGARET G. KIBBEN	1.00	Λ						0.	٠.	0.
DIRECTOR	1,00	x						0.	0.	0.
(26) THOMAS J. LYONS	1.00								•	•
DIRECTOR		х						0.	0.	0.
1b Subtotal	1				1		<u> </u>	1,491,116.	0.	171,416.
c Total from continuation sheets to Part V							<b>•</b>	0.	0.	0.
d Total (add lines 1b and 1c)							<b></b>	1,491,116.	0.	171,416.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100.	000 of reportable	

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

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANNE LEWIS STRATEGIES, LLC		
120 EAST 1ST STREET, PAPOLLION, NE 68046	DIGITAL MARKETING PROGRAM	464,500.
DATOCWITTEN GROUP, INC.		
13145 APPLEGROVE LANE, HERNDON, VA 20171	EVENT MANAGEMENT	324,874.
HILL + KNOWLTON STRATEGIES, LLC		
POST OFFICE BOX 101264, ATLANTA, GA 30392	CONTRACTED MEDIA SERVICES	141,312.
DATA AXLE, INC.		
120 EAST 1ST STREET, PAPOLLION, NE 68046	DIRECT MARKING PROGRAM	127,461.
PATRICIA J. HURLEY & ASSOCIATES, INC, 205		
W. WACKER DR, STE 1400, CHICAGO, IL 60606	EVENT MANAGEMENT	122,239.
<ul> <li>Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization</li> </ul>	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

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Form 990 MARINE CORPS	РГ	OON	DAI	TOM	, <u> </u>	NC	22-1905062  Compensated Employees (continued)				
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	ees (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average			Pos				Reportable	Reportable	Estimated	
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(27) FRANK D. MARTELL	1.00	<del>                                     </del>	┢	<u> </u>							
DIRECTOR		х						0.	0.	0	
(28) PETER MCCALLUM	1.00										
DIRECTOR		x						0.	0.	0	
(29) JAMES MCGINTY	1.00										
DIRECTOR - PARTIAL YEAR		х						0.	0.	0	
(30) SUSAN E. MORRISON	1.00										
DIRECTOR		х						0.	0.	0	
(31) DAN NELSON	1.00										
DIRECTOR		х						0.	0.	0	
(32) MELISSA D. PALMISCIANO	1.00										
DIRECTOR		х						0.	0.	0	
(33) GREG PARSONS	1.00										
DIRECTOR		х						0.	0.	0	
(34) ROBERT W. SCHRODER	1.00										
DIRECTOR		Х						0.	0.	0	
(35) CHARLES SCIANNA	1.00										
DIRECTOR		Х						0.	0.	0	
(36) PAMELA SCHMIDLE	1.00	1									
DIRECTOR - PARTIAL YEAR		Х						0.	0.	0	
(37) ED SMITH	1.00	]									
DIRECTOR - PARTIAL YEAR		Х						0.	0.	0	
(38) ROBERT J. STEVENS	1.00	1									
DIRECTOR		Х						0.	0.	0	
(39) CATHERINE THOMAS	1.00	1									
DIRECTOR		х						0.	0.	0	
(40) BERNARD J. WILLETT	1.00	<b>∤</b>								_	
DIRECTOR		Х						0.	0.	0	
		1									
	-	<u> </u>									
		-									
		1									
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	1	$\vdash$									
		1									
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22-1905062

Form 990 (2019) MARINE COR

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<b>'</b> 0 '0	4.	- Foderated compaigns   1-	17,269.				
nts Ints		a Federated campaigns 1a	17,203.				
S OC		Membership dues 1b	0 051 106				
ts, An		Fundraising events1c	8,271,106.				
<u>a</u>		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)					
흔	1	f All other contributions, gifts, grants, and					
g #		similar amounts not included above 1f	9,722,004.				
할	9	Noncash contributions included in lines 1a-1f	1,389,772.				
<u> ၁ ရ</u>	ŀ	n Total. Add lines 1a-1f	<b>&gt;</b>	18,010,379.			
			Business Code				
ø	2 8	a					
Ş	ı	b					
Ser							
E S							
Be	ì	9					
Program Service Revenue	ì	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3						
	3	Investment income (including dividends, interes		2,543,868.			2,543,868.
		other similar amounts)		2,343,000.			2,343,000.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties(i) Real					
	_		(ii) Personal				
		a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	(°) OH				
	7 8	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 39,252,147.					
	ı	b Less: cost or other basis					
une		and sales expenses					
š	(	Gain or (loss) 7c -32,762.		00 750			22 - 22
her Revenue		d Net gain or (loss)	<b></b>	-32,762.			-32,762.
ige	8 8	a Gross income from fundraising events (not					
ō		including \$8,271,106. of					
		contributions reported on line 1c). See					
		/	2,207,070.				
		b Less: direct expenses 8b	1,521,984.				
		Net income or (loss) from fundraising events	<b></b>	685,086.			685,086.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a	26,520.				
		b Less: direct expenses 9b	4,587.				
	(	Net income or (loss) from gaming activities	<b></b>	21,933.			21,933.
	10 a	a Gross sales of inventory, less returns					
		and allowances10a					
	ŀ	b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
<sub>so</sub>			Business Code				
Miscellaneous Revenue	11 a	a					
ane Juni	ŀ	o					
e Ke	(	c					
Aisi	(	d All other revenue					
_	(	e Total. Add lines 11a-11d	<b></b>				
	12	Total revenue. See instructions	<b></b>	21,228,504.	0.	0.	3,218,125.

22-1905062

#### 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 respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	(D) Fundraising
1 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,544,824.	7,544,824.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	15,409.	15,409.		
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,				
	trustees, and key employees	938,587.	352,143.	179,377.	407,067
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	2,176,212.	987,105.	213,412.	975,695
8	Pension plan accruals and contributions (include	·			
	section 401(k) and 403(b) employer contributions)	95,430.	43,597.	8,942.	42,891
9	Other employee benefits	184,110.	82,940.	23,675.	77,495
0	Payroll taxes	202,844.	87,595.	25,422.	89,827
1	Fees for services (nonemployees):				
а	Management				
b	Legal	49,484.		46,826.	2,658
С	Accounting	61,760.		61,760.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	452,765.			452,765
f	Investment management fees	209,708.		209,708.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	671,744.	123,749.	92,218.	455,777
12	Advertising and promotion	468,749.	126,453.	237,930.	104,366
13	Office expenses	173,010.	25,375.	23,568.	124,067
14	Information technology	235,072.	110,435.	43,807.	80,830
15	Royalties				
16	Occupancy	123,133.	49,937.	25,487.	47,709
17	Travel	289,769.	46,667.	16,972.	226,130
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	323,241.	200,277.	57,105.	65,859
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,773.	20,781.	7,166.	19,826
23	Insurance	41,373.		41,373.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) OTHER FUNDRAISING EXP	345,600.			345,600
a b	DIRECT MAIL	98,957.			98,957
		33,331.			50,551
c d					
u e	All other expenses	82,449.		1,973.	80,476
е 25	Total functional expenses. Add lines 1 through 24e	14,832,003.	9,817,287.	1,316,721.	3,697,995
<u>:5</u> 26	Joint costs. Complete this line only if the organization	,,	2,021,201.	_,,,,	2,25,,555
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	13,871,997.	1	17,386,966		
	2	Savings and temporary cash investments			2,027,956.	2	913,104
	3	Pledges and grants receivable, net			19,376,375.	3	16,487,56
	4	Accounts receivable, net			145,713.	4	97,03
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Donat and a company of the form of the company			601,146.	9	584,774
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	1,077,171.			
	b	Less: accumulated depreciation	. 10b	1,018,080.	105,275.	10c	59,093
	11	Investments - publicly traded securities			82,872,617.	11	90,674,268
	12	Investments - other securities. See Part IV, line	e 11		646.	12	(
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	105,132.	15	133,38		
	16	Total assets. Add lines 1 through 15 (must ed			119,106,857.	16	126,336,18
	17	Accounts payable and accrued expenses			480,335.	17	264,493
	18	Grants payable			7,633,028.	18	7,301,08
	19	Deferred revenue			659,403.	19	(
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
န္တ	22	Loans and other payables to any current or for	rmer offic	er, director,			
Ĭ		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ons		22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			1,330,048.	25	1,851,060
-	26	Total liabilities. Add lines 17 through 25		<b>.</b> [	10,102,814.	26	9,416,635
s		Organizations that follow FASB ASC 958, ch	neck here				
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			11 772 001		15 100 000
<u>a</u>	27	Net assets without donor restrictions			11,773,881.	27	15,186,985
Ĕ	28	Net assets with donor restrictions			97,230,162.	28	101,732,564
<u> </u>		Organizations that do not follow FASB ASC	958, che	ck here  L			
느		and complete lines 29 through 33.					
) <u>i</u>	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
<u>ا</u> پ	31	Retained earnings, endowment, accumulated			100 004 040	31	116 010 511
ž	32	Total net assets or fund balances			109,004,043.	32	116,919,549
	33	Total liabilities and net assets/fund balances			119,106,857.	33	126,336,184 Form <b>990</b> (201

Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	,228,	504.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	,832,	003.
3	Revenue less expenses. Subtract line 2 from line 1	3	6	,396,	501.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	109	,004,	043.
5	Net unrealized gains (losses) on investments	5		982,	380.
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 on Schedule O)	9		536,	625.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	116	,919,	549.
Pa	t 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule 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	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

932012 01-20-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MARINE CORPS SCHOLARSHIP FOUNDATION INC

Employer identification number 22-1905062

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

064-0382

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	31,886,048.	18,807,333.	28,786,241.	22,566,724.	18,010,379.	120,056,725.
2	Tax revenues levied for the organ-						
	ization'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	31,886,048.	18,807,333.	28,786,241.	22,566,724.	18,010,379.	120,056,725.
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)						26,201,339.
6	Public support. Subtract line 5 from line 4.						93,855,386.
	ction B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	31,886,048.	18,807,333.	28,786,241.	22,566,724.	18,010,379.	120,056,725.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,120,840.	1,391,078.	1,637,701.	3,301,136.	2,543,868.	9,994,623.
9	Net income from unrelated business	, ,	, ,	, ,	, ,	, ,	, ,
·	activities, whether or not the						
	business is regularly carried on	63,323.	40,416.	27,067.	10,550.		141,356.
10	Other income. Do not include gain	,	,	,	,		,
	or loss from the sale of capital						
	assets (Explain in Part VI.)					707,019.	707,019.
11	Total support. Add lines 7 through 10					,	130,899,723.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	, ,
13	<b>First five years.</b> If the Form 990 is for	•		I fourth or fifth ta	x vear as a section		
	organization, check this box and stor	-		.,			
Sec	ction C. Computation of Publi		centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	71.70 %
15	Public support percentage from 2018					15	72.01 %
16a	33 1/3% support test - 2019. If the o					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances test						
-	more, and if the organization meets the	•				•	
	organization meets the "facts-and-circ		•				ightharpoons
18	Private foundation. If the organizatio			•			<b>•</b>
				,,, 5. 77 8	,		

Schedule A (Form 990 or 990-EZ) 2019

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#### 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.)

Se	ction A. Public Support	<u>, , ,</u>						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
_	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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	• • • • • • • • • • • • • • • • • • • •							
	<b>Total.</b> Add lines 1 through 5				<del> </del>			
73	3 received from disqualified persons							
ŀ	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							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support		T	I	T	T		
	indar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
	Amounts from line 6  Gross income from interest,							
10	dividends, payments received on securities loans, rents, royalties, and income from similar sources							
ŀ	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
•	Add lines 10a and 10b							
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.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,	
	check this box and stop here						<b>&gt;</b>	
<u>Se</u>	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%	
	Public support percentage from 2018					16	%	
	ction D. Computation of Inves							
17	Investment income percentage for 20					17	%	
18						18	%	
19	a 33 1/3% support tests - 2019. If the						7 is not	
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
ŀ	o 33 1/3% support tests - 2018. If the							
••	line 18 is not more than 33 1/3%, che							
-DO	Drivate foundation If the organization	in did not chock a	nov on line 1/1 10	a artub abaakti	aid hav and add inc	atri iotiono		

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Schedule A (Form 990 or 990-EZ) 2019

#### 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 (as 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		
Зс		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
61		
9b		
90		
9c		
10a		
10b		

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
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.	11c		
Sec	tion 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.	1		
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.	2		
Sec	tion 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		100	-110
•	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			
		1		
Sec	the supported organization(s). tion 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		163	140
•				
	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?	1		
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).	2		
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			
<u></u>	supported organizations played in this regard.	3		
	tion 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	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting orga	anization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2019

Par	ιv	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou				
	organi	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	}	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provid	de details in <b>Part VI</b> ). See instructions.	•		
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	•	zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
	and 4	-			
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
		s from 2019			
_		J 10			

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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

2019

**Employer identification number** 

MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

22-1905062

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
No. 2	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

22-1905062

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	2,598 SHARES OF LOCKHEED MARTIN VALUED @ \$385.62		
		\$\$	12/12/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization				Employer identification number	
MARINE C	ORPS SCHOLARSHIP FOUNDATION, INC				22-1905062	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following licharitable, etc., contributions of \$1,0	ne entry. For o	rganizations	at total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer o	of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
		(e) Transfer of	of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
-		(e) Transfer o	of aift			
	Transferee's name, address, a	.,		elationship of trai	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
}		(e) Transfer (	of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
		-				

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No. 1545-0047 Inspection

Name of the organization

**Employer identification number** 

Pai	MARINE CORPS SCHOLARSHIP FOR T   Organizations Maintaining Donor Advised		Similar Funds or	Accounts Complete if the
I G				Complete II the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advis	ed funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor david	, ca farido	(b) I dilac dila cilici decedile
1	Total number at end of year			
2				
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	witing that the accete h	ald in denot advised to	undo
5	Did the organization inform all donors and donor advisors in w	~		
•	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac			•
	for charitable purposes and not for the benefit of the donor or	,		
Pai	impermissible private benefit?  t II Conservation Easements. Complete if the org	anization answered "V	es" on Form 990 Part	
1	Purpose(s) of conservation easements held by the organization			1V, III 6 7.
•	Preservation of land for public use (for example, recreat	·	_	istorically important land area
	Protection of natural habitat		_	ertified historic structure
	Preservation of open space	L	Freservation of a co	ertified Historic Structure
2	• •	ad aanaan (atian aantri	bution in the form of a	concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a qualific	eu conservation contin	button in the form of a	Held at the End of the Tax Year
•	day of the tax year.  Total number of conservation easements			
b				
C	Number of conservation easements on a certified historic stru			2c
a	Number of conservation easements included in (c) acquired at	•		
2	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the orga	anization during the tax
4	year  Number of states where property subject to concernation accompany	amont is lessted		
4	Number of states where property subject to conservation ease	-	ation bondline of	
5	Does the organization have a written policy regarding the periodical states and a few areas at a file a consequent of the consequent in			Yes No
•	violations, and enforcement of the conservation easements it		and onforcing concerns	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	ianuling of violations, a	and emorcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and o	nforcing conservation	assamants during the year
'	\$\\$\$ \$\$ \$\$	ing or violations, and e	illording conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	nts of section 170(h)(4)	(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	. , , ,	
9	In Part XIII, describe how the organization reports conservatio			
Ū	balance sheet, and include, if applicable, the text of the footnote			
	organization's accounting for conservation easements.	oto to the organization		that describes the
Pai	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		·	
1a	If the organization elected, as permitted under FASB ASC 958		venue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance			
h	If the organization elected, as permitted under FASB ASC 958			nce sheet works of
~	art, historical treasures, or other similar assets held for public	· ·		
	provide the following amounts relating to these items:	S	5 500a. 6.1 III Idi ii Idi ii	J. pasile co. 1100,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>.</b> .
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS			n, provide
9	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$
	Assets included in Form 990, Part X			<b>A</b>
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019

932051 10-02-19

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

	t III Organizations Maintaining C	ollections of Ar			er Similar	Assets	(continu	rage Z	
3	Using the organization's acquisition, accession		•	-			(COIIIIII	iea)	
J	collection items (check all that apply):	on, and other records	s, check any or the	ollowing that make	Significant us	C OI ILS			
а	Public exhibition	d	Loan or eve	hange program					
b	Scholarly research	e e							
	Preservation for future generations	e							
C		llootions and avalain	bout thou furthor th	a arganization's av	amat auraaa	in Dort	ZIII		
4	Provide a description of the organization's co					em Part i	AIII.		
5	During the year, did the organization solicit o to be sold to raise funds rather than to be ma						Yes	☐ No	
Pai	t IV Escrow and Custodial Arrang				n Form 000 I			NO	
	reported an amount on Form 990, Pai		ete ii tile organizatio	iranswered res c	)   FOITH 990, I	rait iv, i	i i e 9, 0i		
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes	X No	
b	If "Yes," explain the arrangement in Part XIII						,		
-	ree, exprain the arrangement in real rains	and compress and re-	g				Amount		
С	Beginning balance				1c		7		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fe	orm 990. Part X. line	21. for escrow or cu	ıstodial account lial	oility?		Yes	X No	
	If "Yes," explain the arrangement in Part XIII.	* *	•				,		
	t V Endowment Funds. Complete i								
	·	(a) Current year	(b) Prior year	(c) Two years back		ars back	(e) Four v	years back	
1a	Beginning of year balance	64,633,001.	58,097,977.			3,327.		715,078.	
	Contributions	2,454,390.	4,610,876.	1,022,542	<del>-  </del>				
	Net investment earnings, gains, and losses	2,669,798.	3,786,158.	-414,230	6,330	,436.	2,9	983,272.	
	Grants or scholarships	2,257,641.	1,862,010.	1,435,487	. 1,168	1,168,382.		L79,715.	
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	67,499,548.	64,633,001.	58,097,977	. 58,925	5,152.	50,0	083,327.	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	)) held as:	•				
а	Board designated or quasi-endowment	.00	%						
b	Permanent endowment   81.70	%	_						
С	Term endowment   18.30	<del></del> %							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	the organizati	on			
	by:						\ \frac{1}{2}	Yes No	
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part 2	K, line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulated		(d) Book	value	
		basis (investn	nent) basis	(other)	lepreciation				
1a	Land								
	Buildings								
	Leasehold improvements							51,116.	
	Equipment			748,380.	740,40	)5.		7,975.	
	Other								
Tota	l. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B). line 1	0c.)				59,091.	
						-    -	D /F	000) 2010	

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 MARINE CORPS SCHO	LARSHIP FOUNDATION,	INC	22-1905062 Page
Part VII Investments - Other Securities.	· · · · · · · · · · · · · · · · · · ·		r <del>ugo</del>
Complete if the organization answered "Yes" of	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)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(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" of	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.)

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)	OBLIGATIONS UNDER CHARITABLE TRUSTS AND ANNUITIES	1,222,804.
(3)	DEFERRED RENT	63,634.
(4)	PAYCHECK PROTECTION PROGRAM LOAN	564,622.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,851,060.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

22-1905062

Complete if the organization answered "Yes" on Forr				
1 Total revenue, gains, and other support per audited financia			1	23,513,475.
2 Amounts included on line 1 but not on Form 990, Part VIII, li	1 1			
a Net unrealized gains (losses) on investments		982,380.		
<b>b</b> Donated services and use of facilities		38,054.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	-52,326.		
e Add lines 2a through 2d			2e	968,108.
3 Subtract line 2e from line 1			3	22,545,367.
4 Amounts included on Form 990, Part VIII, line 12, but not or				
a Investment expenses not included on Form 990, Part VIII, lir		209,708.		
b Other (Describe in Part XIII.)	4b	-1,526,571.		
c Add lines 4a and 4b			4c	-1,316,863.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 99 Part XII   Reconciliation of Expenses per Audited	0. Part I. line 12.)	h Evnancae nar E	5 Coturn	21,228,504.
Complete if the organization answered "Yes" on Forr		ii Expelises per r	eturn.	
Total expenses and losses per audited financial statements			1	16,257,372.
<ul> <li>2 Amounts included on line 1 but not on Form 990, Part IX, lin</li> </ul>				,,,-,2,
		38,054.		
<ul><li>a Donated services and use of facilities</li><li>b Prior year adjustments</li></ul>				
c Other losses d Other (Describe in Part XIII.)		1,597,023.		
		· · · · · · · · · · · · · · · · · · ·	2e	1,635,077.
			3	14,622,295.
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part IX, line 25, but not on</li></ul>			3	11,022,255.
	1 1	209,708.		
		203,700.		
b Other (Describe in Part XIII.) c Add lines 4a and 4b			4c	209,708.
			5	14,832,003.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 5 Part XIII Supplemental Information.	990. Part I. line 18.)		<u> </u>	22,002,000.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part	III lines 1a and 4: Part IV lines 1	and 2h: Part V line /	· Dart Y I	ine 2: Part YI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p			, 1 alt 7, 1	inc z, r art XI,
PART V, LINE 4:				
THE FOUNDATION'S ENDOWMENT FUNDS ARE USED TO PROV	TIDE SCHOLARSHIPS TO THE			
CHILDREN OF MARINES, WHO APPLY AND QUALIFY ACCORD	DING TO THE REQUIREMENTS			
AS SET BY THE FOUNDATION'S POLICY.				
PART X, LINE 2:				
THE FOUNDATION IS EXEMPT FROM THE PAYMENT OF INCO	OME TAXES ON ITS EXEMPT			
ACTIVITIES UNDER SECTION 501(C)(3) OF THE INTERNA	AL REVENUE CODE. THE			
FOUNDATION HAS RECEIVED FROM THE IRS A FAVORABLE	RULING THAT IT IS			
RECOGNIZED AS A "PUBLIC CHARITY" WITHIN THE MEAN	NG OF INTERNAL REVENUE			
CODE SECTION 170(B)(1)(A)(VI) AND THUS, MEETS THE	E EXCEPTION TO PRIVATE			
FOUNDATION STATUS UNDER SECTION 509(A)(1).				

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

**Employer identification number** 

MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region GRANTS TO RECEIPIENTS NORTH AMERICA 0 LOCATED IN THE REGION 1,500. EAST ASIA AND THE GRANTS TO RECEIPIENTS PACIFIC 0 0 LOCATED IN THE REGION 8,909. GRANTS TO RECEIPIENTS LOCATED IN THE REGION 5,000. 0 0 EUROPE 0 0 15,409. 3 a Subtotal **b** Total from continuation

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

0

0

0

Schedule F (Form 990) 2019

and 3b)

sheets to Part I ........

Totals (add lines 3a

15,409.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2019
(h) Description of noncash assistance						Sched
(g) Amount of noncash assistance					ampt	
(f) Manner of cash disbursement					ecognized as tax-exe	
(e) Amount of cash grant					oreign country, r	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					Enter total number of recipient organizations listed above that are recog by the IRS, or for which the grantee or counsel has provided a section 5	entities
(b) IRS code section and EIN (if applicable)					recipient organization	ouner organizations or
1 (a) Name of organization					2 Enter total number of by the IRS, or for which	Enter total number of other organizations of entities

22-1905062

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

				l			<b>6</b>
(h) Method of valuation (book, FMV, appraisal, other)	N/A	N/A	N/A				Schedule F (Form 990) 2019
(g) Description of noncash assistance	N/A	N/A	N/A				Sched
(f) Amount of noncash assistance	0	.0	0.				
(e) Manner of cash disbursement	СНЕСК	8,909.\$5,000 CHECK; \$3,909 WIRE	СНЕСК				
(d) Amount of cash grant	1,500. CHECK	606,8	5,000.6				
(c) Number of recipients	1	2	1				
(b) Region	NORTH AMERICA	EAST ASIA AND THE PACIFIC	BUROPE				
(a) Type of grant or assistance	SCHOLARSHIPS						

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713; don't file with Form 990)

5

6

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No

Schedule F (Form 990) 2019

Yes X No

Yes X No

# Schedule F (Form 990) 2019 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: BEFORE AWARDS ARE MADE, STUDENTS APPLY FOR THE SCHOLARSHIPS AND A POINT SYSTEM IS USED TO DETERMINE THE AWARD AMOUNT TO EACH STUDENT BASED ON ELIGIBILITY AND NEED OF THE STUDENT. STUDENTS MUST PROVIDE INFORMATION TO THE ORGANIZATION, INCLUDING TRANSCRIPTS, VERIFICATION OF STUDENT EXPENSES AND AID FROM THE EDUCATIONAL INSTITUTIONS, AND A STATEMENT OF USE OF THE SCHOLARSHIP FUNDS. EACH STUDENT AND THE EDUCATIONAL INSTITUTION WHERE THE STUDENT IS ENROLLED AGREES THAT THE PAYMENT, OR THE UNUSED PORTION OF THE PAYMENT MUST BE REFUNDED TO THE SCHOLARSHIP FOUNDATION IF 1) THE STUDENT TRANSFERS, WITHDRAWS OR OTHERWISE LEAVES SCHOOL, 2) THE STUDENT DOES NOT REMAIN IN SATISFACTORY ACADEMIC STANDING AS DEFINED BY THE SCHOOL, 3) THE STUDENT'S BEHAVIOR IS NOT CONSISTENT WITH THE SCHOOL'S STUDENT CONDUCT CODE, OR 4) THE STUDENT IS FOUND GUILTY OF A VIOLATION OF ANY CIVIL CODE.

064-0382

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

#### **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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

	MARINE CORPS SCHOLARSHIP FOUNDATION, INC	22-1905062
Part I	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 1	7. Form 990-EZ filers are not
	required to complete this part.	

required to complete this pa	rt.			,						
1 Indicate whether the organization rai	sed funds through any of the followir	ng activ	rities. (	Check all that apply.						
a X Mail solicitations	e X Solicita	tion of	non-g	overnment grants						
b X Internet and email solicitations f Solicitation of government grants										
c Phone solicitations g X Special fundraising events										
d X In-person solicitations	3 ~		3							
2 a Did the organization have a written	or oral agreement with any individual	(includ	lina of	ficers directors trus	stees or					
_	Part VII) or entity in connection with p		-			No No				
<b>b</b> If "Yes," list the 10 highest paid ind				•						
compensated at least \$5,000 by the		anc to	ag. oo.	monto andor which a		•				
		/iii\	Did		(v) Amount paid					
(i) Name and address of individual	(ii) Activity	fundr	Did raiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)				
or entity (fundraiser)	(ii) / iouvity	have c or cor contrib	itrol of utions?	from activity	fundraiser listed in col. (i)	organization				
DATOCWITTEN, INC 13145		Yes	No							
APPLEGROVE LN, HERNDON, VA	EVENT MANAGEMENT		х	5,261,842.	148,281.	5,113,561.				
PATRICIA J. HURLEY &										
ASSOCIATES - 205 WEST WACKER	EVENT MANAGEMENT		x	2,138,971.	52,500.	2,086,471.				
THE FASHIONABLE EVENT - 1101				, ,	,	, ,				
WALNUT #F, HUNTINGTON BEACH, EVENT MANAGEMENT				735,330.	18,684.	716,646.				
ANNE LEWIS STRATEGIES, LLC -	DIGITAL ADVERTISING AND			, ,	, ,	, -				
120 EAST 1ST ST, PAPOLLION,	MARKETING		x	728,268.	142,500.	585,768.				
DATA AXLE, INC - 120 EAST				,		, , , , , , , , , , , , , , , , , , , ,				
ST ST, PAPOLLION, NE 68046 DIRECT MARKETING PROGRAM			x	318,563.	60,000.	258,563.				
GORDON C. JAMES PUBLIC	TREET MINISTERS TREETING		<del></del>	310,303.	30,000.	250,505.				
RELATIONS - 5080 NORTH 40TH	EVENT MANAGEMENT		x	246,102.	30,800.	215,302.				
REMITTORS 3000 NORTH 40TH	DVINI MINICIALITI			240,102.	30,000.	213,302.				
Total			•	9,429,076.	452,765.	8,976,311.				
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	or has been notified	I it is exempt from re	•				
or licensing.	"	(3 MD	ME M	T MN MO						
AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, C										
MS,MT,NC,ND,NE,NH,NJ,NM,NV,NY,C	DH,OK,OR,PA,RI,SC,SD,TN,TX,C	JT, VA,	V'I' , W	A,WI,WV						
MA										

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt I		-		· · · · · · · · · · · · · · · · · · ·			
_		of fundraising event contributions and gro	1			ts greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			CHICAGO AWARDS		0.5	(add col. (a) through		
			DINNER (2)	PEBBLE BEACH GOLF	(4545) (5000)	col. <b>(c)</b> )		
e			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	2,138,971.	1,186,422.	7,152,783.	10,478,176.		
	2	Less: Contributions	1,450,471.	1,013,297.	5,807,338.	8,271,106.		
	3	Gross income (line 1 minus line 2)	688,500.	173,125.	1,345,445.	2,207,070.		
	4	Cash prizes						
	5	Noncash prizes	164.	29,738.	193,549.	223,451.		
Direct Expenses	6	Rent/facility costs						
ect Ex	7	Food and beverages	60,292.	140,882.	310,891.	512,065.		
Ë			F 685	6 005	12 505	06.06		
	8	Entertainment	5,675. 36,079.		13,707. 355,974.	26,267. 760,201.		
	9	Other direct expenses	· · · · · · · · · · · · · · · · · · ·	•				
	10	Direct expense summary. Add lines 4 through				1,521,984.		
Da	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.								
(b) Pull take/instant (d) Total								
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				3 1 3		( ) 3 ( )		
Re	4	Gross revenue			26,520.	26,520.		
	•	Gross revenue						
	2	Cash prizes			680.	680.		
ses	_							
- - - - - - - - - - - - - - - - - - -	3	Noncash prizes			1,807.	1,807.		
Direct Expenses	4	Rent/facility costs						
	_	Other diverse and a sure areas			2 100	2 100		
_	5	Other direct expenses			2,100. X Yes 100 %	2,100.		
		Volunteer labor	Yes % No		X Yes % No			
	6							
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	4,587.		
		Not receive in the second of the second	Constant Constant of the Constant (all)		_	21,933.		
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	21,933.		
^	<b>Г</b> м	ter the state(s) in which the organization condu	uata gamina aativitiaa. C	T TN N.T ET. VA N.C				
9		he organization licensed to conduct gaming a	_			X Yes No		
		ne organization licensed to conduct gaming at No," explain:	ctivities in each of these s	states?		res INO		
U	11	no, explain.						
	_							
10a	\\/e	ere any of the organization's gaming licenses re	evoked suspended orte	rminated during the tay y	vear?	Yes X No		
		Yes," explain:	, sasponasa, or to	aca admig the tax	,			
-								
	_							
	_							

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 MARINE CORPS SCHOLARSHIP FOUNDATION, INC	22-1905062 Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?	X 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 X No
13 Indicate the percentage of gaming activity conducted in:	
	140-1
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:
Name ► MARINE CORPS SCHOLARSHIP FOUNDATION, INC.	
Address ▶ 909 N WASHINGTON STREET, SUITE 400 - ALEXANDRIA, VA 22314	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
C in res, entername and address of the tillid party.	
Name	
Address >	
16 Gaming manager information:	
Name ► SEE PART IV FOR LIST OF GAMING MANAGERS	
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 X No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the
organization's own exempt activities during the tax year > \$	11 410
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Dort III lines 0. Ob. 10b
	, and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	
(I) NAME OF FUNDRAISER: DATOCWITTEN, INC.	
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
(I) ADDRESS OF FUNDRAISER: 13145 APPLEGROVE LN, HERNDON, VA 20171	
,	
(T) NAME OF FUNDPAISER. DATRICTA .T. HUDLEV & ASSOCIATES	
(I) NAME OF FUNDRAISER: PATRICIA J. HURLEY & ASSOCIATES	
(I) ADDRESS OF FUNDRAISER: 205 WEST WACKER DR, STE 1400, CHICAGO, IL 60606	
/T) NAME OF FUNDDATORD, THE FACHIONARIE EVENT	

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047	2019	Open to Public

Inspection

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

		CO TO WWW.II	3.90%   01111330 10	i the latest illioi il	ation.			
Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION	SCHOLARSHIP FO	OUNDATION, INC					Employer ic	Employer identification number 22-1905062
Part I General Information on Grants and Assistance	ind Assistance							
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		[
	stance?						_	X Yes No
ğ	ocedures for monit	oring the use of grant	funds in the United	States.				
Part II   Grants and Other Assistance to Domestic Organizations and Domestic Governments. Corrections are recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Organii \$5.000. Part II can	zations and Domestic be duplicated if addition	<b>Domestic Governments.</b> Ced if additional space is need	complete if the orga	nization answered "\	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	IV, line 21, f	or any
1 (a) Name and address of organization or government	(a)	(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	o <b>(h)</b>	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations	ind government or	ions	listed in the line 1 table				<b>A</b>	
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•	
1 HA For Panerwork Reduction Act Notice see the Instructions for Form 990	see the Instructi	ons for Form 990					School	Schediile I (Form 990) (2019)

Part III

Schedule I (Form 990) (2019) (f) Description of noncash assistance N/A (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information 0.N/A (d) Amount of non-cash assistance 7,544,824. (c) Amount of cash grant ELIGIBILITY AND NEED OF THE STUDENT, STUDENTS MUST PROVIDE INFORMATION TO THE ORGANIZATION, INCLUDING TRANSCRIPTS, VERIFICATION OF STUDENT EXPENSES SCHOLARSHIP FUNDS. EACH STUDENT AND THE EDUCATIONAL INSTITUTION WHERE THE STUDENT IS ENROLLED AGREES THAT THE PAYMENT, OR THE UNUSED PORTION OF THE PAYMENT, MUST BE REFUNDED TO THE SCHOLARSHIP FOUNDATION IF 1) THE STUDENT THE THE SCHOLARSHIPS AND A POINT SYSTEM IS USED TO DETERMINE THE AWARD AMOUNT TO EACH STUDENT BASED ON AND AID FROM THE EDUCATIONAL INSTITUTIONS, AND A STATEMENT OF USE OF 2338 (b) Number of recipients STUDENTS APPLY FOR (a) Type of grant or assistance BEFORE AWARDS ARE MADE, SCHOLARSHIP AWARDS LINE 2: 932102 10-26-19 Part IV PART I,

### SCHEDULE J (Form 990)

**Compensation Information** 

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

Employer identification number 22-1905062

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	X   Independent compensation consultant   X   Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	Х	
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	9		

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

Schedule J (Form 990) 2019

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	Denents	(a)-(i)(a)	In column (B) reported as deferred on prior Form 990
(1) ROBERT R. RUARK	(i)	239,322.	38,502.	1,188.	13,910.	1,020.	293,942.	• 0
PRESIDENT AND CEO	€	0	0	0	0	0	0	0
(2) EDWARD W. PROBERT JR.	Ξ	216,109.	24,900.	774.	9,466.	27,954.	279,203.	0
EXECUTIVE VP, DEVELOPMENT	€	• 0	0	• 0	0	• 0	• 0	• 0
(3) STEVEN D. PETERSON	Ξ	189,741.	10,821.	414.	10,135.	3,180.	214,291.	0
EXECUTIVE VP, OPERATIONS	∷	0	0	0	0	0	0	0
(4) ASHLEY E. SAVILLE	(I)	151,608.	5,150.	48.	7,838.	• 0	164,644.	• 0
SENIOR PHILANTHROPIC OFFICER	€	0	0	0	0	0	0	0
(5) STEPHANIE TRISTAN	Ξ	117,584.	2,731.	•09	089'9	30,543.	157,598.	0
DIRECTOR OF DEVELOPMENT	(ii)	• 0	• 0	• 0	0	0	• 0	• 0
	Ξ							
	€							
	Ξ							
	(ii)							
	(i)							
	(ii)							
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Schedule J (Form 990) 2019

932113 10-21-19

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection **Employer identification number** 

	MARINE CORPS SCHOL	ARSHIP FO	OUNDATION, INC		22-1	90506	2	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	21	1,315,588.	PUBLISHED MARKET	VALU	E	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	Х	15	31,432.	COST & SELLING P	RICE		
26	Other			,				
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organization	zation durino	the tax vear for co	ontributions				
	for which the organization completed Form 82						0	
	3	,					Yes	No
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines 1 throug	nh 28. that it			
	must hold for at least three years from the date			•	•			
	exempt purposes for the entire holding period?			'		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribu	tions?	31	х	
	Does the organization hire or use third parties	•	Ť	•				
	contributions?		•			32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is che	cked,			
	describe in Part II.	(5) /61	-, i= i P - 0 P 3 i t)	(4) 13 6116	· · · · · · ·			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932142 09-27-19 Schedule M (Form 990) 2019

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

2019
Open to Public Inspection

Name of the organization

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

Employer identification number 22-1905062

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MARINE CORPS SCHOLARSHIP FOUNDATION IS THE NATION'S OLDEST AND
LARGEST PROVIDER OF NEED-BASED SCHOLARSHIPS TO MILITARY CHILDREN.
FOUNDED IN 1962, THE MARINE CORPS SCHOLARSHIP FOUNDATION PROVIDES
ACCESS TO EDUCATION FOR THE CHILDREN OF MARINES, NAVY CORPSMEN, NAVY
CHAPLAINS, AND RELIGIOUS PROGRAM SPECIALISTS ATTENDING POST-HIGH
SCHOOL, UNDERGRADUATE, AND CAREER TECHNICAL EDUCATION PROGRAMS.
THROUGHOUT OUR HISTORY, WE HAVE AWARDED MORE THAN 47,000 SCHOLARSHIPS
VALUED AT NEARLY \$145 MILLION. EVERY QUALIFIED STUDENT WHO HAS APPLIED
HAS RECEIVED AID.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN 2020-21 ACADEMIC YEAR, THE MARINE CORPS SCHOLARSHIP FOUNDATION
AWARDED \$8.5 MILLION TO 2,750 CHILDREN OF MARINES AND NAVY CORPSMEN IN
ALL 50 STATES.
THE QUALITY OF THE STUDENTS WE INVEST IN, CHILDREN RAISED BY HONORABLE
MARINE AND NAVY CORPSMAN PARENTS, IS HIGHLIGHTED IN THEIR ACADEMIC
ACCOMPLISHMENTS. THEY GRADUATE AT A RATE OF 91% (COMPARED TO 56%
NATIONALLY), DEMONSTRATING THAT OUR INVESTMENT IN THEIR EDUCATION PAYS
OFF. WITH 50% OF OUR RECIPIENTS REPORTING LITTLE TO NO DEBT AT
GRADUATION (COMPARED TO 30% NATIONALLY), WE ARE CONFIDENT THAT OUR
SCHOLARSHIP SUPPORT MAKES A SIGNIFICANT IMPACT IN THEIR LIVES AFTER
GRADUATION.
IN THE 2020-21 ACADEMIC YEAR, THE SCHOLARSHIP FOUNDATION EXPERIENCED A
SIGNIFICANT INCREASE IN APPLICATIONS AND AWARDED 400 MORE SCHOLARSHIPS
THAN THE PRIOR YEAR, PUTTING US THREE YEARS AHEAD OF PLANNED

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

Schedule O (Form 990 or 990-EZ) (2019)

064-0382

Name of the organization  MARINE CORPS SCHOLARSHIP FOUNDATION, INC	Employer identification number 22-1905062
SCHOLARSHIP GROWTH. GIVEN THE EVENTS OF 2020, WE ANTICIPATE THE NEXT	
5-10 YEARS WILL BRING ITS OWN SET OF NEW DEMANDS FOR SUPPORT. DURING	
THIS UNPRECEDENTED YEAR, WE ARE MONITORING THE UNEXPECTED IMPACTS OF	
COVID-19 ON HIGHER EDUCATION, THE DEMAND FOR OUR SCHOLARSHIPS, AND THE	
ACADEMIC PLANS OF INDIVIDUAL STUDENTS.	
FORM 990, PART VI, SECTION A, LINE 1:	
THE BOARD OF DIRECTORS, BY RESOLUTION ADOPTED BY A MAJORITY OF THE ENTIRE	
BOARD, SHALL APPOINT FROM AMONG THE DIRECTORS AN EXECUTIVE COMMITTEE (WHICH	
SHALL INCLUDE COMPENSATION AMONG ITS FUNCTIONS), AND FROM AMONG THE	
DIRECTORS AND, IN THE BOARD'S SOLE DISCRETION, PERSONS WHO ARE NOT	
DIRECTORS, A CORPORATE GOVERNANCE COMMITTEE (WHICH SHALL INCLUDE	
NOMINATIONS AMONG ITS FUNCTIONS), A SCHOLARSHIP COMMITTEE, A DEVELOPMENT	
COMMITTEE, A FINANCE AND INVESTMENT COMMITTEE, AND AN AUDIT COMMITTEE.	
DIRECTORS SHALL COMPRISE A MAJORITY OF ANY SUCH STANDING COMMITTEE TO WHICH	
PERSONS WHO ARE NOT DIRECTORS MAY BE APPOINTED. THE BOARD, IN ITS SOLE	
DISCRETION, MAY ALSO APPOINT FROM AMONG THE DIRECTORS AND PERSONS WHO ARE	
NOT DIRECTORS ONE OR MORE OTHER COMMITTEES, EACH OF WHICH SHALL HAVE ONE OR  MORE COMMITTEE MEMBERS INCLUDING AT LEAST ONE DIRECTOR. THE NUMBER OF	
DIRECTORS TO BE APPOINTED TO THE EXECUTIVE COMMITTEE SHALL NOT EXCEED TEN	
AND SHALL INCLUDE THE CHAIRMAN. THE VICE CHAIRMAN OR, IF THERE IS MORE THAN	
ONE. THE VICE CHAIRMAN DESIGNATED TO SUCCEED THE CHAIRMAN IN HIS OR HER	
ABSENCE, THE PRESIDENT, THE CHAIR OF EACH OF THE OTHER STANDING COMMITTEES,	
THE TREASURER, AND THE GENERAL COUNSEL. THE EXECUTIVE COMMITTEE SHALL HAVE	
AND EXERCISE THE FULL AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT	
OF THE CORPORATION. ALL OTHER COMMITTEES, TO THE EXTENT PROVIDED IN THEIR	
RESPECTIVE ENABLING RESOLUTIONS AND NOT RESTRICTED BY LAW, SHALL HAVE AND	
EXERCISE SUCH AUTHORITY AS THE BOARD OF DIRECTORS SHALL PRESCRIBE IN THE	

	22-1905062
MANAGEMENT OF THE CORPORATION. THE DESIGNATION OF ANY COMMITTEE, WHETHER	
UNDER THESE BYLAWS OR BY RESOLUTION ADOPTED BY THE BOARD, AND THE	
DELEGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD OF	
DIRECTORS, OR ANY INDIVIDUAL DIRECTOR, OF ANY RESPONSIBILITY IMPOSED ON IT,	
HIM, OR HER BY LAW.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE RETURN IS REVIEWED AND APPROVED BY MANAGEMENT, THE ORGANIZATION'S BOARD	
OF DIRECTORS AND GENERAL COUNSEL REVIEW THE FORM 990 BEFORE FILING WITH	
IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD MEMBERS ARE REQUIRED TO READ THE CONFLICT OF INTEREST POLICY ON	
AN ANNUAL BASIS. THEY MUST SIGN THAT THEY READ IT AND THEN COMPLETE A FORM	
THAT LISTS ANY CONFLICTS. THERE ARE PERIODIC REVIEWS TO ENSURE COMPLIANCE.	
AT SUCH TIME AS ANY MATTER COMES BEFORE THE BOARD IN SUCH A WAY AS TO GIVE	
RISE TO A CONFLICT OF INTEREST, THE INTERESTED OFFICER, IF ATTENDING THE	
MEETING, OR DIRECTOR SHALL MAKE KNOWN THE POTENTIAL CONFLICT, WHETHER OR	
NOT DISCLOSED BY HIS OR HER WRITTEN STATEMENT, AND AFTER ANSWERING ANY	
QUESTIONS THAT MIGHT BE ASKED OF SUCH OFFICER OR DIRECTOR, HE OR SHE SHALL	
WITHDRAW FROM THE MEETING FOR SO LONG AS THE MATTER SHALL CONTINUE UNDER	
DISCUSSION. SHOULD THE MATTER BE BROUGHT TO A VOTE, NEITHER THE INTERESTED	
DIRECTOR NOR ANY OTHER DIRECTOR HAVING A PECUNIARY BENEFIT TRANSACTION WITH	
THE FOUNDATION SHALL VOTE ON IT. A TWO-THIRDS (66 2/3%) VOTE OF THE ENTIRE	
BOARD IS REQUIRED TO AUTHORIZE ANY TRANSACTION OR OTHER MATTER IN WHICH AN	
OFFICER OR DIRECTOR HAS A POTENTIAL CONFLICT OF INTEREST. ALL PROCEEDINGS	
RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES.	

Name of the organization  MARINE CORPS SCHOLARSHIP FOUNDATION, INC	Employer identification number 22-1905062
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING THE COMPENSATION OF CEO, EXECUTIVE DIRECTOR OR	
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TOP MANAGEMENT OFFICIAL: CONSULTATION WITH HR CONSULTANT WHO PROVIDED A	
SALARY SURVEY OF COMPARABLE SIZED NONPROFIT ORGANIZATIONS (NPOS) NATIONALLY	
AND IN THE DC AREA, INCLUDING OTHER UNITED STATES MARINE CORPS	
(USMC)-RELATED NPOS. EXECUTIVE COMMITTEE REVIEWED SCOPE OF WORK, DEMANDS	
AND IF CEO ANNUAL GOALS WERE ACHIEVED. RECOMMENDED COMPENSATION WAS	
PROVIDED BY WRITTEN COMMUNICATION TO THE EXECUTIVE COMMITTEE WHICH WAS THEN	
DISCUSSED AND VOTED UPON FOR APPROVAL WITH EVIDENCE OF APPROVAL BEING	
MAINTAINED BY BOARD VICE CHAIR. THE PROCESS WAS LAST UNDERTAKEN IN FY 2020	
THE PROCESS OF DETERMINING THE COMPENSATION OF OFFICERS OR KEY EMPLOYEES:	
CONSULTATION WITH HR CONSULTANT, WHICH INCLUDES SALARY SURVEYS FOR	
RESPECTIVE POSITIONS AND/OR INTERVIEWS OF OTHER SIMILAR NPOS, AND	
CONSULTATION WITH EXECUTIVE RECRUITERS REGARDING THEIR RECOMMENDED SALARY	
BASED ON NATURE AND DUTIES OF THE POSITION. INFORMATION REVIEWED BY	
PRESIDENT/CEO AND DOCUMENTED BY THE HR CONSULTANT. THE PROCESS WAS LAST	
UNDERTAKEN IN FY 2019.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AR,AZ,CA,CT,FL,GA,HI,IL,KS,KY,LA,MA,MD,MI,MN,MS,NC,NH,NJ,NM,NY,OK,OR,PA	
RI,SC,TN,UT,VA,WI,WV,DC,CO,ND,OH,WA	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION PUBLISHES AN ANNUAL REPORT THAT INCLUDES FINANCIAL DATA. THE	
ANNUAL REPORT, AS WELL AS AUDITED FINANCIAL STATEMENTS, ARE POSTED TO THE	
WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE	
AVAILABLE TO THE PUBLIC UPON REQUEST.	