

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

<u>A</u> I	For th	e 2020 calendar year, or tax year beginning J	UL 1, 2020 and	ending J	UN 30, 2021		
	Check if applicab				D Employer ide	entifi	cation number
Г	Addre		ON INC				
F	Name Chang				22-1905	062	
F	Initial		livered to street address)	Room/suite	E Telephone nu		r
F	Final	909 N WASHINGTON STREET	inversed to street address;	400	703-549-		
	⊥returr termi ated	V	7IP or foreign postal code		G Gross receipts \$		78,361,458.
Г	Amer	ded ATEVANDETA WA 22214	Zii oi loreign postai code		H(a) Is this a gro	oun re	
F	returr Appli	·	RD PROBERT JR.		for subordi	•	
	tion pend	ng SAME AS C ABOVE	•				ncluded? Yes No
Τ.	Γαν. Αν		(insert no.)	or 527	1 ` ´		list. See instructions
		te: WWW.MCSF.ORG	(moore no.) 10 17 (u)(1)	01 021	H(c) Group exer		
			ssociation Other	1 Year	of formation: 1962		M State of legal domicile: NJ
		Summary		Ε τοαι	or formation.		otato or logar dominino.
	T 1	Briefly describe the organization's mission or most	significant activities TO HON	OR MARINE	ES BY EDUCATIN	1G	
Governance	-	THEIR CHILDREN.					
rna	2		ntinued its operations or dispo	sed of more	than 25% of its n	et ass	sets.
ove.	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
es &	5	Total number of individuals employed in calendar y	/ear 2020 (Part V, line 2a)			5	37
Ϋ́	6	Total number of volunteers (estimate if necessary)				6	379
Activities &	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.
					Prior Year		Current Year
<u> </u>	8	Contributions and grants (Part VIII, line 1h)			18,010,3		18,003,057.
Revenue	9					0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4			2,511,1		13,905,448.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		707,0		2,377,211.
	12	Total revenue - add lines 8 through 11 (must equal			21,228,5		34,285,716.
	13	Grants and similar amounts paid (Part IX, column (7,560,2		8,819,080.
	14	Benefits paid to or for members (Part IX, column (A				0.	0.
es	15	Salaries, other compensation, employee benefits (3,597,1		3,649,119.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			452,	765.	442,592.
ă X	. b	Total fundraising expenses (Part IX, column (D), lin			2 224 4		0 222 252
ш	''	Other expenses (Part IX, column (A), lines 11a-11d			3,221,8		2,333,270.
	1	Total expenses. Add lines 13-17 (must equal Part I			14,832,0		15,244,061.
	19	Revenue less expenses. Subtract line 18 from line	12		6,396,5		19,041,655.
Net Assets or				Ве	ginning of Current		End of Year
Sset	20	Total assets (Part X, line 16)			126,336,1		149,128,193.
etA	21	Total liabilities (Part X, line 26)			9,416,6		10,492,244.
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		116,919,5	049.	138,635,949.
		alties of perjury, I declare that I have examined this return,	including accompanying schedule	e and etateme	ante and to the heet	of my	/ knowledge and helief it is
		ct, and complete. Declaration of preparer (other than office				-	Kilowieuge allu bellel, it is
truc	, 00110	, and complete. Declaration of preparer (other than office	bij is basea on an information of w	ilicii proparci	Thas arry knowledge.	•	
Sig	n	Signature of officer			Date		
Her		EDWARD PROBERT JR., PRESIDENT & C	CHIEF EXECUTIVE OFFICER				
1101	•	Type or print name and title					
		Print/Type preparer's name	Preparer's signature] [Date Ch	eck	PTIN
Paid	d	MICHAELA J. CROMAR, CPA	MICHAELA J. CROMAR, CP	A 0.	2/23/22 if set	∟ f-employ	P00895728
	parer	Firm's name CLIFTONLARSONALLEN LLP	,		Firm's EI		41-0746749
	Only	Firm's address > 901 N. GLEBE ROAD, SUITE	200		7 11111 3 21		
	,	ARLINGTON, VA 22203			Phone no	571	-227-9500
Ma	v the I	RS discuss this return with the preparer shown abo	ve? See instructions		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X Yes No

1		response or note to any line in this Part III		X
•	Briefly describe the organization's mis SEE SCHEDULE O.	SIOTI.		
	SEE SCHEDOLE C.			
2	Did the organization undertake any significant	gnificant program services during the year v	which were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services			
3		g, or make significant changes in how it con	nducts, any program services?	Yes X No
	If "Yes," describe these changes on S			
4		service accomplishments for each of its thre		
		zations are required to report the amount of	f grants and allocations to others, the tota	l expenses, and
4a	revenue, if any, for each program serv	10,784,247. including grants of \$	8 819 080. \ (Revenue ¢	
-1 a	SEE SCHEDULE O	including grants of \$) (Revenue \$, <i>,</i>
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4	Other and and a second and the secon	2-landula () \		
4d	Other program services (Describe on) (-	,
4d	Other program services (Describe on (Expenses \$ Total program service expenses \$	Schedule O.) including grants of \$ 10,784,247.) (Revenue \$)

SEE SCHEDULE O FOR CONTINUATION(S)

22-1905062

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_	Х	
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	├°		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	Х	
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		X
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	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	
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,	<u>. </u>		
.,	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	- ''-		_
10		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

032003 12-23-20

Form 990 (2020) MARINE CORPS SCHOLARSHIP FOR Part IV | Checklist of Required Schedules (continued)

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 Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 2 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 2 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 2 b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 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 2 p Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any	222 23 23 24a 24b 24c 24d 25a 25b	X X	X
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Schedule J. 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 Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule L, Part II 2ib Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 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 2ib Did the organization party to a business transaction with one of the following parties (see Schedule L, Part III 2ib Is the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 2ib Is the organization aparty to a one of the separation of the followi	223 24a 24b 24c 24d 25a		х
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 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	223 24a 24b 24c 24d 25a	x	х
and former officers, directors, trustees, key employees, and highest compensated employees? Schedule J	24a 24b 24c 24d 25a	x	х
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contributions? If "Yes," complete Schedule M			
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 3 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 3 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	30		Х
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Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х
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			
	34		Х
	35a		Х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
(// / " 'se, complete concesses, " and ", " and "	35b		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	36		Х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37		X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	,	
Note: All Form 990 filers are required to complete Schedule O	38	Х	
Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Т,	Yes	No
1a Enter the number reported in Poy 3 of Form 1006 Enter 0 if not applicable	,		
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c		

22-1905062

Form 990 (2020) MARINE CORPS SCHOLARSHIP FOUNDATION, INC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continuos)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[100	110
	filed for the calendar year ending with or within the year covered by this return	2a	37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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	ıuthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	it)?	4a		X
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 Ac	ccoun	ts (FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a				6-		х
h	any contributions that were not tax deductible as charitable contributions?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		giits	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD.		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the payor?	7a	х	
b	Temperature and the second sec	•	remada te ane payor r	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?	· 		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	Э			
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a 9b		
b 10	Section 501(c)(7) organizations. Enter:			90		
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	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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	ا ا	ı			
_	organization is licensed to issue qualified health plans	13b				
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	1	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			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	incon	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
_				Form	990	(0000)

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 28			
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	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, AK, CA, CT, FL, GA, HI, IL, KS, KY			
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	ble
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X 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	finana	rial	
13	statements available to the public during the tax year.	miaii	nai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	RANDAL TURNER - 571-384-2820			
	909 N WASHINGTON STREET, SUITE 400, ALEXANDRIA, VA 22314		000	
032006	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 hours per week	box	not c , unle: cer ar	Pos heck	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) 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
(1) PROBERT, EDWARD	40.00	1								
EXECUTIVE VP, DEVELOPMENT					Х			221,084.	0.	40,914.
(2) RUARK, ROBERT R	40.00	ł								
PRESIDENT AND CEO		Х		Х				245,304.	0.	13,245.
(3) PETERSON, STEVEN D	40.00	1								42.004
EXECUTIVE VP, OPERATIONS	10.00			Х				200,491.	0.	13,291.
(4) TRISTAN, STEPHANIE	40.00	4						126.044		20 210
DIRECTOR OF DEVELOPMENT	40.00					Х		136,944.	0.	38,319.
(5) SAVILLE, ASHLEY E SENIOR PHILANTHROPIC OFFICER	40.00	-				x		162 002	0.	0 100
(6) THAKUR RITA	40.00					_		163,903.	0.	8,192.
SENIOR DIR OF ACCOUNTING & FINANCE	40.00	1		х				137,794.	0.	24 767
(7) WILSON, CHRISTINE	40.00			^				137,754.	٠.	24,767.
DIRECTOR OF DEVELOPMENT	40.00	1				x		118,855.	0.	21,270.
(8) BALSON, COURTNEY	40.00							120,000.	•	
DIRECTOR INVESTOR RELATIONS		1				x		113,113.	0.	19,139.
(9) ADAMS, JEANNA	40.00									
DIRECTOR, SCHOLARSHIP PROGRAMS		1				x		109,221.	0.	14,089.
(10) ROBERT B. NELLER	1.00							,		,
CHAIRMAN		х		х				0.	0.	0.
(11) ERIC J. CANDELORI	1.00									
VICE CHAIRMAN		х		х				0.	0.	0.
(12) RICHARD D. STEPHENS	1.00									_
TREASURER		х		х				0.	0.	0.
(13) STEVEN M. POST	1.00									
GENERAL COUNSEL		х		х				0.	0.	0.
(14) MICHEAL P. BARRETT	1.00									
DIRECTOR		Х						0.	0.	0.
(15) RICHARD A. BERGEN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) CHARLES F. BOLDEN JR.	1.00]								
DIRECTOR		Х					<u> </u>	0.	0.	0.
(17) JON M. DAVIS	1.00	1								
DIRECTOR - THRU SEPT 20		Х						0.	0.	0.

1 01111 000 (2020)	PS SCHOLARSHI	P F	OUN.	DA'I'	TON	1, 1	NC		22-190506	Page 8
Part VII Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	and	l Hi	ghes	st Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		cer an	id a di	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC)	from the
	organizations	stee	truste		a a	bens		(W-2/1099-MISC)		organization
	below	nal tru	ional		ploye	ee com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) MIGUEL EATON	1.00	_	_	_						
DIRECTOR		Х						0.	0.	0.
(19) GEORGE J. FLYNN	1.00									
DIRECTOR		Х						0.	0.	0.
(20) STEVE FUSCO	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MATTHEW GANTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(22) TRACY GARRETT	1.00									
DIRECTOR		Х						0.	0.	0.
(23) FRANK J. GAUDIO	1.00									
DIRECTOR		Х						0.	0.	0.
(24) ROBERT E. JOYCE JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(25) PAUL KENNEDY	1.00									
DIRECTOR		Х						0.	0.	0.
(26) MARGARET G. KIBBEN	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								1,446,709.	0.	193,226.
c Total from continuation sheets to Par	t VII, Section A						ightharpoonup	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	1,446,709.	0.	193,226.
2 Total number of individuals (including bu	it not limited to th	റടേ	licta	d ah	OVA	a) wh	o ro	ceived more than \$100	000 of reportable	

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

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

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

5 X

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)	(B)	(C)
Name and business address	Description of services	Compensation
ANNE LEWIS STRATEGIES, LLC		
120 EAST 1ST STREET, PAPOLLION, NE 68046	DIGITAL MARKETING PROGRAM	422,433.
DATOCWITTEN GROUP, INC.		
13145 APPLEGROVE LANE, HERNDON, VA 20171	EVENT MANAGEMENT	308,740.
DATA AXLE, INC.		
120 EAST 1ST STREET, PAPOLLION, NE 68046	DIGITAL MARKETING PROGRAM	165,965.
INCONIC COLLECTIVE, LLC, 4136 DEL REY	CONTRACTED COMMUNICATIONS	
AVENUE, SUITE 601, MARINA DEL REY, CA	SERVICES	151,479.
PATRICIA J. HURLEY & ASSOCIATES, INC, 205		
W. WACKER DR, STE 1400, CHICAGO, IL 60606	EVENT MANAGEMENT	117,239.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	7	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

	SCHOLARSHI	Р Г	OOM.	DAI	TON	, <u> </u>	INC		22-19050	162
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average			Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below	stee or director	necktrutional trustee		that Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(27) THOMAS J. LYONS	1.00									
DIRECTOR - THRU SEPT 20	1 00	Х						0.	0.	0
(28) FRANK D. MARTELL	1.00									
DIRECTOR	1 00	Х						0.	0.	0
(29) PETER MCCALLUM	1.00								_	
DIRECTOR CONTROL WORDS GOVERNMENT	1 00	Х				_		0.	0.	0
(30) SUSAN E. MORRISON DIRECTOR	1.00	X						0.	0.	0
(31) DAN NELSON	1.00	Λ						0.	٠.	0
DIRECTOR	1.00	X						0.	0.	0
(32) MELISSA D. PALMISCIANO	1.00	Λ						0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
(33) GREG PARSONS	1.00	21						· ·	· ·	
DIRECTOR	1.00	х						0.	0.	0
(34) PAUL POHL	1.00								•	
DIRECTOR		х						0.	0.	0
(35) ROBERT W. SCHRODER	1.00									
DIRECTOR		Х						0.	0.	0
(36) CHARLES SCIANNA	1.00									
DIRECTOR		Х						0.	0.	0
(37) HARVEY SEEGERS	1.00									
DIRECTOR		Х						0.	0.	0
(38) ROBERT J. STEVENS	1.00									
DIRECTOR - THRU SEPT 20		Х						0.	0.	0
(39) CATHERINE THOMAS	1.00									
DIRECTOR		Х						0.	0.	0
(40) BERNARD J. WILLETT	1.00									
DIRECTOR		Х						0.	0.	0
	<u> </u>									
			\vdash	_		\vdash	_			
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	1									

22-1905062

Form 990 (2020) MARINE COR

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a	16,522.				
Contributions, Gifts, Grants and Other Similar Amounts	'			1b	10,022.				
ij d			Membership dues	1c	5,930,446.				
Ţ\$,			Fundraising events		3,330,440.				
iar iar			Related organizations	1d	E64 622				
ns,			Government grants (contributions)	1e	564,622.				
er S		f	All other contributions, gifts, grants, and		11 101 165				
ξģ			similar amounts not included above	1f	11,491,467.				
g		g	Noncash contributions included in lines 1a-1f	1g \$	118,998.				
<u>8</u>		h	Total. Add lines 1a-1f			18,003,057.			
					Business Code				
ė	2	а							
Program Service Revenue		b							
Se		С							
an		d							
ρg		е							
Pro		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including divider						
			other similar amounts)			2,468,567.			2,468,567.
	4		Income from investment of tax-exem						
	5		Royalties		-				
	Ŭ		l (i) Real	(ii) Personal				
	6	2	Gross rents 6a	,	(.,,				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			· · · · · · · · · · · · · · · · · · ·	ecurities	(ii) Other				
	′	а			(ii) Other				
			, <u> </u>	.41,767.					
		b	Less: cost or other basis	.04 006					
ng			and sales expenses	04,886.					
š			Gain or (loss) 7c 11,4			44 425 004			44 426 224
her Revenue			Net gain or (loss)			11,436,881.			11,436,881.
je	8	а	Gross income from fundraising events (r						
δ			including \$5,930,446.	of					
			contributions reported on line 1c). So						
			Part IV, line 18		2,735,237.				
			Less: direct expenses		367,221.				
		С	Net income or (loss) from fundraising	g events		2,368,016.			2,368,016.
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19	9a	12,830.				
		b	Less: direct expenses	9b	3,635.				
		С	Net income or (loss) from gaming ac	tivities		9,195.			9,195.
	10	а	Gross sales of inventory, less returns	s					
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inv						
			· ·		Business Code				
Miscellaneous Revenue	11	а							
ne Jue	-	b							
ella vei		c							
SC.			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			34,285,716.	0.	0.	16,282,659.

032009 12-23-20

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	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	9 702 204	9 702 204		
_	individuals. See Part IV, line 22	8,792,204.	8,792,204.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	26 976	26 976		
	individuals. See Part IV, lines 15 and 16	26,876.	26,876.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	912,186.	350 321	186 003	375 77
_	trustees, and key employees	912,100.	350,321.	186,093.	375,772
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,288,258.	1,033,569.	252,908.	1 001 781
7	Other salaries and wages	2,200,230.	1,033,309.	232,300.	1,001,781
8	Pension plan accruals and contributions (include	86,842.	39,750.	8,855.	38,237
^	section 401(k) and 403(b) employer contributions)	153,701.	69,003.	16,653.	68,045
9	Other employee benefits	208,132.	90,284.	28,096.	89,752
0	Payroll taxes	200,132.	30,204.	20,030.	09,132
1	Fees for services (nonemployees):				
a	Management	20,803.		20,803.	
b	Legal	60,894.		60,894.	
_	Accounting	00,054.		00,054.	
d	Lobbying	442,592.			442,592
e	Professional fundraising services. See Part IV, line 17 Investment management fees	230,384.		230,384.	112,331
f	Other. (If line 11g amount exceeds 10% of line 25,	200,001.		200,001.	
g	column (A) amount, list line 11g expenses on Sch O.)	598,587.	112,488.	192,133.	293,966
12	Advertising and promotion	353,006.	40,166.	213,437.	99,403
13		135,564.	21,552.	28,528.	85,484
13 14	Office expenses	208,316.	99,065.	27,990.	81,261
1 4 15		200,020.	33,000.	27,220	02,202
16	Royalties	188,128.	80,520.	30,778.	76,830
	Occupancy	54,392.	7,395.	670.	46,327
17 18	Payments of travel or entertainment expenses	01,052.	,,,,,,,		10,01.
10	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	17,886.	5,250.	7,382.	5,254
9 20		2.,550.	5,250.	.,	5,25
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,331.	15,804.	5,450.	15,077
23		40,866.	,	40,866.	20,077
.s :4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER FUNDRAISING EXP	165,724.			165,724
b	DIRECT MAIL	130,737.			130,737
c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , ,
d					
	All other expenses	91,652.			91,652
25	Total functional expenses. Add lines 1 through 24e	15,244,061.	10,784,247.	1,351,920.	3,107,894
<u>.5 </u>	Joint costs. Complete this line only if the organization	, -,	, -,	, , , , , , ,	, , , , , , ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X Balance Sheet

Par		Check if Schedule O contains a response or no	ote to any line	e in this Part X			
		,	,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			17,386,966.	1	23,401,949.
	2	Savings and temporary cash investments	913,104.	2	1,338,566.		
	3	Pledges and grants receivable, net			16,487,561.	3	13,877,692.
	4	Accounts receivable, net			97,039.	4	86,284.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial contr	ibutor, or 35%			
		controlled entity or family member of any of th	ese persons			5	
	6	Loans and other receivables from other disqua	alified persons	s (as defined			
		under section 4958(f)(1)), and persons describe	ed in section	4958(c)(3)(B)		6	
ς,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			584,774.	9	862,300.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,026,696			
	b	Less: accumulated depreciation		999,252	59,091.	10c	27,444.
	11	Investments - publicly traded securities			90,674,268.	11	109,397,864.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			133,381.	15	136,094.
	16	Total assets. Add lines 1 through 15 (must ed			126,336,184.	16	149,128,193.
	17	Accounts payable and accrued expenses	264,493.	17	592,219.		
	18	Grants payable			7,301,082.	18	8,011,204.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to any current or for					
ţį		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th		,		22	
Ę	23	Secured mortgages and notes payable to unre	•			23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D	– .,		1,851,060.	25	1,888,821.
	26	Total liabilities. Add lines 17 through 25			9,416,635.	26	10,492,244.
		Organizations that follow FASB ASC 958, ch					
ès		and complete lines 27, 28, 32, and 33.	ŕ				
auc	27	Net assets without donor restrictions			15,186,985.	27	22,428,658.
Bal	28	Net assets with donor restrictions			101,732,564.	28	116,207,291.
힏		Organizations that do not follow FASB ASC					
Net Assets or Fund Balances		and complete lines 29 through 33.	,	, <u> </u>			
ģ	29	Capital stock or trust principal, or current fund	s			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
		Total net assets or fund balances			116,919,549.	32	138,635,949.
et	32	Total fiet assets of fund balances			,,,-	02 1	

Pai	T XI 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	34	285,	716.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	244,	061.
3	Revenue less expenses. Subtract line 2 from line 1	3	19	041,	655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116	919,	549.
5	Net unrealized gains (losses) on investments	5	2	649,	436.
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		25,	309.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	138	635,	949.
Pai	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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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.			
За	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		X
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	(2020)

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

2020

Open to Public Inspection

Nan	ne of t	the organization						Employer	identification number		
				HIP FOUNDATION, IN					22-1905062		
Pa	ırt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.			
Γhe	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental i	unit or from th	e general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.		
		See section 509(a)(2). (Cor	-								
11	\square	An organization organized a	•	•	•						
12		An organization organized a	•	•	•		•	•			
		more publicly supported org	-						Check the box in		
		lines 12a through 12d that o						-			
а			•	•	•	-					
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting		
		organization. You must c						/ \			
b) <u> </u>		= '-				-				
		control or management of			ame perso	ns tnat coi	ntroi or manaç	ge the supp	оопеа		
_		organization(s). You mus			in aannaat	المناسمة	and functional	l into avata	ad with		
С		☐ Type III functionally inte	-					ly integrate	ea with,		
ام		its supported organization		·				tod organi-	zation(a)		
d		Type III non-functionally that is not functionally into						-			
		requirement (see instructi	-	•	•		=	an allenin	7611655		
_		Check this box if the orga	•	- ·				I Type III			
٠		functionally integrated, or					Type I, Type I	i, type iii			
f	Ente	er the number of supported o	,,	iany integrated supporting	ig organiz	ation.					
a		vide the following information		d organization(s).							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
				, ,							
							ı		Ì		

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	18,807,333.	28,786,241.	22,566,724.	18,010,379.	18,003,057.	106,173,734.
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	18,807,333.	28,786,241.	22,566,724.	18,010,379.	18,003,057.	106,173,734.
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)						10,795,954.
	Public support. Subtract line 5 from line 4.						95,377,780.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	18,807,333.	28,786,241.	22,566,724.	18,010,379.	18,003,057.	106,173,734.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,391,078.	1,637,701.	3,301,136.	2,543,868.	2,468,567.	11,342,350.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	40,416.	27,067.	10,550.			78,033.
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						118,301,136.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	2,748,067.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Public						
	Public support percentage for 2020 (li		•	***		14	80.62 %
	Public support percentage from 2019					15	71.70 %
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts		,	•	•	VI how the organiz	ation
	meets the facts-and-circumstances tes	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th		•				. —
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

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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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				1		ļ
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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	· ·		•	•		
80.	check this box and stop here						P
	ction C. Computation of Public			- a l (5\)		145	
	Public support percentage for 2020 (li	, (,,	,	· · · · · · · · · · · · · · · · · · ·		15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2020. If the						
196	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990 or 990-EZ) 2020

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 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 line 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		
За		
3b		
3c		
4a		
4b		
4 -		
4c		
5a		
5b		
<u>5c</u>		
6		
0		
-		
7		
8		
9a	<u></u>	
9b		
0-		
9c		
10a	<u></u>	
10b		

Pa	rt IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> , 11 0 0		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			
		1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
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 governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.					
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)							
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
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 0.015 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 0.035.	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 0.85 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	ally integrate	d Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2020

Par	't V │ Type III Non-Functionally Integrated	509(a	ı)(3) Supporting Orga	anizations _{(contin}	ued)	
Section	ion D - Distributions			•	·	Current Year
1	Amounts paid to supported organizations to accomplish	n exem	pt purposes		1	
2	Amounts paid to perform activity that directly furthers ex					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt pur	s	3			
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	l - prov	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instruction		,		6	
	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whi	ich the	organization is responsive	;		
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2020 from Section C, line 6				9	
	Line 8 amount divided by line 9 amount				10	
	,		(i)	(ii)		(iii)
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason	n-				
	able cause required - explain in Part VI). See instruction	ıs.				
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	b From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result grea	ater				
	than zero, explain in Part VI. See instructions.			I		
	Remaining underdistributions for 2020. Subtract lines 3	h				
	and 4b from line 1. For result greater than zero, explain a					
	Part VI. See instructions.	"'				
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:	\neg				
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number** MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062

Ji yai iiz	ation type (check of	с).					
ilers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
out it mu	ust answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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 additi	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) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	Name, audiess, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	Total contributions Type of contribution 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 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	Hanie, audiess, and Zif + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

22-1905062

Partii	(see instructions). Use duplicate copies of Part I	i it additional space is needed.	
(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
		_	
		 \$	
(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) through (e) and the following line charitable, etc., contributions of \$1,00	ne entry. For ord	nanizations	at total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
- Faiti					
		(a) Taxas (a)			
	Transferee's name, address, a	(e) Transfer o		lationship of tran	nsferor to transferee
			110		
(a) No.	-				
(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 gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of trar	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 gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of trar	nsferor to transferee
(a) No.	(In) Down and of wife	(a) Han of with		(d) Daga	winting of hourselft in hold
Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer o	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of trar	nsferor 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

MARINE CORPS SCHOLARSHIP FOUNDATION INC.

Employer identification number

Pai	t I Organizations Maintaining Donor Advised	,	S or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Complete in the
	organization answered Tes on Form 550, Fart 17, Inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(2) 2 2 10 1 2 2 1 2 1 2 2 2	(a) t united direct direct decedants
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	iting that the coasts hold in densy advi	and funds
5	Did the organization inform all donors and donor advisors in wr	_	
•	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv	· ·	•
	for charitable purposes and not for the benefit of the donor or or		
Pai		single and the second s	Post IV line 7
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	· —	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aft	,	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	•	-
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these ite	ns.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB ASO	•	
а	Revenue included on Form 990, Part VIII, line 1	-	
	Assets included in Form 990, Part X		

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22-1905062

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Ot	her S	imilar Ass	ets _{(con:}	tinued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that mak	e signi	ficant use of i	its	ĺ	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's e	xempt	purpose in P	art XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, historical treas	sures, or other sim	ilar as	sets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes"	on Fo	rm 990, Part	IV, line 9, c	or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	s or other assets r	not incl	uded			
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:						
	Amount								
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account li	ability?		Yes	Х	No
	If "Yes," explain the arrangement in Part XIII.							L	
Par	rt V Endowment Funds. Complete it	f the organization an	swered "Yes" on Fo	rm 990, Part IV, lii	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years bac		Three years ba			
1a	Beginning of year balance	67,499,548.	64,633,001.	58,097,97		58,925,15		0,083,	
b	Contributions	641,055.	2,454,390.						
С	Net investment earnings, gains, and losses	11,755,040.	2,669,798.	3,786,15	158414,230.			5,330,	,436.
d	Grants or scholarships	2,278,601.	2,257,641.	1,862,01	0.	1,435,48	7. 1	L,168,	,382.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	77,617,042.	67,499,548.	64,633,00	1.	58,097,97	7. 58	3,925,	<u>,152.</u>
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:					
	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment 72.3800	%							
С	Term endowment ► 27.6200	%							
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	ition that are held an	nd administered fo	r the o	rganization			
	by:							Yes	-
	(i) Unrelated organizations								X
	(ii) Related organizations)	X
b	If "Yes" on line 3a(ii), are the related organizate						<u>3b</u>		<u> </u>
4 Do:	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered								
	Description of property	(a) Cost or o basis (investr	` '	or other (other)	•	ımulated ciation	(d) Bo	ok valu	ie
1a	Land								
	Buildings								
	Leasehold improvements			328,791.		307,160.		21,	,631.
				697,905.		692,092.		5 ,	,813.
	Other								
	I. Add lines 1a through 1e. (Column (d) must ed		X. column (R) line 10	Oc.)				27,	,444.
	S (Oolaniii (a) mast et	and i dilli ood, i dit.		· · · · · · · · · · · · · · · · · · ·					

	LARSHIP FOUNDATION	, INC 2:	2-1905062	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of			J _ £	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-ot-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	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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 v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<u>15.)</u>	>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	:	
1. (a) Description of liability			(b) Book v	alue
(1) Federal income taxes				
(2) OBLIGATIONS UNDER CHARITABLE TRUSTS AN	ID ANNUITIES		1,2	59,883.
(3) DEFERRED RENT				59,268.

PAYCHECK PROTECTION PROGRAM LOAN 569,670. (4) (5) (6) (7) (8) 1,888,821. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sche	dule D (Form 990) 2020 MARINE CORPS SCHOLARSHIP FOUNDATION, IN	С		22-1905062	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	-			1	37,205,238.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,649,436.		
b	Donated services and use of facilities		103,505.		
_	Recoveries of prior year grants Other (Describe in Part XIII.)	1	26,109.		
d				0-	2,779,050.
_	Add lines 2a through 2d			2e	34,426,188.
3	Subtract line 2e from line 1			3	34,420,100.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	220 204		
a	Investment expenses not included on Form 990, Part VIII, line 7b		230,384.		
b	Other (Describe in Part XIII.)	4b	-370,856.		4.40.400
С	Add lines 4a and 4b			4c	-140,472.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				34,285,716.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents with i	Expenses per H	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	15,488,838.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	103,505.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	371,656.		
е	Add lines 2a through 2d			2e	475,161.
3	Subtract line 2e from line 1			3	15,013,677.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	230,384.		
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	230,384.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				15,244,061.
Par	t XIII Supplemental Information.			•	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V. lines 1b a	nd 2b: Part V. line 4:	Part X. line 2:	Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	•		, ,	,
PART	V, LINE 4:				
THE	FOUNDATION'S ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS	TO THE			
СНТІ	DREN OF MARINES, WHO APPLY AND QUALIFY ACCORDING TO THE REQUIR	EMENTS			
	DEMIN OF MINIMAD, WHO HITEI MED COMMITT RECORDING TO THE REQUIR	DITUNIO			
70 0	ET BY THE FOUNDATION'S POLICY.				
A5 5	ET BI THE FOUNDATION 5 FORICI.				
PART	X, LINE 2:				
THE	FOUNDATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS E	XEMPT			
ACTI	VITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. T	HE			
FOUN	DATION HAS RECEIVED FROM THE IRS A FAVORABLE RULING THAT IT IS				
RECO	GNIZED AS A "PUBLIC CHARITY" WITHIN THE MEANING OF INTERNAL RE	VENUE			
CODE	SECTION 170(B)(1)(A)(VI) AND THUS, MEETS THE EXCEPTION TO PRI	VATE			
FOUN	DATION 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.

2020
Open to Public Inspection

Name of the organization

Employer identification number

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

22-1905062

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance		
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Yes	X N

3 Activities per Region. (T	he following Part	Lline 3 table of	an be duplicated if additional space is nee	eded)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
			GRANTS TO RECEIPIENTS		
NORTH AMERICA	0	0	LOCATED IN THE REGION		1,500.
			GRANTS TO RECEIPIENTS		
EUROPE	0	0	LOCATED IN THE REGION		9,000
EAST ASIA AND THE			GRANTS TO RECEIPIENTS		
PACIFIC	0	0	LOCATED IN THE REGION		8,876.
					,
CENTRAL AMERICA AND	0	0	GRANTS TO RECEIPIENTS		7 500
THE CARIBBEAN	-	0	LOCATED IN THE REGION		7,500
0 - 0 -	0	0			26,876.
3 a Subtotal					20,876
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a		_			
and 3b)	0	0			26,876.

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recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient examination	ne listed above that are	coognized as charities by the	foreign country	rocognized as a tay			
	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							

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

3 Enter total number of other organizations or entities

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. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (f) Amount of (c) Number of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance SCHOLARSHIPS NORTH AMERICA 1 1,500. CHECK 0.N/A N/A SCHOLARSHIPS EUROPE 9,000. WIRE \$1,500; CHECK \$7,500 0.N/A N/A EAST ASIA AND THE SCHOLARSHIPS PACIFIC 2 8,876. WIRE \$3,876; CHECK \$5,000 0.N/A N/A CENTRAL AMERICA AND THE CARIBBEAN SCHOLARSHIPS 2 7,500, CHECK 0.N/A N/A

	Torcigit Forms		
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		
2			
	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		X No
	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
5	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		
		Yes	X No
	Foreign Partnerships (see Instructions for Form 8865)	1es	NO
6	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		
	Instructions for Form 5713: don't file with Form 990)	Yes	X No

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

Schedule F (Form 990) 2020 Page 5 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.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

MARINE COR	RPS SCHOLARSHIP FOUNDATION,	INC			22-190506	2
Part I Fundraising Activities required to complete this pa	- Complete if the organization answert.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rai	sed funds through any of the following with a solicitar of the solicitar o	tion of tion of fundra (includation	non-g gover aising ding of onal fi	overnment grants rnment grants events fficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
DATOCWITTEN, INC 13145		Yes	No			
APPLEGROVE LN, HERNDON, VA	EVENT MANAGEMENT		Х	5,206,737.	165,100.	5,041,637.
THE FASHIONABLE EVENT - 1101						
WALNUT #F, HUNTINGTON BEACH,	EVENT MANAGEMENT		Х	1,217,718.	8,992.	1,208,726.
PATRICIA J. HURLEY &	EVENT MANAGEMENT		x	861,817.	40 000	001 017
ASSOCIATES - 205 WEST WACKER DATA AXLE INC - 120 EAST 1ST	EVENT MANAGEMENT			801,817.	40,000.	821,817.
ST, PAPOLLION, NE 68046	DIRECT MARKETING PROGRAM		x	746,023.	60,000.	686,023.
ANNE LEWIS STRATEGIES, LLC -	DIGITAL ADVERTISING AND			, 10, 020.		
120 EAST 1ST ST, PAPOLLION,	MARKETING		х	687,206.	168,500.	518,706.
Total			<u> </u>	8,719,501.	442,592.	8,276,909.
3 List all states in which the organization or licensing.					it is exempt from re	gistration
AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,F			MS,M	T,NC,ND		
NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, F	RI,SC,SD,TN,UT,VA,WA,WI,WV,V	VY				

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) 2020

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avente
			WASHINGTON	WICKENBURG RANCH		(d) Total events
			CELEBRATORY GALA	GOLF	24	(add col. (a) through
4			(event type)	(event type)	(total number)	- col. (c))
Revenue						
Reve	1	Gross receipts	510,893.	210,860.	7,940,273.	8,662,026.
	2	Less: Contributions	386,200.	115,860.	5,428,386.	5,930,446.
	3	Gross income (line 1 minus line 2)	124,693.	95,000.	2,511,887.	2,731,580.
	4	Cash prizes				
Ø	5	Noncash prizes	1,264.	4,110.	62,458.	67,832.
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	21,731.	10,983.	65,538.	98,252.
Δ	8	Entertainment				
	9	Other direct expenses	42,310.	38,625.	120,202.	201,137.
	10	Direct expense summary. Add lines 4 through	0: 1 (1)		•	367,221.
	11	•				2,364,359.
Pa	irt l					•
		\$15,000 on Form 990-EZ, line 6a.				
_			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
es	2	Cash prizes				
xbens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	-			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
0320	82 11	I-25-20			Schedule G (For	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 MARINE CORPS SCHOLARSHIP FOUNDATION, INC	22-1905062	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name N		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie	
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
CCI	TENHIE C. DADM T. ITNE 2D. ITCM OF MEN UTCHECM DATD PHNDDATCEDC.		
SCI	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: DATOCWITTEN, INC.		
(T)	ADDRESS OF FUNDRAISER: 13145 APPLEGROVE LN, HERNDON, VA 20171		
(+)	IDDAEDO OF TONDATIONAL 13143 INTELEGRAVE EN, INMADON, VII 20171		
/ - `	NAME OF BUNDDATGED, BUE BAGUTONADI E BYEND		
<u>(τ)</u>	NAME OF FUNDRAISER: THE FASHIONABLE EVENT		
(I)	ADDRESS OF FUNDRAISER: 1101 WALNUT #F, HUNTINGTON BEACH, CA 92648		
(T)	NAME OF FUNDRAISER: PATRICIA J. HURLEY & ASSOCIATES		

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	MARINE CORPS	SCHOLARSHIP FO	OUNDATION, INC					22-1905062
Part I	General Information on Grants a	nd Assistance					·	
1 Doe	es the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	n
crite	eria used to award the grants or assis	stance?						X Yes No
2 Des	cribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II	Grants and Other Assistance to	=			•	anization answered "Y	es" on Form 990, Part I	V, line 21, for any
	recipient that received more than					(f) Method of	T	
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ente	er total number of section 501(c)(3) a	nd government or	anizations listed in th	e line 1 table	1	<u> </u>	1	•
	er total number of other organization	-	-					
	r Paperwork Reduction Act Notice							Schedule I (Form 990) 2020

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP AWARDS	2726	8,792,204.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
BEFORE AWARDS ARE MADE, STUDENTS APPLY FOR THE SCH	OLARSHIPS AND	A POINT			
SYSTEM IS USED TO DETERMINE THE AWARD AMOUNT TO EA	CH STUDENT BA	SED ON			
ELIGIBILITY AND NEED OF THE STUDENT. STUDENTS MUST	PROVIDE INFO	RMATION TO			
THE ORGANIZATION, INCLUDING TRANSCRIPTS, VERIFICAT	ION OF STUDEN	IT EXPENSES			
AND AID FROM THE EDUCATIONAL INSTITUTIONS, AND A S	TATEMENT OF U	SE OF THE			
SCHOLARSHIP FUNDS. EACH STUDENT AND THE EDUCATIONA	L INSTITUTION	WHERE THE			
STUDENT IS ENROLLED AGREES THAT THE PAYMENT, OR TH	E UNUSED PORT	ION OF THE			
PAYMENT, MUST BE REFUNDED TO THE SCHOLARSHIP FOUND	ATION IF 1) T	HE STUDENT			

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

Open to Public

2020

OMB No. 1545-0047

Open to Public Inspection

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

Employer identification number 22-1905062

Pa	art I Questions Regarding Compensation			
			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			
	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
	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)?	9		

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

Schedule J (Form 990) 2020

064-0381

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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) PROBERT, EDWARD	(i)	212,069.	0.	9,015.	11,475.	29,439.	261,998.	0.	
EXECUTIVE VP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0,	0.	0.	
(2) RUARK, ROBERT R	(i)	245,304.	0.	0.	12,225.	1,020.	258,549.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) PETERSON, STEVEN D	(i)	191,269.	7,500.	1,722.	10,111.	3,180.	213,782.	0.	
EXECUTIVE VP, OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) TRISTAN, STEPHANIE	(i)	122,970.	0.	13,974.	6,670.	31,649.	175,263.	0.	
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) SAVILLE, ASHLEY E	(i)	153,903.	10,000.	0.	8,192.	0.	172,095.	0.	
SENIOR PHILANTHROPIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) THAKUR, RITA	(i)	120,020.	7,500.	10,274.	7,375.	17,392.	162,561.	0.	
SENIOR DIR OF ACCOUNTING & FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
MRS. CHRISTINE COETZEE, THE SPOUSE OF PRESIDENT AND CEO LIEUTENANT GENERAL
ROBERT RUARK, TRAVELED TO EVENTS FOR THE SCHOLARSHIP FOUNDATION IN A
PROFESSIONAL CAPACITY ON TWO OCCASIONS IN 2020. THE EXPENSES INCURRED WERE
FLIGHTS TOTALING \$2,030.20, NOT INCLUDED IN TAXABLE COMPENSATION.
AT THESE EVENTS, MRS. COETZEE'S DEVELOPMENT OF RELATIONSHIPS WITH INVESTORS
AND KEY SUPPORTERS WAS CRITICAL TO THE PROMOTION OF THE SCHOLARSHIP
FOUNDATION'S MISSION AND HELPED THE ORGANIZATION ACHIEVE ITS FUNDRAISING
GOALS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Employer identification number MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062

Fai	iti 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 10	Method of d noncash contrib	letermin	_	3
1	Art - Works of art							
2	Art - Historical treasures							
	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		14	108,515	. PUBLISHED MARKE	r VALU	E	
10	Securities - Closely held stock	l		,		-		
11	Securities - Partnership, LLC, o					-		
•	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribu	ution -						
4.4	Historic structures Qualified conservation contribu	tion Other						
14 15		***						
15 16	Real estate - Residential Real estate - Commercial							
17	Real estate - Other							
17 18		l						
	Collectibles							
19 20	Food inventory							
20	Drugs and medical supplies							
21 22	Taxidermy							
22 23	Historical artifacts							
23 24	Scientific specimens							
24 25	Archeological artifacts Other		5	2 931	. COST & SELLING 1	PRICE		
25 26	Other (1	2,502	. 0021 % 2222210			
20 27	Other (
28	Other (
<u>29</u>	Number of Forms 8283 receive	ed by the organization durin	g the tax year for co	ontributions				
	for which the organization com	•	-					
	3	i ,	3				Yes	No
30a	During the year, did the organize	zation receive by contribution	on any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three year	ars from the date of the initi	al contribution, and	which isn't required to be	used for			
	exempt purposes for the entire		•	· 		30a		Х
b	If "Yes," describe the arrangen							
31	Does the organization have a g		equires the review of	of any nonstandard contribu	utions?	31	х	
	Does the organization hire or u	se third parties or related o	rganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report	t an amount in column (c) fo	or a type of property	for which column (a) is che	ecked,			
	describe in Part II.							
		A - 4 - A I - 47 41 1 4	fau Fauna 000		0 - 1 1 - 1 -		0001	

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

Schedule M (Form 990) 2020

032142 11-23-20 Schedule M (Form 990) 2020

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.

2020
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 NEARLY 50,000 SCHOLARSHIPS
VALUED AT \$155 MILLION. EVERY QUALIFIED STUDENT WHO HAS APPLIED HAS
RECEIVED AID.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN THE 2021-22 ACADEMIC YEAR, THE MARINE CORPS SCHOLARSHIP FOUNDATION
AWARDED \$9.2 MILLION TO 2,510 CHILDREN OF MARINES AND NAVY CORPSMEN IN
ALL 50 STATES AND OVERSEAS.
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.
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 TIME LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION, INC	Employer identification number 22-1905062
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	_
MANAGEMENT OF THE CORPORATION. THE DESIGNATION OF ANY COMMITTEE, WHETHER	
UNDER THESE BYLAWS OR BY RESOLUTION ADOPTED BY THE BOARD, AND THE	

Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION, INC	Employer identification number 22-1905062
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 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.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING THE COMPENSATION OF CEO, EXECUTIVE DIRECTOR OR	
TOP MANAGEMENT OFFICIAL: CONSULTATION WITH HR CONSULTANT WHO PROVIDED A	

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION, INC	Employer identification number 22-1905062
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, AK, CA, CT, FL, GA, HI, IL, KS, KY, LA, ME, MO, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY	
NV,OH,OK,OR,PA,RI,SC,TN,UT,VA,WI,WV,DC,CO,ND,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.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUES OF OBLIGATIONS UNDER CHARITABLE TRUSTS 26,109.	
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

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STATE COPY

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

<u>A</u> I	For th	e 2020 calendar year, or tax year beginning J	UL 1, 2020 and	ending J	UN 30, 2021		
	Check if applicab				D Employer ide	entifi	cation number
Г	Addre		ON INC				
F	Name Chang				22-1905	062	
F	Initial		livered to street address)	Room/suite	E Telephone nu		r
F	Final	909 N WASHINGTON STREET	inversed to street address;	400	703-549-		
	⊥returr termi ated	V	7IP or foreign postal code		G Gross receipts \$		78,361,458.
Г	Amer	ded ATEVANDETA WA 22214	Zii oi loreign postai code		H(a) Is this a gro	oun re	
F	returr Appli	·	RD PROBERT JR.		for subordi	•	
	tion pend	ng SAME AS C ABOVE					ncluded? Yes No
Τ.	Γαν. Αν		(insert no.)	or 527	1 `´		list. See instructions
		te: WWW.MCSF.ORG	(moore no.) 10 17 (u)(1)	01 021	H(c) Group exer		
			ssociation Other	1 Year	of formation: 1962		M State of legal domicile: NJ
		Summary		Ε τοαι	or formation.		otato or logar dominino.
	T 1	Briefly describe the organization's mission or most	significant activities TO HON	OR MARINE	ES BY EDUCATIN	1G	
Governance	-	THEIR CHILDREN.					
rna	2		ntinued its operations or dispo	sed of more	than 25% of its n	et ass	sets.
ove.	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
es &	5	Total number of individuals employed in calendar y	/ear 2020 (Part V, line 2a)			5	37
Ϋ́	6	Total number of volunteers (estimate if necessary)				6	379
Activities &	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.
					Prior Year		Current Year
<u> </u>	8	Contributions and grants (Part VIII, line 1h)			18,010,3		18,003,057.
Revenue	9					0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4			2,511,1		13,905,448.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		707,0		2,377,211.
	12	Total revenue - add lines 8 through 11 (must equal			21,228,5		34,285,716.
	13	Grants and similar amounts paid (Part IX, column (7,560,2		8,819,080.
	14	Benefits paid to or for members (Part IX, column (A				0.	0.
es	15	Salaries, other compensation, employee benefits (3,597,1		3,649,119.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			452,	765.	442,592.
ă X	. b	Total fundraising expenses (Part IX, column (D), lin			2 224 4		0 222 252
ш	''	Other expenses (Part IX, column (A), lines 11a-11d			3,221,8		2,333,270.
	1	Total expenses. Add lines 13-17 (must equal Part I			14,832,0		15,244,061.
	19	Revenue less expenses. Subtract line 18 from line	12		6,396,5		19,041,655.
Net Assets or				Ве	ginning of Current		End of Year
Sset	20	Total assets (Part X, line 16)			126,336,1		149,128,193.
etA	21	Total liabilities (Part X, line 26)			9,416,6		10,492,244.
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		116,919,5	049.	138,635,949.
		alties of perjury, I declare that I have examined this return,	including accompanying schedule	e and etateme	ante and to the heet	of my	/ knowledge and helief it is
		ct, and complete. Declaration of preparer (other than office				-	Kilowieuge allu bellel, it is
truc	, 00110	, and complete. Declaration of preparer (other than office	bij is basea on an information of w	ilicii proparci	Thas arry knowledge.	•	
Sig	n	Signature of officer			Date		
Her		EDWARD PROBERT JR., PRESIDENT & C	CHIEF EXECUTIVE OFFICER				
1101	•	Type or print name and title					
		Print/Type preparer's name	Preparer's signature] [Date Ch	eck	PTIN
Paid	d	MICHAELA J. CROMAR, CPA	MICHAELA J. CROMAR, CP	A 0.	2/23/22 if set	∟ f-employ	P00895728
	parer	Firm's name CLIFTONLARSONALLEN LLP	,		Firm's EI		41-0746749
	Only	Firm's address 901 N. GLEBE ROAD, SUITE	200		7 11111 3 21		
	,	ARLINGTON, VA 22203			Phone no	571	-227-9500
Ma	v the I	RS discuss this return with the preparer shown abo	ve? See instructions		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X Yes No

22-1905062

ı a	Check if Schedule O contains a rest			Х
1	Briefly describe the organization's mission SEE SCHEDULE O.			
2	Did the organization undertake any signific prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on S	chedule O.		
3	Did the organization cease conducting, or If "Yes," describe these changes on Scheol		ducts, any program services?	Yes X No
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization	se accomplishments for each of its three ns are required to report the amount of		
4a	revenue, if any, for each program service r (Code:) (Expenses \$		8,819,080.) (Revenue\$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Sche (Expenses \$	dule O.)) (Revenue \$)
4e	Total program service expenses	10,784,247.	, frioretiae #	ı
				Form 990 (2020)

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_	Х	
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
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		х
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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	
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		Х

032003 12-23-20

Form **990** (2020)

Form 990 (2020)

MARINE CORPS SCHOLARSHIP FOR STANDARD SCHOLARSHIP FOR SCHOOLARSHIP FOR SCH

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		х
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	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	000	(2020)

032004 12-23-20

<u> Page</u> **5** Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **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 Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form **990** (2020)

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									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 28									
	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 O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
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		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	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, AK, CA, CT, FL, GA, HI, IL, KS, KY									
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	ble						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X 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	finana	rial							
13	statements available to the public during the tax year.	miaii	nai							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	RANDAL TURNER - 571-384-2820									
	909 N WASHINGTON STREET, SUITE 400, ALEXANDRIA, VA 22314		000							
032006	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020)						

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

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

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

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

• 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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any	tor					Ĺ	from the	from related organizations	other compensation
	hours for	direct				9		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC)		organization
	organizations	ll trus	nal trı		loyee	om pe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	lns	90	Ke.	e Hig	For			
(1) PROBERT, EDWARD	40.00	-								
EXECUTIVE VP, DEVELOPMENT					Х			221,084.	0.	40,914.
(2) RUARK, ROBERT R	40.00	-								
PRESIDENT AND CEO		Х		Х				245,304.	0.	13,245.
(3) PETERSON, STEVEN D	40.00	1								
EXECUTIVE VP, OPERATIONS				Х				200,491.	0.	13,291.
(4) TRISTAN, STEPHANIE	40.00	1								
DIRECTOR OF DEVELOPMENT						Х		136,944.	0.	38,319.
(5) SAVILLE, ASHLEY E	40.00									
SENIOR PHILANTHROPIC OFFICER						Х		163,903.	0.	8,192.
(6) THAKUR, RITA	40.00									
SENIOR DIR OF ACCOUNTING & FINANCE				Х				137,794.	0.	24,767.
(7) WILSON, CHRISTINE	40.00									
DIRECTOR OF DEVELOPMENT						Х		118,855.	0.	21,270.
(8) BALSON, COURTNEY	40.00									
DIRECTOR INVESTOR RELATIONS						Х		113,113.	0.	19,139.
(9) ADAMS, JEANNA	40.00									
DIRECTOR, SCHOLARSHIP PROGRAMS						Х		109,221.	0.	14,089.
(10) ROBERT B. NELLER	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(11) ERIC J. CANDELORI	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(12) RICHARD D. STEPHENS	1.00									
TREASURER		Х		Х				0.	0.	0.
(13) STEVEN M. POST	1.00									
GENERAL COUNSEL		Х		Х				0.	0.	0.
(14) MICHEAL P. BARRETT	1.00									
DIRECTOR		Х						0.	0.	0.
(15) RICHARD A. BERGEN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) CHARLES F. BOLDEN JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(17) JON M. DAVIS	1.00									
DIRECTOR - THRU SEPT 20		Х						0.	0.	0.

032007 12-23-20 Form **990** (2020)

1 01111 000 (2020)	RPS SCHOLARSHI	P F	OUN.	DAT	ION	, I	NC		22-190506	2 Page 8
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	anc	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week (list any			-	10010	17.11.43	loo,	from	from related	other
	hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099****100)	organization
	organizations	truste	Institutional trustee		yee	mper		(** 2) 1000 (***)		and related
	below	idual	ution	-i-	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) MIGUEL EATON	1.00									
DIRECTOR		Х						0.	0.	0.
(19) GEORGE J. FLYNN	1.00									
DIRECTOR		Х						0.	0.	0.
(20) STEVE FUSCO	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MATTHEW GANTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(22) TRACY GARRETT	1.00									
DIRECTOR		Х						0.	0.	0.
(23) FRANK J. GAUDIO	1.00									
DIRECTOR		Х						0.	0.	0.
(24) ROBERT E. JOYCE JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(25) PAUL KENNEDY	1.00									
DIRECTOR		Х						0.	0.	0.
(26) MARGARET G. KIBBEN	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								1,446,709.	0.	193,226.
c Total from continuation sheets to Pa								0.	0.	0.
d Total (add lines 1b and 1c)								1,446,709.	0.	193,226.
2 Total number of individuals (including l	but not limited to th	ose	liste	d ah	OVE) wh	o re	ceived more than \$100	000 of reportable	

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

Yes No

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

5 X

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)	(B)	(C)
Name and business address	Description of services	Compensation
ANNE LEWIS STRATEGIES, LLC		
120 EAST 1ST STREET, PAPOLLION, NE 68046	DIGITAL MARKETING PROGRAM	422,433.
DATOCWITTEN GROUP, INC.		
13145 APPLEGROVE LANE, HERNDON, VA 20171	EVENT MANAGEMENT	308,740.
DATA AXLE, INC.		
120 EAST 1ST STREET, PAPOLLION, NE 68046	DIGITAL MARKETING PROGRAM	165,965.
INCONIC COLLECTIVE, LLC, 4136 DEL REY	CONTRACTED COMMUNICATIONS	
AVENUE, SUITE 601, MARINA DEL REY, CA	SERVICES	151,479.
PATRICIA J. HURLEY & ASSOCIATES, INC, 205		
W. WACKER DR, STE 1400, CHICAGO, IL 60606	EVENT MANAGEMENT	117,239.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	7	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

Part VII Section A. Officers, Directors, Tr (A) Name and title 27) THOMAS J. LYONS DIRECTOR - THRU SEPT 20 28) FRANK D. MARTELL DIRECTOR 29) PETER MCCALLUM DIRECTOR	Average hours per week (list any hours for related organizations below line)	stee or director		(C Posi				(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Name and title 27) THOMAS J. LYONS DIRECTOR - THRU SEPT 20 28) FRANK D. MARTELL DIRECTOR 29) PETER MCCALLUM	Average hours per week (list any hours for related organizations below line) 1.00	X Individual trustee or director	neck	Posi all t	ition that	арр		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
Name and title 27) THOMAS J. LYONS DIRECTOR - THRU SEPT 20 28) FRANK D. MARTELL DIRECTOR 29) PETER MCCALLUM	Average hours per week (list any hours for related organizations below line) 1.00	X Individual trustee or director	neck	Posi all t	ition that	арр		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
PIRECTOR - THRU SEPT 20 28) FRANK D. MARTELL PIRECTOR 29) PETER MCCALLUM	per week (list any hours for related organizations below line) 1.00	X Individual trustee or director						from the organization	from related organizations	other compensation from the organization and related
PIRECTOR - THRU SEPT 20 28) FRANK D. MARTELL PIRECTOR 29) PETER MCCALLUM	week (list any hours for related organizations below line) 1.00	X Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization	organizations	compensation from the organization and related
PIRECTOR - THRU SEPT 20 28) FRANK D. MARTELL PIRECTOR 29) PETER MCCALLUM	below line) 1.00	х	Institutiona	Officer	Key employ	Highest cor	ormer			Organizations
PIRECTOR - THRU SEPT 20 28) FRANK D. MARTELL PIRECTOR 29) PETER MCCALLUM	1.00						4			
28) FRANK D. MARTELL DIRECTOR 29) PETER MCCALLUM										
OIRECTOR 29) PETER MCCALLUM		Х						0.	0.	0.
29) PETER MCCALLUM	1.00	Х								
	1.00							0.	0.	0.
IRECTOR										
		Х						0.	0.	0.
30) SUSAN E. MORRISON	1.00									
PIRECTOR		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) PAUL POHL	1.00									
DIRECTOR		Х						0.	0.	0.
35) ROBERT W. SCHRODER	1.00								- •	
DIRECTOR	1.00	х						0.	0.	0.
36) CHARLES SCIANNA	1.00								- •	
DIRECTOR	1.00	х						0.	0.	0.
37) HARVEY SEEGERS	1.00								•	
DIRECTOR		Х						0.	0.	0.
38) ROBERT J. STEVENS	1.00								- •	
DIRECTOR - THRU SEPT 20	1.00	х						0.	0.	0.
39) CATHERINE THOMAS	1.00								•	
DIRECTOR	1.00	x						0.	0.	0.
40) BERNARD J. WILLETT	1.00									
DIRECTOR		х						0.	0.	0.
	+								•	
	+									
	+									
		-								
		1								
	+									
		1								
	+					\vdash				
		1								
otal to Part VII, Section A, line 1c										

Form 990 (2020) MARINE COR

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a	16,522.				
Contributions, Gifts, Grants and Other Similar Amounts	'			1b	10,022.				
ij d			Membership dues	1c	5,930,446.				
Ţ\$,			Fundraising events		3,330,440.				
iar iar			Related organizations	1d	E64 622				
ns,			Government grants (contributions)	1e	564,622.				
er S		f	All other contributions, gifts, grants, and		11 101 165				
βŧ			similar amounts not included above	1f	11,491,467.				
g		g	Noncash contributions included in lines 1a-1f	1g \$	118,998.				
<u>8</u>		h	Total. Add lines 1a-1f			18,003,057.			
					Business Code				
ė	2	а							
Program Service Revenue		b							
Se		С							
an		d							
ρg		е							
Pro		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including divider						
			other similar amounts)			2,468,567.			2,468,567.
	4		Income from investment of tax-exem						
	5		Royalties		-				
	Ŭ		l (i) Real	(ii) Personal				
	6	2	Gross rents 6a	,	(.,,				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			· · · · · · · · · · · · · · · · · · ·	ecurities	(ii) Other				
	′	а			(ii) Other				
			, <u> </u>	.41,767.					
		b	Less: cost or other basis	.04 006					
ng			and sales expenses	04,886.					
š			Gain or (loss) 7c 11,4			44 425 004			44 426 224
her Revenue			Net gain or (loss)			11,436,881.			11,436,881.
je	8	а	Gross income from fundraising events (r						
δ			including \$5,930,446.	of					
			contributions reported on line 1c). So						
			Part IV, line 18		2,735,237.				
			Less: direct expenses		367,221.				
		С	Net income or (loss) from fundraising	g events		2,368,016.			2,368,016.
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19	9a	12,830.				
		b	Less: direct expenses	9b	3,635.				
		С	Net income or (loss) from gaming ac	tivities		9,195.			9,195.
	10	а	Gross sales of inventory, less returns	s					
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inv						
			· ·		Business Code				
Miscellaneous Revenue	11	а							
ne Jue	-	b							
ella vei		c							
SC.			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			34,285,716.	0.	0.	16,282,659.

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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	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	9 702 204	9 702 204		
_	individuals. See Part IV, line 22	8,792,204.	8,792,204.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	26 976	26 976		
	individuals. See Part IV, lines 15 and 16	26,876.	26,876.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	912,186.	350 321	186 003	375 77
_	trustees, and key employees	912,100.	350,321.	186,093.	375,772
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,288,258.	1,033,569.	252,908.	1 001 781
7	Other salaries and wages	2,200,230.	1,033,309.	232,300.	1,001,781
8	Pension plan accruals and contributions (include	86,842.	39,750.	8,855.	38,237
^	section 401(k) and 403(b) employer contributions)	153,701.	69,003.	16,653.	68,045
9	Other employee benefits	208,132.	90,284.	28,096.	89,752
0	Payroll taxes	200,132.	30,204.	20,030.	09,132
1	Fees for services (nonemployees):				
a	Management	20,803.		20,803.	
b	Legal	60,894.		60,894.	
_	Accounting	00,054.		00,054.	
d	Lobbying	442,592.			442,592
e	Professional fundraising services. See Part IV, line 17 Investment management fees	230,384.		230,384.	112,331
f	Other. (If line 11g amount exceeds 10% of line 25,	200,001.		200,001.	
g	column (A) amount, list line 11g expenses on Sch O.)	598,587.	112,488.	192,133.	293,966
12	Advertising and promotion	353,006.	40,166.	213,437.	99,403
13		135,564.	21,552.	28,528.	85,484
13 14	Office expenses	208,316.	99,065.	27,990.	81,261
1 4 15		200,020.	33,000.	27,220	02,202
16	Royalties	188,128.	80,520.	30,778.	76,830
	Occupancy	54,392.	7,395.	670.	46,327
17 18	Payments of travel or entertainment expenses	01,052.	,,,,,,,		10,01.
10	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	17,886.	5,250.	7,382.	5,254
9 20		2.,550.	5,250.	.,	5,25
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,331.	15,804.	5,450.	15,077
23		40,866.	,	40,866.	20,077
.s :4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER FUNDRAISING EXP	165,724.			165,724
b	DIRECT MAIL	130,737.			130,737
c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,
d					
	All other expenses	91,652.			91,652
25	Total functional expenses. Add lines 1 through 24e	15,244,061.	10,784,247.	1,351,920.	3,107,894
<u>.5 </u>	Joint costs. Complete this line only if the organization	, -,	, -,	, , , , , , ,	, , , , , ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

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Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	17,386,966.	1	23,401,949		
	2	Savings and temporary cash investments			913,104.	2	1,338,566
	3	Pledges and grants receivable, net	16,487,561.	3	13,877,692		
	4	Accounts receivable, net	97,039.	4	86,284		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	nsL		5	
	6	Loans and other receivables from other disqu	ualified pers				
		under section 4958(f)(1)), and persons descri	bed in sect	ion 4958(c)(3)(B)		6	
y,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran did assessment all forms of all assessment			584,774.	9	862,300
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	1,026,696.			
	b	Less: accumulated depreciation		999,252.	59,091.	10c	27,444
	11	Investments - publicly traded securities			90,674,268.	11	109,397,864
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, lii				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		133,381.	15	136,094	
	16	Total assets. Add lines 1 through 15 (must e			126,336,184.	16	149,128,193
	17	Accounts payable and accrued expenses	264,493.	17	592,219		
	18	Grants payable	7,301,082.	18	8,011,204		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
,	22	Loans and other payables to any current or for					
Ĕ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un		23			
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	•				
		parties, and other liabilities not included on li					
		of Schedule D	1,851,060.	25	1,888,821		
	26	T-A-LU-L-UW Add U 47 House b OF			9,416,635.	26	10,492,244
		Organizations that follow FASB ASC 958, o			, ,		
es		and complete lines 27, 28, 32, and 33.					
2	27	Net assets without donor restrictions			15,186,985.	27	22,428,658
39	28	Net assets with donor restrictions			101,732,564.	28	116,207,291
ᅙ		Organizations that do not follow FASB ASG					
בֿ		and complete lines 29 through 33.	J 555, 55				
ō	29	Capital stock or trust principal, or current fun	ıds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			116,919,549.	32	138,635,949
Z	33	Total liabilities and net assets/fund balances			126,336,184.	33	149,128,193

Form **990** (2020)

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34,	285,	716.
2	Total expenses (must equal Part IX, column (A), line 25)	2		15,	244,	061.
3	Revenue less expenses. Subtract line 2 from line 1	3		19,	041,	655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4					
5	Net unrealized gains (losses) on investments	5		2,	649,	436.
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			25,	309.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	38,	635,	949.
Pa	rt 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	Э.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	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?						
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					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?	-	I .	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

032012 12-23-20

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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

Internal Revenue Service Name of the organization **Employer identification number** MARINE CORPS SCHOLARSHIP FOUNDATION, INC 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) above (see instructions))

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	18,807,333.	28,786,241.	22,566,724.	18,010,379.	18,003,057.	106,173,734.			
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	18,807,333.	28,786,241.	22,566,724.	18,010,379.	18,003,057.	106,173,734.			
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)						10,795,954.			
	Public support. Subtract line 5 from line 4.						95,377,780.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	18,807,333.	28,786,241.	22,566,724.	18,010,379.	18,003,057.	106,173,734.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1,391,078.	1,637,701.	3,301,136.	2,543,868.	2,468,567.	11,342,350.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on	40,416.	27,067.	10,550.			78,033.			
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						118,301,136.			
12	- · · · · · · · · · · · · · · · · · · ·	•					2,748,067.			
13		-	rst, second, third, f	ourth, or fifth tax y	rear as a section 5	01(c)(3)	. —			
800							>			
	•			- L (5)			80.62 ~			
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18										
12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2019 Schedule A, Part II, line 14 16 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										

Schedule A (Form 990 or 990-EZ) 2020

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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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	Total. Add lines 1 through 5									
7	Amounts included on lines 1, 2, and									
	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		T	ı				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 6									
108	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
,	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975									
-										
	Add lines 10a and 10b Net income from unrelated business									
••	activities not included in line 10b,									
	whether or not the business is									
12	regularly carried on Other income. Do not include gain									
12	or loss from the sale of capital									
12	assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	o organization's fi	rot accord third :	fourth or fifth tox	l	01(a)(2) organization	L			
14	check this box and stop here	· ·			•					
Se	ction C. Computation of Publi									
	Public support percentage for 2020 (I			column (f))		15	%			
16	Public support percentage from 2019					16	%			
	ction D. Computation of Inves									
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17 %				
18	Investment income percentage from					18 %				
19	a 33 1/3% support tests - 2020. If the									
	more than 33 1/3%, check this box ar						`			
ŀ	33 1/3% support tests - 2019. If the									
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
20	Private foundation. If the organization									

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Schedule A (Form 990 or 990-EZ) 2020

Т.,

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
401		
10b	N E7	

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· ai	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	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 line 2, above, did the organization's supported organizations have a			
Ü	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			
	, , , , , , , , , , , , , , , , , , ,	3		
Sec	supported organizations played in this regard. 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. <i>Complete</i> line 3 <i>below</i> .			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	etruction	(c)	
2	Activities Test. Answer lines 2a and 2b below.	sii ucli0li	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		. 55	
-	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 line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sec	tion 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		
Sec	tion 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	't V │ Type III Non-Functionally Integrated	509(a	ı)(3) Supporting Orga	anizations _{(contin}	ued)	
Section	ion D - Distributions			•	·	Current Year
1	Amounts paid to supported organizations to accomplish	n exem	pt purposes		1	
2	Amounts paid to perform activity that directly furthers ex	xempt	purposes of supported			
	organizations, in excess of income from activity	•			2	
3	Administrative expenses paid to accomplish exempt pur	rposes	of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	l - prov	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instruction		,		6	
	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whi	ich the	organization is responsive	;		
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2020 from Section C, line 6				9	
	Line 8 amount divided by line 9 amount				10	
	,		(i)	(ii)		(iii)
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason	n-				
	able cause required - explain in Part VI). See instruction	ıs.				
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result grea	ater				
	than zero, explain in Part VI. See instructions.			I		
	Remaining underdistributions for 2020. Subtract lines 3	h				
	and 4b from line 1. For result greater than zero, explain a					
	Part VI. See instructions.	"'				
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:	\neg				
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number** MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062

Ji yai iiz	ation type (check of	с).
ilers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.
	contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
out it mu	ust answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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 additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	Total contributions \$ 750,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$1,004,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	\$ 2,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	* 2,170,493.	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	Noncash Property (see instructions). Use duplicate copies of Pa	art II 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
		\$	
(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 no	umber
MARINE C	ORPS SCHOLARSHIP FOUNDATION, INC			22-1905062	
Part III	Exclusively religious, charitable, etc., contribut 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 charitable, etc., contributions of \$1;	line entry. For orga	nizations	the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
-		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	Rela	tionship 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

MARINE CORPS SCHOLARSHIP FOUNDATION INC.

Employer identification number

Par	t I Organizations Maintaining Donor Advised	,	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		o or recourse. Complete if the
	organization answered Tes Off Offi 950, Fart IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Boller davised failes	(b) I dilas and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	Alternative Allerance and the Indian algorithms and	I seed 6 media
5	Did the organization inform all donors and donor advisors in w	_	
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv	· ·	
	for charitable purposes and not for the benefit of the donor or		
Par	impermissible private benefit?		Yes No
			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	<u> </u>	
	Preservation of land for public use (for example, recreation	· —	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, has	andling of violations, and enforcing co	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conser	ration easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial state	ments that describes the
_	organization's accounting for conservation easements.	 	
Par	t III Organizations Maintaining Collections of A		other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fu	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2020

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

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Ot	her S	imilar Asse	ts _{(cont}	inuea)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mal	ce signi	ficant use of its	3		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	how they further th	e organization's	exempt	purpose in Pa	rt XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other sin	nilar as	sets			
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes	on Fo	rm 990, Part I\	', line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia		•			_	_	_	_
	on Form 990, Part X?					L	Yes	_ 2	No.
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:						
							Amour	nt	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					[1f]			
	Did the organization include an amount on Fo				-	'L	Yes		No No
	If "Yes," explain the arrangement in Part XIII.						<u></u>	. L	
Pai	T V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years ba		Three years bac			rs back
	Beginning of year balance	67,499,548.	64,633,001.	58,097,97		58,925,152			327.
	Contributions	641,055.	2,454,390.	, ,	_	1,022,542.			
	Net investment earnings, gains, and losses	11,755,040.	2,669,798.		-	-414,230	_		,436.
	Grants or scholarships	2,278,601.	2,257,641.	1,862,01	0.	1,435,487.		,168	3,382.
е	Other expenditures for facilities								
_	and programs						+		
Ť	Administrative expenses	77 617 042	67 400 549	64 633 00	1	EQ 007 077	F 0	0.25	150
g	End of year balance	77,617,042.				58,097,977	• 30	, 3 2 3	,152.
2	Provide the estimated percentage of the curr	ent year end balance) neid as:					
_	Board designated or quasi-endowment Permanent endowment 72.3800		_%						
b		%							
С									
2-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec	•	4: 4l4 l		41				
Sa	Are there endowment funds not in the posses	ssion of the organiza	luon that are neid ar	ia administerea id	or the c	rganization		Vac	. No
	by:						20(1)	Yes	No X
	(i) Unrelated organizations								x
h	(ii) Related organizations	tions listed as requir	od on Schodulo P2				3a(ii)		+
4	Describe in Part XIII the intended uses of the						30	1	
	t VI Land, Buildings, and Equipm		willent fullus.						
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. Par	t X. line	e 10.			
	Description of property	(a) Cost or o				ımulated	(d) Boo	ok va	lue
	boschphon of property	basis (investn	` '	I .	•	ciation	(4) 50	on va	
	Land	- 							
	Buildings								
	Leasehold improvements			328,791.		307,160.		21	,631.
	Equipment			697,905.		692,092.		5	,813.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 10	Oc.)				27	,444.
			- ,.						

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of-vear market value
1) Financial derivatives	(1)		, , , , , , , , , , , , , , , , , , , ,
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
		1	
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			-f
(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)			
(0)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Proposition of liability.	Description		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Posseriation of liability.	Description		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	n Form 990, Part IV, line		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITABLE TRUSTS AN	n Form 990, Part IV, line		(b) Book value 1,259,88
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITABLE TRUSTS AN (3) DEFERRED RENT (4) PAYCHECK PROTECTION PROGRAM LOAN	n Form 990, Part IV, line		(b) Book value 1,259,88
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITABLE TRUSTS AN (3) DEFERRED RENT (4) PAYCHECK PROTECTION PROGRAM LOAN (5)	n Form 990, Part IV, line		(b) Book value 1,259,88
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITABLE TRUSTS AN (3) DEFERRED RENT (4) PAYCHECK PROTECTION PROGRAM LOAN (5) (6)	n Form 990, Part IV, line		(b) Book value 1,259,88 59,26
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITABLE TRUSTS AN (3) DEFERRED RENT (4) PAYCHECK PROTECTION PROGRAM LOAN (5) (6) (7)	n Form 990, Part IV, line		(b) Book value 1,259,88 59,26
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITABLE TRUSTS AN (3) DEFERRED RENT (4) PAYCHECK PROTECTION PROGRAM LOAN (5) (6)	n Form 990, Part IV, line		(b) Book value

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) 2020

X

22-1905062

Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 Total revenue, gains, and other support per audited financial statements			1	37,205,238.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	2,649,436.		
b Donated services and use of facilities	2b	103,505.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	26,109.		
e Add lines 2a through 2d			2e	2,779,050.
3 Subtract line 2e from line 1			3	34,426,188.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b		230,384.		
b Other (Describe in Part XIII.)	4b	-370,856.		
c Add lines 4a and 4b			4c	-140,472.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial State	omonto With I		5	34,285,716.
Complete if the organization answered "Yes" on Form 990, Part IV, line		expenses per F	return.	
	124.		1	15,488,838.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				•
a Donated services and use of facilities	2a	103,505.		
b Prior year adjustments		•		
c Other losses	1 _ 1			
d Other (Describe in Part XIII.)		371,656.		
e Add lines 2a through 2d			2e	475,161.
3 Subtract line 2e from line 1			3	15,013,677.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	230,384.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	230,384.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X, li	ne 2; Part XI,
PART V, LINE 4: THE FOUNDATION'S ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSH	IIPS TO THE			
CHILDREN OF MARINES, WHO APPLY AND QUALIFY ACCORDING TO THE RE	QUIREMENTS			
AS SET BY THE FOUNDATION'S POLICY.				
PART X, LINE 2:				
PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON I	TS EXEMPT			
THE FOUNDATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON I	DE. THE			
THE FOUNDATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON I	E. THE			
THE FOUNDATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON I ACTIVITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE COLFOUNDATION HAS RECEIVED FROM THE IRS A FAVORABLE RULING THAT I	T IS			
THE FOUNDATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON INCOME TAXES ON IT ACTIVITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE COLFOUNDATION HAS RECEIVED FROM THE IRS A FAVORABLE RULING THAT IT RECOGNIZED AS A "PUBLIC CHARITY" WITHIN THE MEANING OF INTERNAL	T IS			

Schedule D (Form 990) 2020

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.

2020
Open to Public Inspection

Name of the organization

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

Employer identification number

22-1905062

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance.

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistant	e,		
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Yes	X	No

3 Activities per Region. (T)	he followina Part	I. line 3 table ca	an be duplicated if additional space is nee	eded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments
		in the region	recipients located in the region)	or service(s) in the region	in the region
NORTH AMERICA	0	0	GRANTS TO RECEIPIENTS LOCATED IN THE REGION		1,500
NORTH AMERICA		, , , , , , , , , , , , , , , , , , ,	DOCATED IN THE REGION		1,500
			GRANTS TO RECEIPIENTS		
EUROPE	0	0	LOCATED IN THE REGION		9,000
EAST ASIA AND THE			GRANTS TO RECEIPIENTS		
PACIFIC	0	0	LOCATED IN THE REGION		8,876
CENTRAL AMERICA AND			GRANTS TO RECEIPIENTS		
THE CARIBBEAN	0	0	LOCATED IN THE REGION		7,500
3 a Subtotal	0	0			26,876
b Total from continuation sheets to Part I	0	0			o
c Totals (add lines 3a	_				
and 3b)	0	0			26,876

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

Schedule F (Form 990) 2020

recipient who red	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Lecognized as charities by the					
			or counsel has provided a sec					

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

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. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (f) Amount of (c) Number of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance SCHOLARSHIPS NORTH AMERICA 1 1,500. CHECK 0.N/A N/A SCHOLARSHIPS EUROPE 9,000. WIRE \$1,500; CHECK \$7,500 0.N/A N/A EAST ASIA AND THE SCHOLARSHIPS PACIFIC 2 8,876. WIRE \$3,876; CHECK \$5,000 0.N/A N/A CENTRAL AMERICA SCHOLARSHIPS AND THE CARIBBEAN 2 7,500, CHECK 0.N/A N/A

Part IV Foreign Forms

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
5	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 Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Page 5 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.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization					Employer i	dentification number
	RPS SCHOLARSHIP FOUNDATION,				22-1905	
	Complete if the organization answers	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-	EZ filers are not
required to complete this pa		ag gotin	ition (Chook all that apply		
Indicate whether the organization raia X Mail solicitations	• • —	-		overnment grants		
b X Internet and email solicitation			-	nment grants		
c Phone solicitations	g X Specia		-	-		
d X In-person solicitations	g Specia	luliura	asing	events		
2 a Did the organization have a written	or oral agreement with any individual	(includ	lina of	ficare directore true	toos or	
_	Part VII) or entity in connection with p		-		X Y	′es No
b If "Yes," list the 10 highest paid indi	· · · · · ·			· ·	·	
compensated at least \$5,000 by the		iani to	agreei	ments under which the	ie iuriuraiser is to	be
		/:::\	Dist		(v) Amount paid	-
(i) Name and address of individual	(ii) Activity	(iii) fundi have c	aiser	(iv) Gross receipts	to (or retained by	y) (vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	or cor	itrol of	from activity	fundraiser listed in col. (i)	organization
DAMOGUTEMENT TNG 12145					listed in col. (i)	
DATOCWITTEN, INC 13145	EVENUE MANAGEMENUE	Yes	No	F 206 727	165 10	0 5 041 627
APPLEGROVE LN, HERNDON, VA THE FASHIONABLE EVENT - 1101	EVENT MANAGEMENT		Х	5,206,737.	165,10	0. 5,041,637.
WALNUT #F, HUNTINGTON BEACH,	EVENT MANAGEMENT		x	1 217 710	ه ۵۵	1 200 726
PATRICIA J. HURLEY &	EVENI MANAGEMENI			1,217,718.	8,99	2. 1,208,726.
ASSOCIATES - 205 WEST WACKER	EVENT MANAGEMENT		x	861,817.	40.00	0 821 817
DATA AXLE, INC - 120 EAST 1ST	EVENT MANAGEMENT			001,017.	40,00	0. 821,817.
ST, PAPOLLION, NE 68046	DIRECT MARKETING PROGRAM		x	746,023.	60,00	0. 686,023.
ANNE LEWIS STRATEGIES, LLC -	DIGITAL ADVERTISING AND			740,023.	00,00	0.00,023.
120 EAST 1ST ST, PAPOLLION,	MARKETING		x	687,206.	168,50	0. 518,706.
THE BIRT IST ST, THE SECTION,				337,233.	100,50	310,700.
	•	•				
Total			•	8,719,501.	442,59	2. 8,276,909.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from	registration
AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, F	HI.IL.KS.KY.LA.MA.MD.ME.MI.I	IN MO	MS.M	T NC ND		
NE,NH,NJ,NM,NV,NY,OH,OK,OR,PA,F	<u> </u>			, ,		

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

Schedule G (Form 990 or 990-EZ) 2020

SEE PART IV FOR CONTINUATIONS

Pa	rt I					
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WASHINGTON	WICKENBURG RANCH		(add col. (a) through
			CELEBRATORY GALA	GOLF	24	col. (c))
Φ			(event type)	(event type)	(total number)	(-η,
Revenue						
Rev	1	Gross receipts	510,893.	210,860.	7,940,273.	8,662,026.
	_		306 300	115 960	E 420 206	E 020 446
	2	Less: Contributions	386,200.	115,860.	5,428,386.	5,930,446.
	3	Gross income (line 1 minus line 2)	124,693.	95,000.	2,511,887.	2,731,580.
		Cross moone (line 1 minds line 2)				
	4	Cash prizes				
	5	Noncash prizes	1,264.	4,110.	62,458.	67,832.
ses						
Sens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages	21,731.	10,983.	65,538.	98,252.
₫	_					
	8	Entertainment		38,625.	120,202.	201,137.
	9 10	Other direct expenses		· · · · · ·		367,221.
	11	•				2,364,359.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
Seve.						
	1	Gross revenue				
es	2	Cash prizes				
ens	3	Noncock prizes				
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
ä	•					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	_				_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
-	_	· · <u>-</u>				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				
	_					
	_					
0000	22 11	-25-20			Schedule G (For	m 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 MARINE CORPS SCHOLARSHIP FOUNDATION, INC	22-19050	062	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:		_	
a The organization's facility	138	a	%
b An outside facility			<u> </u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco		- 1	,,
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a	mount		
of gaming revenue retained by the third party > \$	riodire		
c If "Yes," enter name and address of the third party:			
Name ▶			
Address ▶			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation ▶ \$			
Description of services provided			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	nt in the		
organization's own exempt activities during the tax year > \$			
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(v); and Part III, I	ines 9,	9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I) NAME OF FUNDRAISER: DATOCWITTEN, INC.			
(I) ADDRESS OF FUNDRAISER: 13145 APPLEGROVE LN, HERNDON, VA 20171			
(I) NAME OF FUNDRAISER: THE FASHIONABLE EVENT			
(I) ADDRESS OF FUNDRAISER: 1101 WALNUT #F, HUNTINGTON BEACH, CA 92648			
(I) NAME OF FUNDRAISER: PATRICIA J. HURLEY & ASSOCIATES			
032083 11-25-20 Schedu	ıle G (Form 990	or 990	-EZ) 2020

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.

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

2020 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization MARINE CORPS	CCHOLARCHIR EC	NINDAMION INC					Employer identification number 22-1905062
Part I General Information on Grants a		JUNDATION, INC					22-1903002
Does the organization maintain records or criteria used to award the grants or assis Describe in Part IV the organization's pro	to substantiate the					stance, and the selecti	₩, ,
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domesti	c Governments.	Complete if the org	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	led.	(c) Mathemalias	T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	I nd government org	L ganizations listed in th	e line 1 table				b
3 Enter total number of other organizations	s listed in the line 1	1 table					

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP AWARDS	2726	8,792,204.	0	N/A	N/A
Benedikteri iwikib	2720	0,752,204.		17/11	17/11
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	
PART I, LINE 2:					
BEFORE AWARDS ARE MADE, STUDENTS APPLY FOR THE SCHO	DLARSHIPS AND	A POINT			
SYSTEM IS USED TO DETERMINE THE AWARD AMOUNT TO EAC	CH STUDENT BA	SED ON			
ELIGIBILITY AND NEED OF THE STUDENT. STUDENTS MUST	PROVIDE INFO	RMATION TO			
THE ORGANIZATION, INCLUDING TRANSCRIPTS, VERIFICATION	ON OF STUDEN	I EAFENSES			
AND AID FROM THE EDUCATIONAL INSTITUTIONS, AND A ST	ATEMENT OF U	SE OF THE			
SCHOLARSHIP FUNDS. EACH STUDENT AND THE EDUCATIONAL	INSTITUTION	WHERE THE			
STUDENT IS ENROLLED AGREES THAT THE PAYMENT, OR THE	UNUSED PORT	ION OF THE			
PAYMENT, MUST BE REFUNDED TO THE SCHOLARSHIP FOUND	ATION IF 1) T	HE STUDENT			

032291

Schedule I (Form 990)

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

Employer identification number 22-1905062

Pa	art I Questions Regarding Compensation			
			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
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	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	<u> </u>
b	Any related organization?	5b		X
	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:			
	The organization?	6a		X
b	Any related organization?	6b		X
	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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	1

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

Schedule J (Form 990) 2020

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	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	Bonus & (iii) Other compensation compensation		Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) PROBERT, EDWARD	(i)	212,069.	0.	9,015.	11,475.	29,439.	261,998.	0.
EXECUTIVE VP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RUARK, ROBERT R	(i)	245,304.	0.	0.	12,225.	1,020.	258,549.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETERSON, STEVEN D	(i)	191,269.	7,500.	1,722.	10,111.	3,180.	213,782.	0.
EXECUTIVE VP, OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRISTAN, STEPHANIE	(i)	122,970.	0.	13,974.	6,670.	31,649.	175,263.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SAVILLE, ASHLEY E	(i)	153,903.	10,000.	0.	8,192.	0.	172,095.	0.
SENIOR PHILANTHROPIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THAKUR, RITA	(i)	120,020.	7,500.	10,274.	7,375.	17,392.	162,561.	0.
SENIOR DIR OF ACCOUNTING & FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
MRS. CHRISTINE COETZEE, THE SPOUSE OF PRESIDENT AND CEO LIEUTENANT GENERAL
ROBERT RUARK, TRAVELED TO EVENTS FOR THE SCHOLARSHIP FOUNDATION IN A
PROFESSIONAL CAPACITY ON TWO OCCASIONS IN 2020. THE EXPENSES INCURRED WERE
FLIGHTS TOTALING \$2,030.20, NOT INCLUDED IN TAXABLE COMPENSATION.
AT THESE EVENTS, MRS. COETZEE'S DEVELOPMENT OF RELATIONSHIPS WITH INVESTORS
AND KEY SUPPORTERS WAS CRITICAL TO THE PROMOTION OF THE SCHOLARSHIP
FOUNDATION'S MISSION AND HELPED THE ORGANIZATION ACHIEVE ITS FUNDRAISING
GOALS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Employer identification number MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062

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			
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	14	108,515.	PUBLISHED MARKET	VALUI	3	
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	77	_	2 021	COOM C ONLITING DE			
25	Other (AUCTION ITEMS)	Х	5	2,931.	COST & SELLING PR	CICE		
26 27	Other ()							
27 20	Other ()							
<u>28</u> 29	Other () Number of Forms 8283 received by the organization	ation during	the tax year for e	ontributions				
23	for which the organization completed Form 828							
	To which the organization completed form 626	o, rait v, D	onee Acknowledge	ement <u>29 </u>			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines 1 throug	h 28_that it		100	110
-	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			or. ion in oquilion to be de		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	х	
32a	Does the organization hire or use third parties o							
	contributions?		_			32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020
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 NEARLY 50,000 SCHOLARSHIPS \$155 MILLION. EVERY QUALIFIED STUDENT WHO HAS APPLIED HAS RECEIVED AID. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN THE 2021-22 ACADEMIC YEAR. THE MARINE CORPS SCHOLARSHIP FOUNDATION AWARDED \$9.2 MILLION TO 2,510 CHILDREN OF MARINES AND NAVY CORPSMEN IN ALL 50 STATES AND OVERSEAS. 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 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. 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 TIME LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION, INC	Employer identification number 22-1905062
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	
MANAGEMENT OF THE CORPORATION. THE DESIGNATION OF ANY COMMITTEE, WHETHER	
UNDER THESE BYLAWS OR BY RESOLUTION ADOPTED BY THE BOARD, AND THE	Schodulo O (Form 990 or 990 E7) 2020

13300223 131839 064-038166

Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION, INC	Employer identification number 22-1905062
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 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.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING THE COMPENSATION OF CEO, EXECUTIVE DIRECTOR OR	
TOP MANAGEMENT OFFICIAL: CONSULTATION WITH HR CONSULTANT WHO PROVIDED A	

13300223 131839 064-038166

Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION, INC	Employer identification number 22-1905062
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, AK, CA, CT, FL, GA, HI, IL, KS, KY, LA, ME, MO, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY	
NV,OH,OK,OR,PA,RI,SC,TN,UT,VA,WI,WV,DC,CO,ND,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.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUES OF OBLIGATIONS UNDER CHARITABLE TRUSTS 26,109.	
032212 11-20-20	Schedule O (Form 990 or 990-FZ) 2020

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