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

**Return of Organization Exempt From Income Tax** 

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

OMB No. 1545-0047

ΑI	For the	$\pm$ 2021 calendar year, or tax year beginning $\pm$ JUL $\pm$ 1 , $\pm$ 2021 and ending	JUN 30, 2022					
В	Check if applicable	C Name of organization	D Employer identific	cation number				
	Addre							
	Name chang		22-19050	62				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/si	uite <b>E</b> Telephone numbe	r				
	□Final return/		703-549-					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	170,213,832.				
L	☐Ameno return ☐Applic	ALEXANDRIA, VA 22314		H(a) Is this a group return				
L	tion pendir	F Name and address of principal officer: EDWARD PROBERT UK.		for subordinates? Yes X No				
_		SAME AS C ABOVE	H(b) Are all subordinates in					
		empt status: $\boxed{X}$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$ te: $\blacktriangleright$ WWW.MCSF.ORG		list. See instructions				
			H(c) Group exemption /ear of formation: 1962					
	art I	Summary	ear or formation. ±302  N	M State of legal dofffiche. 110				
		Briefly describe the organization's mission or most significant activities: TO PROVI	DE SCHOLARSHII	PS TO THE				
Se	-	CHILDREN OF MARINES & NAVY CORPSMEN ATTENDING						
Activities & Governance	2	Check this box  if the organization discontinued its operations or disposed of m						
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)	3	28				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		27				
Se Se	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		40				
Ϋ́È	6	Total number of volunteers (estimate if necessary)		329				
₹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.				
			Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)	18,003,057.	26,582,491.				
Revenue	9	Program service revenue (Part VIII, line 2g)	13,905,448.	0. 10,051,527.				
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,377,211.	777,858.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,285,716.	37,411,876.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,819,080.	9,788,202.				
	1	D 51 11 5 1 (D 1)7 1 (A) 11 4)	0,013,000.	0.				
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,649,119.	3,327,199.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	442,592.	537,865.				
ben	. b	Total fundraising expenses (Part IX, column (D), line 25)   3,920,091.	,	, , , , , , , , , , , , , , , , , , , ,				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,333,270.	3,591,763.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,244,061.	17,245,029.				
	19	Revenue less expenses. Subtract line 18 from line 12	19,041,655.	20,166,847.				
Net Assets or	2		Beginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)	149,128,193.	143,461,620.				
at As	21	Total liabilities (Part X, line 26)	10,492,244.	10,517,290.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	138,635,949.	132,944,330.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state	tomanta and to the heat of my	/ knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		Kilowieuge aliu bellei, it is				
truc	, 601166	Edward Probert	5/11/20	23				
Sig	n	Siggature et particular	Date					
Her		EDWARD PROBERT JR., PRESIDENT & CHIEF EXEC	UTIVE OFFICER					
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Paid	i	ROBERT WILLIAMS ROBERT WILLIAMS	05/11/23 self-employ					
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN ▶	41-0746749				
Use	Only	Firm's address > 901 NORTH GLEBE ROAD, SUITE 200						
		ARLINGTON, VA 22203	Phone no. (5					
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No				

	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	, ,		Form <b>990</b> (2021)
4e	Total program service expenses	11,945,279.		
-tu	(Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on So	shedule ()		
.5	/ (Expended #	modernity grants of w	, (10001100 0	, /
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	220 20110000			
4a	(Code:) (Expenses \$11, SEE SCHEDULE O	including grants of \$	9,788,202. ) (Revenue \$	)
	revenue, if any, for each program service	e reported.	0.700.202	
-	Section 501(c)(3) and 501(c)(4) organiza	tions are required to report the amount	of grants and allocations to others, the total	
4	If "Yes," describe these changes on Sci Describe the organization's program se		ree largest program services, as measured b	by expenses.
3			onducts, any program services?	Yes X No
_	If "Yes," describe these new services or			
_	prior Form 990 or 990-EZ?			Yes X No
2	Did the organization undertake any sign	ificant program services during the year	which were not listed on the	
	-			
1	Briefly describe the organization's missi SEE SCHEDULE O.	on:		
_			l	X
Pai				\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
Form	t III   Statement of Program Se	rvice Accomplishments	DUNDATION, INC 22-19	000002 Page <b>2</b>

Form 990 (2021) MARINE (

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

22-1905062

Page 3

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)? Х If "Yes," complete Schedule A ..... 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI 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 Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." Х 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

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Pai	rt IV   Checklist of Required Schedules <sub>(continued)</sub>			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		22	Х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		21	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		77	1
	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			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		1
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			
254		25a		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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		X
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%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			1
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
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? If "Yes." complete			
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
<b>5</b> 7		34	Х	1
25-	Part V, line 1		X	$\vdash$
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	$\vdash$
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			v
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	1
Pai	rt 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
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26		.03	.,,,
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Enter the number of Fermio W 24 moladed of time fat. Enter of it not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c	000	Щ_

132004 12-09-21

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 40 Х 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 Х any contributions that were not tax deductible as charitable contributions? 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). Х 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 Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 10a 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.) 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 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. 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 Enter the amount of reserves on hand X 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 X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069

MARINE CORPS SCHOLARSHIP FOUNDATION, INC Form 990 (2021) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 28 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 27 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure 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 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records SARAH TONIZZO - 703-549-0060

909 N WASHINGTON STREET, SUITE 400, ALEXANDRIA, VA 22314

Form **990** (2021)

statements available to the public during the tax year.

# Form 990 (2021) MARINE CORPS SCHOLARSHIP FOUNDATION,

22-1905062

INC

<u> Page</u> **7** 

# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	box	not cl	ss per	ition more rson is	than on the state of the state	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	In stitutio nal tru ste e	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) EDWARD PROBERT PRESIDENT AND CEO	37.50 1.00	х		х				290,843.	0.	17,241.
(2) ROBERT RUARK	37.50	Λ		Δ				230,043.	0.	11,241.
FORMER OFFICER UNTIL JUNE 2021	37.30	1					Х	215,513.	0.	11,714.
(3) STEVEN PETERSON	37.50						21	213,313.		11,/14.
FORMER OFFICER UNTIL JUNE 2021	37.30	1					х	184,841.	0.	6,222.
(4) ASHLEY SAVILLE	37.50							201,0121		0,222
CHIEF PHILANTHROPIC UNTIL MAY 2022		1				x		177,634.	0.	10,234.
(5) RITA THAKUR	37.50									
COMPTROLLER UNTIL JAN 2022				х				153,653.	0.	19,005.
(6) KEITH MOORE	37.50							,		,
DEVELOPMENT OFFICER						Х		119,490.	0.	19,586.
(7) COURTNEY BALSON	37.50									
CHIEF ADVANCEMENT OFFICER						Х		117,371.	0.	20,518.
(8) JEANNA ADAMS	37.50									
CHIEF SCHOLARSHIP OFFICER						Х		122,147.	0.	13,846.
(9) BRIAN CHADWICK	37.50									
DEVELOPMENT OFFICER UNTIL APRIL 2022						X		125,950.	0.	6,609.
(10) HAROLD VAN OPDORP	37.50									
CHIEF OPERATING OFFICER	1.00			Х				97,708.	0.	26,649.
(11) ROBERT B. NELLER	1.00									
CHAIR	1.00	Х		Х				0.	0.	0.
(12) ERIC J. CANDELORI	1.00							_	_	_
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(13) RICHARD D. STEPHENS	1.00	l							_	
TREASURER	1.00	Х		Х				0.	0.	0.
(14) STEVEN M. POST	1.00	ļ							_	
GENERAL COUNSEL	1.00	Х		Х				0.	0.	0.
(15) MICHEAL P. BARRETT	1.00								•	•
DIRECTOR UNTIL SEPT 2021	1 00	Х						0.	0.	0.
(16) RICHARD A. BERGEN	1.00	٠,							_	•
DIRECTOR UNTIL SEPT 2021	1 00	X	$\vdash$			-	-	0.	0.	0.
(17) CHARLES F. BOLDEN JR.	1.00							_	_	^
DIRECTOR		X						0.	0.	990 (2021)

Form 990 (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Es	timate	:d
	hours per week		box, unless person is both an officer and a director/trustee)					compensation	compensation		nount o	of
	(list any						,	from the	from related organizations		other pensat	tion
	hours for	direct				p		organization	(W-2/1099-MISC/		om the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		anizati	
	organizations	ltrust	nal tru		oyee	om pe		1099-NEC)		and	d relate	ed
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizatio	ons
	line)	pul	Inst	0#i	Key	E Hig	For					
(18) JOSEPH F BOULOS	1.00								•			^
DIRECTOR	1 00	X						0.	0.			0.
(19) MIGUEL EATON	1.00								•			•
DIRECTOR	1 00	X						0.	0.			0.
(20) GEORGE J. FLYNN	1.00								•			•
DIRECTOR	1.00	Х						0.	0.			0.
(21) STEVE FUSCO	1.00								•			•
DIRECTOR	1 00	Х						0.	0.			0.
(22) MATTHEW GANTZ	1.00											•
DIRECTOR	1 00	X						0.	0.			0.
(23) TRACY GARRETT	1.00											•
DIRECTOR	1.00	Х						0.	0.			0.
(24) FRANK J. GAUDIO	1.00											
DIRECTOR	1 00	X						0.	0.			0.
(25) KEITH M JONES	1.00											_
DIRECTOR	1 00	Х						0.	0.			0.
(26) ROBERT E. JOYCE JR.	1.00											_
DIRECTOR	1.00	Х						0.	0.			0.
1b Subtotal							<b>&gt;</b>	1,605,150.	0.	15	1,62	
c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	1,605,150.	0.	15	1,62	<u>24.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization											-	11
									ı		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	higl	nest compensated empl	oyee on			
line 1a? If "Yes " complete Schedule J for s	uch individual									3	X	

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) Name and business address	(B) Description of services	(C) Compensation
ANNE LEWIS STRATEGIES, LLC, 650	DIGITAL MARKETING	
MASSACHSETTS AVE, NW, SUITE 505, WASHINGTON	PROGRAM	445,900.
ICONIC COLLECTIVE, LLC, 4136 DEL REY	CONTRACTED	
AVENUE, SUITE 601 , MARINA DEL REY, CA	COMMUNICATIONS SERVI	374,133.
DATOCWITTEN GROUP, INC.		
13145 APPLEGROVE LANE, HERNDON, VA 20171	EVENT MANAGEMENT	363,123.
DATA AXLE	DIRECT MARKING	
PO BOX 959819, ST. LOUIS, MO 63195-9819	PROGRAM	149,812.
PEBBLE BEACH RESORTS		
1700 17 MILE DR, PEBBLE BEACH, CA 93953	EVENT SPACE SERVICES	105,058.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Name and title Position Reportable Reportable Estimated (check all that apply) hours compensation compensation amount of per from from related other the organizations compensation week Highest compensated employee (list any Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Officer line) (27) PAUL KENNEDY 1.00 DIRECTOR X 0. 0. 0. (28) MARGARET G. KIBBEN 1.00 0. 0. 0. DIRECTOR Х (29) FRANK D. MARTELL 1.00 DIRECTOR Х 0 0. 0. (30) PETER MCCALLUM 1.00 0. 0. 0. DIRECTOR (31) SUSAN E. MORRISON 1.00 X 0. 0. 0. DIRECTOR (32) MICHAEL G MULLEN 1.00 0. DIRECTOR X 0 . 0. (33) DAN NELSON 1.00 0 . 0. 0. DIRECTOR (34) MELISSA D. PALMISCIANO 1.00 DIRECTOR 1.00 Х 0. 0. 0. (35) GREG PARSONS 1.00 Х DIRECTOR 0. 0. 0. (36) PAUL POHL 1.00 DIRECTOR Х 0. 0. 0. (37) ROBERT W. SCHRODER 1.00 DIRECTOR 1.00 Х 0. 0. 0. (38) CHARLES SCIANNA 1.00 0. DIRECTOR UNTIL SEPT 2021 0. 0. Х 1.00 (39) HARVEY SEEGERS Х 0. DIRECTOR 0. 0. 1.00 (40) CATHERINE THOMAS DIRECTOR Х 0 0. 0. (41) BERNARD J. WILLETT 1.00 0. 0. 0. DIRECTOR UNTIL APRIL 2022 (42) SARAH TONIZZO 37.50 1.00 X 0. 0. 0. CFO STARTING MAY 2022

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 13,561. Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 9,889,844. c Fundraising events ..... 1c d Related organizations 1d 569,670. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 16,109,416 1f 4,792,758 g Noncash contributions included in lines 1a-1f 26,582,491 h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2694084 2,694,084 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 138,000,366. assets other than inventory b Less: cost or other basis 7b 130,642,923. Other Revenue and sales expenses c Gain or (loss) 7c 7,357,443. 7,357,443. 7357443. d Net gain or (loss) ..... 8 a Gross income from fundraising events (not including \$ 9,889,844. of contributions reported on line 1c). See 2,902,225 Part IV, line 18 **b** Less: direct expenses 757,945 757,945. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 22,815 14,753 **b** Less: direct expenses 9b 8,062 8,062. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 900099 11,851 11,851. b d All other revenue 11,851 e Total. Add lines 11a-11d 37,411,876. 0. 10829385. Total revenue. See instructions 12

132009 12-09-21

Form **990** (2021)

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	9,763,889.	9,763,889.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	24 212	24 212		
	individuals. See Part IV, lines 15 and 16	24,313.	24,313.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	640,415.	250,237.	171,341.	218,837
6	trustees, and key employees	040,413.	250,257.	1/1,541.	210,037
O	persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	2,230,735.	1,047,277.	189,920.	993,538.
8	Pension plan accruals and contributions (include	_,,	_, -, -, -, -, -, -, -, -, -, -, -, -, -,		222,000
_	section 401(k) and 403(b) employer contributions)	88,221.	42,394.	7,686.	38,141.
9	Other employee benefits	161,743.	73,761.	18,167.	69,815.
10	Payroll taxes	206,085.	93,344.	25,561.	87,180.
11	Fees for services (nonemployees):	-	-	-	-
а	Management				
b	Legal	29,590.		29,590.	
С	Accounting	64,914.		64,914.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	537,865.			537,865.
f	Investment management fees	335,681.		335,681.	
g	Other. (If line 11g amount exceeds 10% of line 25,	-01 001	222 252		0.4.0 0.7.5
	column (A), amount, list line 11g expenses on Sch 0.)	501,281.	202,258.	58,047.	240,976.
12	Advertising and promotion	672,969.	68,580.	190,510.	413,879.
13	Office expenses	196,560. 343,159.	20,409.	30,556. 47,110.	145,595.
14	Information technology	343,139.	164,806.	4/,110.	131,243.
15	Royalties	174,000.	74,349.	28,721.	70,930.
16	Occupancy	278,763.	51,731.	43,244.	183,788.
17	Travel	270,703.	31,731.	45,244.	103,700.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	276,067.	57,673.	86,824.	131,570.
19 20	Interest	2,0,001	31,013.	00,024	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,059.	10,258.	3,537.	3,264.
23	Insurance	45,021.	•	45,021.	•
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	OTHER FUNDRAISING EXP	430,405.			430,405.
b	DIRECT MAIL	150,650.			150,650.
c		,			2 2 7 2 2 3
d					
е	All other expenses	75,644.		3,229.	72,415.
25	Total functional expenses. Add lines 1 through 24e	17,245,029.	11,945,279.	1,379,659.	3,920,091.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	23,401,949.	1	27,579,698.
	2	Savings and temporary cash investments	1,338,566.	2	1,769,369.
	3	Pledges and grants receivable, net	13,877,692.	3	10,577,217.
	4	Accounts receivable, net	86,284.	4	115,474.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	252 222	8	101 001
⋖	9	Prepaid expenses and deferred charges	862,300.	9	481,294.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,032,969.	27 444		10 125
	I	Less: accumulated depreciation 10b 1,022,834.	27,444. 109,397,864.		10,135. 102,765,314.
	11	Investments - publicly traded securities	109,397,004.		102,705,314.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13 14	
	14	Intangible assets Other assets See Part IV line 11	136,094.	15	163,119.
	15 16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 33)	149,128,193.	16	143,461,620.
	17	Accounts payable and accrued expenses	592,219.		326,858.
	18	Grants payable	8,011,204.	18	8,860,046.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	569,670.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1 210 151		1 220 206
		of Schedule D	1,319,151.		1,330,386.
	26	Total liabilities. Add lines 17 through 25	10,492,244.	26	10,517,290.
ý		Organizations that follow FASB ASC 958, check here X			
nce	0.7	and complete lines 27, 28, 32, and 33.	22,428,658.	07	31,610,300.
ala	27	Net assets without donor restrictions	116,207,291.	27 28	101,334,030.
B	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here	110,207,251.	20	101,331,030.
튑		and complete lines 29 through 33.			
<u></u>	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	138,635,949.	32	132,944,330.
~	33	Total liabilities and net assets/fund balances	149,128,193.	33	143,461,620.
	-				Form 990 (2021)

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orm	1990 (2021) MARINE CORPS SCHOLARSHIP FOUNDATION, INC	22-	1905	062	Pa	ge 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,41</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,24		
3	Revenue less expenses. Subtract line 2 from line 1	3		,16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,63		
5	Net unrealized gains (losses) on investments	5	<u>-25</u>	,76	5,4	<u>13.</u>
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		-9	3,0	<u>53.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	132	,94	<u>4,3</u>	30.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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 Sin	gle Audi	t			
	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	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Total

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

2021

Open to Public Inspection

**Employer identification number** Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION 22-1905062 INC 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).) 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Page 2 Schedule A (Form 990) 2021 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	, piou		,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
		28786241.	22566724.	18010379.	18003057.	26582491.	113948892
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	28786241.	22566724.	<u> 18010379.</u>	<u> 18003057.</u>	<u> 26582491.</u>	113948892
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,						16040415
	column (f)						16940415.
	Public support. Subtract line 5 from line 4. etion B. Total Support						97008477.
			# > 00/0	( ) 22/2	1 , , , , , ,		T
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total 113948892
		20/00241.	22300724.	10010379.	18003037.	20302491.	113940092
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	1637701.	3301136.	2543868.	2468567	2694084	12645356.
۵	Net income from unrelated business	1037701.	3301130.	2343000.	2400307	2034004.	120433301
9	activities, whether or not the						
	business is regularly carried on	27,067.	10,550.				37,617.
10	Other income. Do not include gain						01/0210
	or loss from the sale of capital						
	assets (Explain in Part VI.)		2615631.	707,019.	2748067.	2936849.	9007566.
11	<b>Total support.</b> Add lines 7 through 10			,			135639431
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	tion C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2021 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	71.52 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	80.62 %
16a	33 1/3% support test - 2021. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	t - 2021. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-	-		-		
b	10% -facts-and-circumstances test	-				•	10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circ				• • • • •		▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s <b>&gt;</b>

MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Page 3 Schedule A (Form 990) 2021

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

Sec	ction A. Public Support	now, please comp	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(2) = 2 : 2	(5) = 5 + 5	(-,	(-,	(0)
	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						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	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				+	+	
	Total. Add lines 1 through 5				+		
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons						
D	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.)						
	ction B. Total Support				_		1
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
Sec	tion C. Computation of Public						•
15	Public support percentage for 2021 (lii	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					•	<u></u>
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box an						▶□
b	33 1/3% support tests - 2020. If the	=	-				and
-	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization						

Schedule A (Form 990) 2021

MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Page 4

# 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9с 10a 10b

		(Form 990) 2021 MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-19	0506	2 Pa	age <b>5</b>
Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800		vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
Sec	lion (	5. Type ii Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
Sec	the su	upported organization(s).  D. All Type III Supporting Organizations	1		
		5. All Type III Supporting Siguinzations		Vaa	Na
4	Did th	as a reasonization provide to each of its supported arganizations, by the last day of the fifth month of the		Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		iization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū		icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		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 ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how to	he organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne 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		

Sche <b>Par</b>	dule A (Form 990) 2021 MARINE CORPS SCHOLARSHI:  TV Type III Non-Functionally Integrated 509(a)(3) Supporting			2-1905062 Page 6
				) t \ /// \ O t t t
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	art vi). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	(B) Current Year
Sect	ion A - Adjusted Net Income	_	(A) Prior 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		
Secti	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-functionall	y integra	ted Type III supporting orgar	nization (see

Schedule A (Form 990) 2021

MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Page 7 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 **a** From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2017

Schedule A (Form 990) 2021

b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule A	(Form 990) 2021	MARINE	CORPS	SCHOLARSHI	P FOUNDATION,	INC 22-1905062 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Pro , 2, 3b, 3c, 4b, lines 2 and 3; F	vide the exp 4c, 5a, 6, 9a Part IV, Sect	lanations required by a, 9b, 9c, 11a, 11b, a ion E, lines 1c, 2a, 2b	Part II, line 10; Part II, lin nd 11c; Part IV, Section E o, 3a, and 3b; Part V, line	e 17a or 17b; Part III, line 12; 8, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V,	Section E, III	nes 2, 5, and 6. Also	complete this part for any	additional information.

SCLOSURE COPY \*\*

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

**Employer identification number** 

MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062

Organization type (check one):							
Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990	-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
•	ly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
Generali	nuie						
	-	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 F	Rules						
:	sections 509(a)(1) a	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), Part II, line 13, 16a, or 16b, and that received from any one 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.							
: i	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer "N	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page

	. 490		
Name of organization	Employer identificati		
MADINE CODDS SCHOLARSHIP ECHNINATION	TNC	22_1905062	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>4,613,571</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 5,400,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 929,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 569,670.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

123452 11-11-21

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# MARINE CORPS SCHOLARSHIP FOUNDATION, INC

22-1905062

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	•	-1903002
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	37,875 SH/ABBV VALUED AT \$115.94 PER SHARE		11/30/21
(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
		     \$	
123453 11-11	l-21		Schedule B (Form 990) (2021

DocuSign Envelope ID: 44674ADE-7E42-4A4A-95E4-D617276440E8 Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** 22-1905062 CORPS SCHOLARSHIP FOUNDATION, INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

123454 11-11-21

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2021
Open to Public

Open to Public Inspection

Name of the organization

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

Employer identification number 22-1905062

Pai	t I Organizations Maintaining Donor Advised		
	organization answered "Yes" on Form 990, Part IV, line		1
		(a) Donor advised funds	(b) Funds 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		
5	Did the organization inform all donors and donor advisors in w		ed funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
Ū	for charitable purposes and not for the benefit of the donor or	· ·	-
		donor advisor, or for any other purpose	
Pai		anization answered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organization		, a.c., ,
•	Preservation of land for public use (for example, recreat	`	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	i reservation o	r a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ind conservation contribution in the form	of a conservation easement on the last
2	day of the tax year.	ed conservation contribution in the form	Held at the End of the Tax Year
_			
a h			21
b	, , , , , , , , , , , , , , , , , , , ,	veture included in (a)	
C	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired a listed in the National Register	· ·	I I
3	Number of conservation easements modified, transferred, rele		
Ū	year	sacca, extinguishea, er terrimiatea by the	y organization daring the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

132051 10-28-21

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

Schedule D (Form 990) 2021

	dule D (Form 990) 2021 MARINE ( t III Organizations Maintaining C	CORPS SCHOI	ARSHIP FOU	JNDATION, asures, or Oth	INC er Si	: imilaı	22-19 r <b>Assets</b>		
3	Using the organization's acquisition, accession							(00	
	collection items (check all that apply):	,	•	Ü	Ū				
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 explain	how they further th	e organization's ex	empt	purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simil	ar ass	ets			
	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 organizatio	n answered "Yes" o	n For	m 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets no	t inclu	uded		_	
	on Form 990, Part X?						L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						
								Amount	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
t	Ending balance					1f		7	<b>V</b> .
	Did the organization include an amount on Fo				-			Yes	X No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i								
	Traditional Complete	(a) Current year	(b) Prior year	(c) Two years back		Three \	/ears back	(e) Four	vears hack
10	Beginning of year balance	77,617,042.	67,499,548.	64,633,001	_		97,977.		925,152.
la h	Contributions	4,430,672.	641,055.	· · · · · ·		<u> </u>	10,876.		022,542.
	Net investment earnings, gains, and losses	-10,092,365.	11,755,040.	2,669,798			86,158.		414,230.
	Grants or scholarships	2,700,031.	2,278,601.	2,257,641			62,010.		435,487.
	Other expenditures for facilities						,		
·	and programs								
f	Administrative expenses								
g	End of year balance	69,255,318.	77,617,042.	67,499,548		64,6	33,001.	58,0	97,977.
2	Provide the estimated percentage of the curr	ent vear end balance					·		
а	Board designated or quasi-endowment	.0000	%	,					
b	Permanent endowment ► 88.1370	%	_						
С	11 0000	<del></del> %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for	the o	rganiza	ation	_	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or of	, ,	' '		mulate		(d) Book	value
		basis (investm	Dasis	(other) c	epred	ciation			
	Land								
	Buildings		2.1	9 701	3.0	7 0	97	1	704
	Leasehold improvements			8,791. 4,178.	<u> 54</u>	7,08 5,7	17		,704. ,431.
	Equipment		70	<del></del>	0 9	J, 1'	<del>- / •   -   -   -   -   -   -   -   -   -  </del>	0	, <del>+</del> ) + •
	Other		V == 1== (D) 11 = 1	0- \			<b>•</b>	1 0	,135.
rotal	. Aud iiiles Ta tilibugit Te. (Column (al must e	uuai rorm 990. Part )	v. column (B). line 1	JC.1				± 0	, + 5 5 •

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.			2-1905062 <sub>Page</sub>
Complete if the organization answered "Yes" ( (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives	(b) DOOK value	(c) Wethod of Valuation. Cost of en	d-or-year market value
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(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" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (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	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(3)			
(4)			
- • •			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)	15.)		
(4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line			5.
(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" (a) Proposition of liability			5. <b>(b)</b> Book value
(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" (a) Proposition of liability			
(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" (a) Description of liability	on Form 990, Part IV, line		(b) Book value
(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" (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		(b) Book value 1,270,571
(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" (a) Description of liability  (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITAE	on Form 990, Part IV, line		(b) Book value 1,270,571
(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" (a) Description of liability (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITAE (3) TRUSTS AND ANNUITIES	on Form 990, Part IV, line		(b) Book value 1,270,571
(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" (a) Description of liability  (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITAE (3) TRUSTS AND ANNUITIES (4) DEFERRED RENT	on Form 990, Part IV, line		(b) Book value 1,270,571
(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" (a) Description of liability (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITAE (3) TRUSTS AND ANNUITIES (4) DEFERRED RENT (5)	on Form 990, Part IV, line		(b) Book value 1,270,571
(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" (a) Description of liability (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITAE (3) TRUSTS AND ANNUITIES (4) DEFERRED RENT (5) (6) (7)	on Form 990, Part IV, line		(b) Book value 1,270,571
(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" (a) Description of liability (1) Federal income taxes (2) OBLIGATIONS UNDER CHARITAE (3) TRUSTS AND ANNUITIES (4) DEFERRED RENT (5) (6)	on Form 990, Part IV, line		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 MARINE CORPS  Part XI Reconciliation of Revenue per Aud	S SCHOLARSHIP FO		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited fi	inancial statements		1
2 Amounts included on line 1 but not on Form 990, Par	rt VIII, line 12:		
a Net unrealized gains (losses) on investments		2a	
<b>b</b> Donated services and use of facilities		2b	
c Recoveries of prior year grants			
e Add lines 2a through 2d			2e
3 Subtract line 2e from line 1			3
4 Amounts included on Form 990, Part VIII, line 12, but	not on line 1:		
a Investment expenses not included on Form 990, Part		. 4a	
<b>b</b> Other (Describe in Part XIII.)		4b	
c Add lines 4a and 4b			4c
5 Total revenue. Add lines 3 and 4c. (This must equal F			5
Part XII Reconciliation of Expenses per Au	dited Financial Stateme	ents With Expenses p	er Return.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial state	ments		1
2 Amounts included on line 1 but not on Form 990, Par	rt IX, line 25:		
a Donated services and use of facilities		2a	
<b>b</b> Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
		•	2e
3 Subtract line 2e from line 1			***
4 Amounts included on Form 990, Part IX, line 25, but r			
a Investment expenses not included on Form 990, Part		4a	
			40
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal			
5 Total expenses. Add lines 3 and 4c. (This must equal Part XIII Supplemental Information.	Form 990, Part I, line 18.) ·		3
Provide the descriptions required for Part II, lines 3, 5, and 9 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complet			ine 4; Part X, line 2; Part XI,
PART V, LINE 4:			
THE FOUNDATION'S ENDOWMENT FUN	IDS ARE USED TO	PROVIDE SCHOLA	ARSHIPS TO THE
CHILDREN OF MARINES, WHO APPLY	AND QUALIFY AC	CCORDING TO THE	E REQUIREMENTS
AS SET BY THE FOUNDATION'S POL	JICY.		
PART X, LINE 2:			
THE FOUNDATION IS EXEMPT FROM	THE PAYMENT OF	INCOME TAXES O	ON ITS EXEMPT
ACTIVITIES UNDER SECTION 501(C	c)(3) OF THE INT	TERNAL REVENUE	CODE. THE
FOUNDATION HAS RECEIVED FROM T	THE IRS A FAVOR	ABLE RULING THA	AT IT IS
RECOGNIZED AS A "PUBLIC CHARIT	Y" WITHIN THE M	MEANING OF INTE	ERNAL REVENUE
CODE SECTION 170(B)(1)(A)(VI)	AND THUS, MEETS	THE EXCEPTION	I TO PRIVATE
FOUNDATION STATUS UNDER SECTIO	ON 509(A)(1).		

Schedule D (Form 990) 2021 MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Page 5  Part XIII Supplemental Information (continued)
i i (continued)
THE FOUNDATION ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN INCOME TAX
POSITIONS. THE FOUNDATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT
ITS POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED ON EXAMINATION. THE
FOUNDATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY
FEDERAL AND STATE AUTHORITIES.

### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

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

2021

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Inspection

Name of the organization					Employer identifi	cation number
MARINE CORPS SC	HOLARSHII	FOUNDAT	TION, INC		22-190506	2
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	te if the organ	ization answered "Y	es" on
Form 990, Part IV						
<u>-</u>	· ·		ds to substantiate the amount of its gra		. —	<del>.</del>
the grantees' eligibility fo	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes X No
2 For grantmakers. Desc	rihe in Part V the	organization's r	procedures for monitoring the use of its	grants and otl	her assistance outsi	de the
United States.	TIDE IIII AIT V TITE	organization 3 p	brocedures for mornioning the use of its	grants and ou	ner assistance outsi	de trie
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of employees,	ı`,		vity listed in (d)	(f) Total
	offices in the region	agents, and	(by type) (such as, fundraising, program services, investments, grants to	•	gram service, e specific type	expenditures for and
	In the region	contractors	recipients located in the region)		(s) in the region	investments
		in the region	, , , , , , , , , , , , , , , , , , ,			in the region
			GRANTS TO RECEIPIENTS			
EUROPE	0		LOCATED IN THE REGION			7,500.
						, -
CENTRAL AMERICA AND			GRANTS TO RECEIPIENTS			
THE CARIBBEAN	0	0	LOCATED IN THE REGION			7,500.
DAGE AGTA AND MUD						
EAST ASIA AND THE PACIFIC	0		GRANTS TO RECEIPIENTS LOCATED IN THE REGION			0 212
racific	·	0	DOCATED IN THE REGION			9,313.
3 a Subtotal	0	0				24,313.
<b>b</b> Total from continuation						-,
sheets to Part I	0	0				0.
c Totals (add lines 3a						

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

Schedule F (Form 990) 2021

24,313.

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

1 (a) Name of organization	<b>(b)</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)
2 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  3 Enter total number of other organizations or entities								

Schedule F (Form 990) 2021

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

22-1905062

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance SCHOLARSHIPS EUROPE 7,500. WIRE \$5,000; CHECK \$2,500 0.N/A N/A CENTRAL AMERICA SCHOLARSHIPS AND THE CARIBBEAN 7,500, CHECK 0.N/A N/A EAST ASIA AND THE SCHOLARSHIPS PACIFIC 9,313. WIRE \$4,313; CHECK \$5,000 0.N/A N/A

	JIEF (FORM 990) 2021 MARINE CORPS SCHOLLARSHIP FOUNDATION, INC	22-1903002	Page 4
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? // "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) 2021

Schedule F (Form 990) 2021 MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 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:
DEFORE AWARDS ARE MADE SMIDENMS ARRIVED MUE SSUCIARISTEDS AND A DOING
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 F (Form 990) 2021

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **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

2021

Open to Public Inspection

Name of the organization

MADINE CORDS SCHOOL ARGUID BOUNDARION INC

Employer identification number

MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22–1905062

Fundraising Activities. Complete if the organization answered "Yes" on Form 990. Part IV. line 17. Form 990-EZ filers are not

required to complete this part.								
1 Indicate whether the organization rais	sed funds through any of the followin	g activ	ities. (	Check all that apply.				
a X Mail solicitations e X Solicitation of non-government grants								
b X Internet and email solicitations f Solicitation of government grants								
c Phone solicitations g X Special fundraising events								
d X In-person solicitations								
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ina of	ficers, directors, trus	tees or			
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  X Yes No								
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be								
compensated at least \$5,000 by the			9					
	T							
(i) Name and address of individual	(ii) Activity		Did aiser	(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		
or entity (fundraiser)			ustody trol of					
• • • • • • • • • • • • • • • • • • • •			utions?					
DATOCWITTEN, INC 13145		Yes	No					
APPLEGROVE LANE, HERNDON, VA	EVENT MANAGEMENT		Х	7,351,359.	233,925.	7,117,434.		
PATRICIA J. HURLEY &								
ASSOCIATES - 205 WEST WACKER	EVENT MANAGEMENT		Х	3,169,964.	50,000.	3,119,965.		
THE FASHIONABLE EVENT - 1101								
WALNUT #F, HUNTINGTON BEACH,	EVENT MANAGEMENT		Х	809,539.	16,940.	792,599.		
ANNE LEWIS STRATEGIES, LLC -	DIGITAL ADVERTISING AND							
120 EAST 1ST STREET,	MARKETING		Х	687,206.	177,000.	510,206.		
DATA AXLE, INC - 120 EAST								
1ST STREET, PAPOLLION, NE	DIRECT MARKETING PROGRAM		Х	364,815.	60,000.	304,815.		
Total			<u> </u>	12,382,883.	537,865.	11,845,019.		
3 List all states in which the organization	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from req	gistration		
or licensing.					101 1/6 1/m			
AL, AK, AZ, AR, CA, CO, CT,						NC, ND, NE		
NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WI, WV, WY								

132081 10-21-21

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Page 2 Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CHICAGO NEW YORK (add col. (a) through BALL DINNER 21 col. (c)) (event type) (event type) (total number) 3,169,965. 2,288,926. 7,328,212. 12,787,103. Gross receipts 2,324,924 1,825,630. 5,739,290. 9,889,844. 2 Less: Contributions 845,041. Gross income (line 1 minus line 2) 463,296. 1,588,922. 2,897,259. 4 Cash prizes 5,880. 157,985. 163,865. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 886,481. 50,334. 248,734. 587,413. 7 Food and beverages 34,999. 2,000. 26,089. 6,910. Entertainment 8 42,805. 102,364. 911,566. 1,056,735. Other direct expenses 2,142,080. 10 Direct expense summary. Add lines 4 through 9 in column (d) 755,179. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 22,815. 22,815. Gross revenue 2 Cash prizes Direct Expenses 10,615. 10,615. Noncash prizes Rent/facility costs 4,138. 4,138. Other direct expenses X Yes Yes 100 % % % Yes 6 Volunteer labor No 14,753. Direct expense summary. Add lines 2 through 5 in column (d) 8,062. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: FL, IN, MA, NJ, NC, VA a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021 MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-19	<u> 905062</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
		13a	.00 %
	o An outside facility	13b 100	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100 2 0 0	70
17	The the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name > SARAH TONIZZO		
	Address > 909 NORTH WASHINGTON STREET, SUITE 400 - ALEXANDRIA , VA	22314	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
h	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
_	c If "Yes," enter name and address of the third party:		
·	on Tes, entername and address of the tillid party.		
	Name		
	Address		
16	Gaming manager information:		
	Name ► CAROLINA CLASSIC - MAJGEN THOMAS BRAATEN		
	Gaming manager compensation ▶ \$0.		
	COMMDOLLED MILE OVERALL ODERATION OF MILE DATE	TTP	
	Description of services provided  CONTROLLED THE OVERALL OPERATION OF THE RAFF	<u> </u>	
	ACTIVITIES AT THE EVENTS.		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	<b>V</b>
	-	Yes	LAL NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	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); and Part	III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
(I	) NAME OF FUNDRAISER: DATOCWITTEN, INC.		
<u>(I</u>	() ADDRESS OF FUNDRAISER: 13145 APPLEGROVE LANE, HERNDON, VA 201	171	
	) NAME OF FUNDRAISER: PATRICIA J. HURLEY & ASSOCIATES		
<u>.                                    </u>			
<u>(I</u>	ADDRESS OF FUNDRAISER:		
20	5 WEST WACKER DRIVE, SUITE 1400, CHICAGO, IL 60606		

Schedule G (Form 990) MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Page 4 Part IV   Supplemental Information (continued)
(I) NAME OF FUNDRAISER: THE FASHIONABLE EVENT
(I) ADDRESS OF FUNDRAISER: 1101 WALNUT #F, HUNTINGTON BEACH, CA 92648
(I) NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES, LLC  (I) ADDRESS OF FUNDRAISER: 120 EAST 1ST STREET, PAPOLLION, NE 68046
(I) NAME OF FUNDRAISER: DATA AXLE, INC  (I) ADDRESS OF FUNDRAISER: 120 EAST 1ST STREET, PAPOLLION, NE 68046
PART I, LINE 2B, COLUMN (V):
MARINE CORPS SCHOLARSHIP FOUNDATION, INC. (THE FOUNDATION) PAID
PROFESSIONAL FUNDRAISERS FOR PROFESSIONAL FUNDRAISING SERVICES AND
ADMINISTRATIVE FEES.
IN 2021, THE FOUNDATION PAID ADMINISTRATIVE FEES AND EXPENSE
REIMBURSEMENTS TO THE FOLLOWING PROFESSIONAL FUNDRAISERS:
PATRICIA J. HURLEY - \$67,470
THE FASHIONAL EVENT - \$100,786
DATOC WITTEN - \$262,150
ANNE LEWIS, LLC - \$233,300
DATA AXLE - \$124,342
SCH G, PART III, LINE 16 - GAMING MANAGER INFORMATION:
NAME OF GAMING MANAGER: INDIANAPOLIS GOLF - ROB GREEN
AMOUNT OF COMPENSATION AS GAMING MANAGER - 0
DESCRIPTION OF SERVICES PROVIDED - CONTROLLED THE OVERALL OPERATION OF
THE RAFFLE ACTIVITIES AT THE EVENTS.
POSITION WITH THE ORGANIZATION - INDEPENDENT CONTRACTOR

MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Page 4 Schedule G (Form 990) Part IV Supplemental Information (continued) NAME OF GAMING MANAGER: SARASOTA GOLF - MIKE TUTCHER AMOUNT OF COMPENSATION AS GAMING MANAGER - 0 DESCRIPTION OF SERVICES PROVIDED - CONTROLLED THE OVERALL OPERATION OF THE RAFFLE ACTIVITIES AT THE EVENTS. POSITION WITH THE ORGANIZATION - INDEPENDENT CONTRACTOR NAME OF GAMING MANAGER: TAMPA GOLF - TONY GAIN AMOUNT OF COMPENSATION AS GAMING MANAGER - 0 DESCRIPTION OF SERVICES PROVIDED - CONTROLLED THE OVERALL OPERATION OF THE RAFFLE ACTIVITIES AT THE EVENTS. POSITION WITH THE ORGANIZATION - INDEPENDENT CONTRACTOR NAME OF GAMING MANAGER: JERSEY SHORE GOLF - BOB VALVANO AMOUNT OF COMPENSATION AS GAMING MANAGER - 0 DESCRIPTION OF SERVICES PROVIDED - CONTROLLED THE OVERALL OPERATION OF THE RAFFLE ACTIVITIES AT THE EVENTS. POSITION WITH THE ORGANIZATION - INDEPENDENT CONTRACTOR NAME OF GAMING MANAGER: DON MARLER GOLF - MIKE MOLNAR AMOUNT OF COMPENSATION AS GAMING MANAGER - 0 DESCRIPTION OF SERVICES PROVIDED - CONTROLLED THE OVERALL OPERATION OF THE RAFFLE ACTIVITIES AT THE EVENTS. POSITION WITH THE ORGANIZATION - INDEPENDENT CONTRACTOR NAME OF GAMING MANAGER: BOSTON GOLF - DICK MURPHY AMOUNT OF COMPENSATION AS GAMING MANAGER - 0 DESCRIPTION OF SERVICES PROVIDED - CONTROLLED THE OVERALL OPERATION OF THE RAFFLE ACTIVITIES AT THE EVENTS.

Schedule G (Form 990)

Schedule G (Form 990) MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Page 4
Part IV   Supplemental Information (continued)
POSITION WITH THE ORGANIZATION - INDEPENDENT CONTRACTOR
POSITION WITH THE ORGANIZATION - INDEPENDENT CONTRACTOR
VIVE OF GIVENG VIVIGED GIRTHII INDI GOLD GOOD INVOID
NAME OF GAMING MANAGER: CAPITAL AREA GOLF - SCOTT ARNOLD
AMOUNT OF COMPENSATION AS GAMING MANAGER - 0
DESCRIPTION OF SERVICES PROVIDED - CONTROLLED THE OVERALL OPERATION OF
THE RAFFLE ACTIVITIES AT THE EVENTS.
POSITION WITH THE ORGANIZATION - INDEPENDENT CONTRACTOR

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization MARINE CO	Employer identification number 22-1905062									
Part I General Information on Grants		HIDDI TINGAR	DATION, II	NC			22-1903002			
Does the organization maintain records criteria used to award the grants or assi     Describe in Part IV the organization's pr	to substantiate the stance?				for the grants or assis					
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	-						<b>&gt;</b>			

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

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
SCHOLARSHIP AWARDS	2505	9,763,889.	0.	N/A	N/A					
Part IV Supplemental Information Provide the information required in Part I line 2: Part III, column (h): and any other additional information										

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

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

Schedule I (Form 990) MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Page 2  Part IV   Supplemental Information
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 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.

OMB No. 1545-0047

Employer identification number

1b

2

Х

Х

X

Х

Х

X

X

X

Х

4a

4b

4c

5a

6a

6b

7

8

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

22-1905062 **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

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 Written employment contract

X Independent compensation consultant X Compensation survey or study

reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,

Form 990 of other organizations X Approval by the board or compensation committee

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

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:

a Receive a severance payment or change-of-control payment? **b** Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of:

a The organization?

**b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III.

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:

a The organization? **b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III. 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

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2021

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

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	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(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	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) EDWARD PROBERT	(i)	233,468.	57,375.	0.	14,707.	2,534.	308,084.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ROBERT RUARK	(i)	142,165.	73,348.	0.	10,157.	1,557.	227,227.	0.	
FORMER OFFICER UNTIL JUNE 2021	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) STEVEN PETERSON	(i)	114,177.	2,500.	68,164.	5,292.	930.	191,063.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ASHLEY SAVILLE	(i)	169,528.	7,500.	606.	8,912.	1,322.	187,868.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) RITA THAKUR	(i)	144,420.	5,000.	4,233.	7,867.	11,138.	172,658.	0.	
COMPTROLLER UNTIL JAN 2022	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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Schedule J (Form 990) 2021 MARINE CORPS SCHOLARSHIP FOUNDATION, INC	22-1905062	Page 3
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 comple	ete this part for any additional information	on.
	<u> </u>	
PART I, LINE 4A:		
STEVEN PETERSON, FORMER EXECUTIVE VICE PRESIDENT OPERATIONS, RECEIVED		
467 401 OF GENERANCE PANACENE IN THE CALENDAR VEAR 2021 MILE AMOUNT IS		
\$67,401 OF SEVERANCE PAYMENT IN THE CALENDAR YEAR 2021. THIS AMOUNT IS		
INCLUDED IN HIS W-2.		
INCHODED IN HIS W 2.		

## **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.

MARINE CORPS SCHOLARSHIP FOUNDATION TNC Employer identification number 22-1905062

	MARINE CORPS	SCHOL	ARSHIP FO	JNDATION,	INC		22-1	905	062	
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on		(d) ethod of de sh contribu	termin		S 
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	18	4,752	2,285.	PUBLIS	HED M	ARK!	ET Y	/AL
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (AUCTION ITEMS)	X	8			COST &				
26	Other ► ( COINS/SNACKS/ )	X	6	17	7,117.	COST &	SELL	ING	PR.	CE
27	Other									
28	Other (									
29	Number of Forms 8283 received by the organization	zation durino	g the tax year for c	ontributions						
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement	29				0	
									Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, line	es 1 throug	h 28, that it				
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't requir	ed to be us	sed for				
	exempt purposes for the entire holding period'	?						30a		_X_
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandar	d contribut	ions?		31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or se	ll noncash					
	contributions?							32a	X	
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which columr	n (a) is chec	cked,				
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021 MARINE CORPS SCHOLARSHIP FOUNDATION, INC 22-1905062 Page 2  Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
NUMBER OF CONTRIBUTIONS
SCHEDULE M, LINE 32B:
STOCK CONTRIBUTIONS THROUGH EVENTS THAT USE THIRD PARTY SOLICITORS, AND
INVESTMENT MANAGER TO SELL STOCK CONTRIBUTIONS UPON RECEIPT

132142 11-17-21

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

Employer identification number 22-1905062

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNDERGRADUATE, AND CAREER TECHNICAL EDUCATION PROGRAMS 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 AND RELIGIOUS PROGRAM SPECIALISTS ATTENDING POST-HIGH SCHOOL, UNDERGRADUATE, AND CAREER TECHNICAL EDUCATION PROGRAMS. THROUGHOUT OUR HISTORY, WE HAVE AWARDED NEARLY 50,000 SCHOLARSHIPS \$185 MILLION. EVERY QUALIFIED STUDENT WHO HAS APPLIED HAS VALUED AT RECEIVED AID. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FOR THE 2022-2023 ACADEMIC YEAR, THE MARINE CORPS SCHOLARSHIP FOUNDATION AWARDED \$10 MILLION TO 2,611 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

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

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

GRADUATION.

FORM 990, PART VI, SECTION A, LINE 1A:

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 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 DELEGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD OF DIRECTORS, OR ANY INDIVIDUAL DIRECTOR, OF ANY RESPONSIBILITY IMPOSED ON IT Schedule O (Form 990) 2021 Schedule O (Form 990) 2021 Page **2** 

Name of the organization

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

Employer identification number

22-1905062

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: COMPENSATION COMMITTEE HIRED OUTSIDE FIRM TO

CONDUCT A COMPENSATION ANALYSIS TO DETERMINE COMPENSATION PACKAGE FOR

PRESIDENT AND CEO. COMPENSATION COMMITTEE PRESENTED RESULTS TO EXECUTIVE

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 22-1905062 MARINE CORPS SCHOLARSHIP FOUNDATION, INC COMMITTEE AND REVIEWED SCOPE OF WORK, DEMANDS AND IF CEO ACHIEVED ANNUAL GOALS. RECOMMENDED COMPENSATION WAS DISCUSSED WITH THE EXECUTIVE COMMITTEE FOR APPROVAL, WITH EVIDENCE OF APPROVAL BEING MAINTAINED BY BOARD CHAIR. MINUTES OF THE MEETINGS ARE MAINTAINED BY THE COMPENSATION COMMITTEE CHAIRMAN. THE PROCESS WAS LAST UNDERTAKEN IN FY 2022. THE PROCESS OF DETERMINING THE COMPENSATION OF OFFICERS OR KEY EMPLOYEES: THE PRESIDENT AND CEO HIRED HR CONSULTANT TO COMPLETE A COMPENSATION STUDY FOR ENTIRE STAFF. PROCESS INCLUDED 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 WAS REVIEWED BY THE PRESIDENT/CEO AND DOCUMENTED BY THE HR CONSULTANT. THE PROCESS WAS LAST UNDERTAKEN IN FY 2022. 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 11,597. -104,650. BAD DEBT TOTAL TO FORM 990, PART XI, LINE 9 -93,053.

Schedule O (Form 990) 2021

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

MARINE CORPS	22-190!		umber				
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year	l l	(f) t controlling entity	g
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990	), Part IV, line 34,	pecause it had one	or more related tax-e	kempt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	( <b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
BROWN HUDNER NAVY SCHOLARSHIP FOUNDATION - 87-4808169, 9900 N WASHINGTON STREET, SUITE					MARINE CORPS SCHOLARSHIP		
400, ALEXANDRIA, VA 22314	PROVIDING SCHOLARSHIP	DELAWARE	501(C)(3)	LINE 12A, I	FOUNDATION	X	

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Schedule R (Form 990) 2021

		0 11 1611 1 1	"' " " " " " " " " " " " " " " " " " "	D . N . P . O .		
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34	, because it had one or m	iore related
Part III	organizations treated as a partnership during the tax year.			,	,	

(a) Name, address, and EIN of related organization	(b) Primary activity			Legal domicile (state or foreign dependence)  Legal Direct controlling entity (related, unrelated, excluded from tax under		(f) (g) Share of total income end-of-year assets		(h) Disproportionate allocations?		(i)  Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		,						Yes	NO

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		<u> </u>		
	Gift, grant, or capital contribution to related organization(s)				1b		Х		
С	c Gift, grant, or capital contribution from related organization(s)								
d	d Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)				1e		Х		
	, , , , , , , , , , , , , , , , , , , ,								
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
h					1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
ı	Performance of services or membership or fundraising solicitations for related organization(	(s)			11		X		
m	n Performance of services or membership or fundraising solicitations by related organization(s	s)			1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X			
					10	X			
р	Reimbursement paid to related organization(s) for expenses				1p	X			
q	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		X		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete this	s line, including covered re	elationships and transaction thresholds.					
	(a)	(b)	(c)	(d)					
	· · · · · · · · · · · · · · · · · · ·	nsaction	Amount involved	Method of determining amount invo	olved				
	typ	pe (a-s)							
1)									
2)									
3)									
4)									
5)									
_,									
6)									
3216	63 11-17-21			Schedule F	₹ (Forr	n 990)	2021		

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership

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Part VII	(Form 990) 2021 Supplemental Infor	mation					
	Provide additional informa		nses to ques	tions on Schedule R. Se	ee instructions.		
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