Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	= 2023 calendar year, or tax year beginning $$ JUL $$ 1 $$ $$ $$ 2 $$ 2 $$ 3 $$ $$ and ending	JUN S	30, 2024				
В	Check if applicable	C Name of organization MARINE CORPS SCHOLARSHIP	D En	nployer identifi	cation number			
	Addre	55 FOURTE A MICHIGAN						
	Name chang	Doing business as		22-19050	62			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Tel	lephone numbe	r			
Ш	return/ termin				9-0060	004		
_	ated Amene	City or town, state or province, country, and ZIP or foreign postal code		Gross receipts \$ 45,448,994.				
누	lreturn Applic	ALEXANDRIA, VA 22314		s this a group re		<u>ਹ</u> ੀ		
	tion pendir	F Name and address of principal officer: EDWARD FROBERT UK.			? Yes [_		
$\overline{}$	Tau au	SAME AS C ABOVE			cluded? Yes	No		
	Websit		_	-	list, See instruction	ons		
-				Group exemptio		NI T		
	art i	Summary	rear of forma	100N; 1302 N	1 State of legal dom	ICHE: TAO		
عتا	_	Briefly describe the organization's mission or most significant activities: TO PROVI	DE SCE	IOT.APSHTI	S TO THE			
ŝ	'	CHILDREN OF MARINES ATTENDING POST-HIGH SCHOOL						
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of r						
Z C	3	Number of voting members of the governing body (Part VI, line 1a)			ets.	29		
မ္	4	Number of independent voting members of the governing body (Part VI, line 1b)				28		
•ĕ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)				39		
Ë	6	Total number of volunteers (estimate if necessary)				307		
ĊĘ.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			-	0.		
₹	Ь	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.		
				or Year	Current Ye			
-	8	Contributions and grants (Part VIII, line 1h)	18,1	L53,247.	18,614,	019.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.		0.		
Ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7	756,664.	3,398,	624.		
ã	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		163,890.	-759,			
		Total revenue - add fines 8 through 11 (must equal Part VIII, column (A), line 12)		373,801.	21,252,			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		168,562.	11,578,	723.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.		
y)	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,0	91,307.	4,536,	843.		
35	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4	166,725.		975.		
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) 4,559,558.	25-1-1-1		Maria Landia			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,1	L51,587.	4,426,	476.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,1	178,181.	21,002,	017.		
		Revenue less expenses. Subtract line 18 from line 12	3,1	L95,620.	250,	872.		
sets or	4		Beginning	of Current Year	End of Yea	ar		
sets	20	Total assets (Part X, line 16)	160,9	956,122.	176,766,	473.		
80	21	Total liabilities (Part X, line 26)		31,574.	15,469,			
2	21 22	Net assets or fund balances. Subtract line 21 from line 20	147,3	324,548.	161,297,	<u>117.</u>		
_	_	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta			knowledge and beli	ef, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has any	knowledge.				
		111111		5 13	7/2025			
Sig		Signature of officer		Date	•			
Hei	re	EDWARD PROBERT JR., PRESIDENT & CHIEF EXECUT	IVE OF	FICER				
		Type or print name and title	I Date					
		Print/Type preparer's name Preparer's signature	Date	Check L	PTIN			
Paid		FRANK H. SMITH FRANK H. SMITH	05/07	7/25 selt-employ				
	parer	Firm's name CBIZ ADVISORS, LLC		Firm's EIN 8	8-1478669			
Use	Only	Firm's address 1899 L STREET, NW #850			0-005 155	•		
_		WASHINGTON, DC 20036		Phone no. 20	2-227-400			
<u>Ma</u>	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes	No_		

Pai	statement of Program Service Accomplishments	[3 2]
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectation are required to report the amount of grants and allocations to others, the total expectation are required to report the amount of grants and allocations to others, the total expectation are required to report the amount of grants are required to report the amount of grants are required to report the amount of grants are required to report the grants are re	
 4а	revenue, if any, for each program service reported. (Code:) (Expenses \$14,062,951. including grants of \$11,578,723.) (Revenue \$)	
	FOR THE 2024-2025 ACADEMIC YEAR, THE MARINE CORPS SCHOLARSHIP	
	FOUNDATION AWARDED \$11.7 MILLION TO 2,882 CHILDREN OF MARINES AND	O NAVY
	CORPSMEN IN ALL 50 STATES AND OVERSEAS. THE QUALITY OF THE STUDENTS WE INVEST IN, CHILDREN RAISED BY HONO	
	MARINE PARENTS, IS HIGHLIGHTED IN THEIR ACADEMIC ACCOMPLISHMENTS	
	GRADUATE AT A RATE OF 91% (COMPARED TO 54% NATIONALLY), DEMONSTR	
	THAT OUR INVESTMENT IN THEIR EDUCATION PAYS OFF. WITH 66% OF OUR	
	RECIPIENTS REPORTING LITTLE TO NO DEBT AT GRADUATION (COMPARED TO	
	NATIONALLY), WE ARE CONFIDENT THAT OUR SCHOLARSHIP SUPPORT MAKES	
	SIGNIFICANT IMPACT IN THEIR LIVES AFTER GRADUATION.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$)
/A c1	Other program contince (Deceribe on Schodule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	1
4e	Total program service expenses 14,062,951.	<u>'</u>
	· · ·	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	├°		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
. =	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		
.5		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		\vdash
19	,	19	Х	
20-	complete Schedule G, Part III		- 22	x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		_ <u>^</u>

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Form **990** (2023)

MARINE CORPS SCHOLARSHIP

Form 990 (2023) FOUNDATION, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х					
	chedule J							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
	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						
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,				
	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%			3,7				
	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			x				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27						
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):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F Contract Con	00-		Х				
	"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						
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x				
20	"Yes," complete Schedule L, Part IV	29	Х	22				
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21					
30		30		x				
31	contributions? If "Yes," complete Schedule M	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
52	Schedule N, Part II	32		х				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02						
00	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							
	Part V, line 1	34	Х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х					
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes." complete Schedule R, Part V, line 2	36		Х				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
	Note: All Form 990 filers are required to complete Schedule O	38	X					
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	_						
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	X 000					

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Form **990** (2023)

MARINE CORPS SCHOLARSHIP

Form 990 (2023) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	39							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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 A	ccour	its (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices	provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired							
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		rt?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х				
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e							
_				8						
9	Sponsoring organizations maintaining donor advised funds.			0-						
	Did the sponsoring organization make any taxable distributions under section 4966?			9a_						
	, , , , , , , , , , , , , , , , , , , ,			9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
	One and a state of a final and a state of the state of the state of a final state of a fina	10a								
11	Section 501(c)(12) organizations. Enter:	LIOD								
	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110								
	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		?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or							
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

Form **990** (2023)

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

	Check if School to Contains a response or note to any line in this Bort VI			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Δ
360	tion A. Governing body and Management		V	N
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b		8b	X	
		00	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
Soc	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
366	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	5 11.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	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			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY	_ M A	МП	мт
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	orlly)	availal	JIE
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SARAH TONIZZO - (703) 549-0060			
	909 N WASHINGTON STREET, 400, ALEXANDRIA, VA 22314			
332006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2023)

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

MARINE CORPS SCHOLARSHIP

Form 990 (2023)

FOUNDATION, INC.

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	Position (do not check more than box, unless person is bo officer and a director/tru				n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) EDWARD PROBERT	37.50	.,		77				222 226	0	20 620
PRESIDENT AND CEO (2) SARAH TONIZZO	1.00 37.50	Х		Х				332,236.	0.	20,628.
CHIEF FINANCIAL OFFICER	1.00	1		Х				215 462	0.	22 140
(3) HAROLD VAN OPDORP	37.50			Λ				215,462.	0.	22,148.
CHIEF OPERATING OFFICER	1.00	1		Х				213,923.	0.	11,656.
(4) COURTNEY BALSON	37.50							223,3231		
CHIEF ADVANCEMENT OFFICER	1.00	1				x		177,368.	0.	24,118.
(5) JEANNA ADAMS	37.50									
CHIEF SCHOLARSHIP OFFICER	1.00	1				x		180,196.	0.	18,638.
(6) KEITH H. MOORE	37.50							•		<u>, </u>
DIRECTOR OF DEVELOPMENT						Х		142,604.	0.	16,392.
(7) RENEE K. LAFLAM	37.50									
DIRECTOR OF NATIONAL EVENTS						Х		133,384.	0.	15,716.
(8) DANA M. MILLS	37.50									
DIRECTOR OF COMMUNICATIONS	1.00					X		126,550.	0.	15,511.
(9) ROBERT B. NELLER	1.00									
CHAIR	1.00	Х						0.	0.	0.
(10) ERIC J. CANDELORI	1.00									
VICE CHAIR	1.00	Х						0.	0.	0.
(11) RICHARD D. STEPHENS	1.00								_	_
TREASURER	1.00	Х		Х				0.	0.	0.
(12) STEVEN M. POST	1.00	l								
GENERAL COUNSEL	1.00	Х		Х				0.	0.	0.
(13) MICHEAL BARRETT	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(14) CHARLES F. BOLDEN JR.	1.00								•	•
DIRECTOR - UNTIL 10/2023	1 00	Х						0.	0.	0.
(15) JOSEPH F BOULOS	1.00	.,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(16) CASSIE BROEMMER	1.00	v						0.	0.	^
01RECTOR (17) MIGUEL EATON	1.00	Х	\vdash			\vdash		1	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
DIMECTOR	1 1.00	Λ	L			L		<u> </u>	U •	Form 990 (2022)

332007 12-21-23

Form **990** (2023)

FORDATIO									22-1903	002 Page 0	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	(do		Pos		າ than ເ	ne	Reportable	Reportable	Estimated	
	hours per	box,	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of	
	week		Jei ali		liecto	Tritus	(66)	from	from related	other 	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	ndividual trustee or director	Institutional trustee		/ee	Highest compensated employee		1099-NEC)	1000 NEO)	and related	
	below	idual 1	ution	<u>~</u>	Key employee	sst co	eL	,		organizations	
	line)	Indiv	Instit	Officer	Key e	Highe	Former				
(18) KAREEM EL	1.00										
DIRECTOR		Х						0.	0.	0.	
(19) GEORGE J. FLYNN	1.00										
DIRECTOR - UNTIL 10/2023	1.00	Х						0.	0.	0.	
(20) STEVE FUSCO	1.00										
DIRECTOR		Х						0.	0.	0.	
(21) MATTHEW GANTZ	1.00										
DIRECTOR		Х						0.	0.	0.	
(22) JENNIFER HAZELTON	1.00										
DIRECTOR		Х						0.	0.	0.	
(23) DAN HENDERSON	1.00										
DIRECTOR		Х						0.	0.	0.	
(24) KEITH M JONES	1.00										
DIRECTOR		Х						0.	0.	0.	
(25) ROBERT E. JOYCE JR.	1.00							_	_		
DIRECTOR	1.00	Х						0.	0.	0.	
(26) PAUL KENNEDY	1.00							_		_	
DIRECTOR - UNTIL 10/2023		Х						0.	0.	0.	
1b Subtotal							-	1,521,723.	0.	144,807.	
c Total from continuation sheets to Part VI								0.	0.	0.	
d Total (add lines 1b and 1c)								1,521,723.	0.	144,807.	

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

Yes No

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

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

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

5 X

Section B. Independent Contractors

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

the organization: Heport compensation for the edichad year chaing with or with	in the erganization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
PEBBLE BEACH RESORTS		
1700 17 MILE DR, PEBBLE BEACH, CA 93953	EVENT SPACE SERVICES	685,731.
CATAPULT COLLECTIVE, LLC, 4136 DEL REY	CONTRACTED COMMUNIC.	
AVENUE, # 601, MARINA DEL REY, CA 90292	SERVICES	632,904.
DATOCWITTEN GROUP, INC.		
13145 APPLEGROVE LANE, HERNDON, VA 20171	EVENT MANAGEMENT	541,119.
DATA AXLE	DIRECT & DIGITAL	
P.O. BOX 959819, ST. LOUIS, MO 63195	MARKETING PROGRAM	352,553.
SALAMANDER WASHINGTON, 1330 MARYLAND		
AVENUE, SW, WASHINGTON, DC 20024	EVENT SPACE SERVICES	230,378.
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 16		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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Form 990 FOUNDAT.	ION, INC.								22-190	300 <u>D</u>
Part VII Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any hours for	lirecto				l em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	ee or (stee			nsateo		(***2/1099****100)		and related
	organizations	trust	al tru		yee	n be				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer			· ·
	line)	Indi	Insti	Officer	Key	High	Former			
(27) MARGARET G. KIBBEN	1.00									
DIRECTOR		Х						0.	0.	0.
(28) SCOTT LARUE	1.00									
DIRECTOR		Х						0.	0.	0.
(29) FRANK D. MARTELL	1.00									
DIRECTOR		Х						0.	0.	0.
(30) PETER MCCALLUM	1.00									
DIRECTOR		Х						0.	0.	0.
(31) DAN NELSON	1.00									
DIRECTOR		Х						0.	0.	0.
(32) PETER PACE	1.00									
DIRECTOR		Х						0.	0.	0.
(33) MELISSA D. PALMISCIANO	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(34) GREG PARSONS	1.00									
DIRECTOR		Х						0.	0.	0.
(35) PAUL POHL	1.00									
DIRECTOR		Х						0.	0.	0.
(36) LORI REYNOLDS	1.00									
DIRECTOR		Х						0.	0.	0.
(37) ROBERT W. SCHRODER	1.00									
DIRECTOR - UNTIL 10/2023	1.00	Х						0.	0.	0.
(38) HARVEY SEEGERS	1.00									
DIRECTOR		Х						0.	0.	0.
(39) HENRY STOEVER	1.00									
DIRECTOR		Х						0.	0.	0.
(40) CATHERINE THOMAS	1.00									
DIRECTOR		Х						0.	0.	0.
				_			_			

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse (or note to any lin	e in this Part VIII			
				•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a		14,348.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b		,				
2 5		Fundraising events 1c		8,074,593.				
ffs,		Related organizations 1d		.,.,.,				
ig je		Government grants (contributions)						
Sir								
utio	T	All other contributions, gifts, grants, and		10 525 079				
들됨		similar amounts not included above 1f		10,525,078.				
o d	_	Noncash contributions included in lines 1a-1f	\$	221,632.	10 (14 010			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f			18,614,019.			
				Business Code				
Se	2 a	·						
Program Service Revenue	b							
	С	·						
	d	l						
Б	е							
₫	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends,	intere	st, and				
		other similar amounts)			5,251,847.			5251847.
	4	Income from investment of tax-exempt b						
	5	Royalties						
		(i) Re	al	(ii) Personal				
	6 a	Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)		l.				
		Gross amount from sales of (i) Secur	ities	(ii) Other				
		assets other than inventory $7a = 20,377$		()				
	h	Less: cost or other basis						
a	b	and sales expenses	300					
ğ	_	Gain or (loss) 76 22,233,	223					
ther Revenue					-1,853,223.			-1853223.
ت ح		Net gain or (loss)		<u> </u>	1,033,223.			1033223.
Ţ.	8 a	Gross income from fundraising events (not						
0		including \$ 8,074,593. of						
		contributions reported on line 1c). See		1 101 671				
		Part IV, line 18						
		Less: direct expenses	8b	1,958,338.	776 667			776 667
		Net income or (loss) from fundraising eve			-776,667.			-776,667.
	9 a	Gross income from gaming activities. Se		04 345				
		Part IV, line 19	- 1					
		Less: direct expenses		7,467.	15.010			16.010
		: Net income or (loss) from gaming activition	es		16,848.			16,848.
	10 a	Gross sales of inventory, less returns						
		and allowances						
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventor	ory					
_ω				Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME		900099	65.			65.
ane	b							
e še	С							
Λisc B	d	All other revenue						
2	е	Total. Add lines 11a-11d			65.			
	12	Total revenue. See instructions			21,252,889.	0.	0.	2638870.

Form 990 (2023) FOUNDATION, INC.
Part IX Statement of Functional Expenses

	(an E01/a)/(a) and E01/a)/(b) and a find a f	-1-1111			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	gerierai experises	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	11 562 497.	11,562,497.		
3	Grants and other assistance to foreign		22,002,1370		
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	16,226.	16,226.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	858,931.	339,042.	512,530.	7,359.
6	Compensation not included above to disqualified	•		,	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,093,257.	766,407.	808,889.	1,517,961.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	113,869.		27,021.	59,918.
9	Other employee benefits	259,526.	75,352.	74,896.	109,278.
10	Payroll taxes	211,260.	58,985.	69,515.	82,760.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	19,150.		19,150.	
С	Accounting	64,958.	24,055.	3,896.	37,007.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	459,975.			459,975.
f	Investment management fees	440,276.		440,276.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,106,150.		104,164.	668,392.
12	Advertising and promotion	738,945.		1,425.	500,785.
13	Office expenses	380,776.		38,817.	291,226.
14	Information technology	223,688.	65,598.	38,782.	119,308.
15	Royalties	100 010			
16	Occupancy	199,849.	57,469.	63,241.	79,139.
17	Travel	272,135.	115,458.	6,959.	149,718.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	101 110	212 422	24 225	00.606
19	Conferences, conventions, and meetings	424,442.	310,429.	31,327.	82,686.
20	Interest				
21	Payments to affiliates	22 625	C 404	7 004	0 000
22	Depreciation, depletion, and amortization	22,605.	6,494.	7,234.	8,877.
23	Insurance	57,860.	16,548.	15,854.	25,458.
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 0.)	226 404			226 404
a	OTHER FUNDRAISING EXP.	336,494.		115 000	336,494.
b	BAD DEBT EXPENSE	115,000. 16,700.	276.	115,000. 368.	16 056
C	STATE REGISTRATIONS OTHER EXPENSE	7,448.	123.	164.	16,056. 7,161.
d		/,440.	143.	104.	/,101.
	All other expenses Add lines 1 through 24s	21 002 017	14,062,951.	2,379,508.	4,559,558.
25	Total functional expenses. Add lines 1 through 24e	Δ1,UUΔ,U1/•	14,004,931.	4,313,300.	4,333,330.
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)				
	Check here if following SOP 98-2 (ASC 958-720)		I		

Form **990** (2023)

Form 990 (2023)

Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,992,363.	1	960,053.
	2	Savings and temporary cash investments	7,849,794.	2	21,504,503.		
	3	Pledges and grants receivable, net			9,787,237.	3	7,337,100.
	4	Accounts receivable, net			338,857.	4	0.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B ::			701,375.	9	728,057
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,064,172. 1,042,916.			
	b	Less: accumulated depreciation	10b	1,042,916.	24,256.	10c	21,256.
	11	Investments - publicly traded securities			126,506,526.	11	144,652,661.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			4 555 544	14	4 560 040
	15	Other assets. See Part IV, line 11			1,755,714.	15	1,562,843.
	16	Total assets. Add lines 1 through 15 (must equa			160,956,122.	16	176,766,473.
	17	Accounts payable and accrued expenses			668,026.	17	648,320.
	18	Grants payable			9,563,105.	18	10,618,772.
	19	Deferred revenue			573,836.	19	1,042,385.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
Liak		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D	-	•	2,826,607.	25	3,159,879.
	26	of Schedule D Total liabilities. Add lines 17 through 25			13,631,574.	26	15,469,356.
	20	Organizations that follow FASB ASC 958, chec			13,031,374.	20	15,405,550
Se		and complete lines 27, 28, 32, and 33.	K HEI				
ü	27	Net assets without donor restrictions			36,394,314.	27	42,238,009.
3ala	28	Net assets with donor restrictions			110,930,234.	28	119,059,108.
J E		Organizations that do not follow FASB ASC 95					
Fu		and complete lines 29 through 33.	, one				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			147,324,548.	32	161,297,117.
Z	33	Total liabilities and net assets/fund balances			160,956,122.	33	176,766,473.
	,				,		Form 990 (2023

Pa	rt 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		, 25		
2	2 Total expenses (must equal Part IX, column (A), line 25) 2					<u> 17.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>72.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	147			
5	Net unrealized gains (losses) on investments	5	14	,20	9,7	<u>81.</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		-48	8,0	<u>84.</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	161	, 29	7,1	<u> 17.</u>
Pa	rt 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	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	<u> </u>
	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

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

Open to Public Inspection

MARINE CORPS SCHOLARSHIP **Employer identification number** Name of the organization 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

FOUNDATION, INC. Schedule A (Form 990) 2023

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
		18010379.	18003057.	26582491.	18153247.	18614019.	99363193.
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		18010379.	18003057.	26582491.	18153247.	18614019.	99363193.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						12174841.
6	Public support. Subtract line 5 from line 4.						87188352.
	etion B. Total Support						071003311
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	18010379.		26582491.	18153247.	18614019.	
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2543868.	2468567.	2694084.	4722866.	5251847.	17681232.
9	Net income from unrelated business	2313333	21000071	20320020	2722000	32323171	7,0022020
3	activities, whether or not the						
	business is regularly carried on	707,019.	2377211.	766,007.	3463376.	16,848.	7330461.
10	Other income. Do not include gain	70770130	23772114	7007007	31033701	10,010.	73301010
10	or loss from the sale of capital						
	. /5			11,851.	514.	65.	12,430.
44	Total support. Add lines 7 through 10			11/0311	3111		124387316
	Gross receipts from related activities,	oto (soo instructio	une)			12	121307310
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax v			
10	organization, check this box and stop						
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	70.09 %
	Public support percentage from 2022					15	67.81 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						77
b	33 1/3% support test - 2022. If the		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-		vi now the organiz	
h	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	-					. 5, 6 61
	organization meets the facts-and-circle						
18	Private foundation. If the organization						······
				, , ,	, box at		(Form 990) 2023

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Schedule A (Form 990) 2023 FOUNDATION, INC.

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

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(2) = = 1	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u>-</u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
3a		
- Gu		
3b		
3c		
30		
4a		
46		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
_		
9a		
9b		
9c		
10a		
.54		
10b		
ule A (Forr	n 990)	2023

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
300	tion 6. Type it dupporting Organizations		V	N ₂
	Mare a majority of the expeniention's divertors by twisters duving the toy year also a majority of the divertors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	•		
	<i>y</i> , 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l ' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	-W		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

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	rt V Type III Non-Functionally Integrated 509		nizations (continu	<u></u>	1-1905002 Page
	ion D - Distributions	(-)(-) -	COntine		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	<u> </u>			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:				
OTHER INCOME					
2019 AMOUNT: \$	0.				
2020 AMOUNT: \$	0.				
2021 AMOUNT: \$	11,851.				
2022 AMOUNT: \$	514.				
2023 AMOUNT: \$	65.				

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Name of the organization

MARINE CORPS SCHOLARSHIP

FOUNDATION, INC.

Employer identification number

22-1905062

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 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
•	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	eation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a contributor, du	ration described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under a)(1) 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 uring 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; 0-EZ, line 1. Complete Parts I and II.
contributor, du literary, or edu	tation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one suring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, locational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering on (b) instead of the contributor name and address), II, and III.
year, contribut is checked, en purpose. Don'	ration described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box after here the total contributions that were received during the year for an exclusively religious, charitable, etc., tomplete any of the parts unless the General Rule applies to this organization because it received nonexclusively itable, etc., contributions totaling \$5,000 or more during the year \$
answer "No" on Part IV	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must , line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Page 2

Name of organization
MARINE CORPS SCHOLARSHIP
FOUNDATION, INC.

Employer identification number

22-1905062

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			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
2	Name, audress, and ZIF + 4	- \$ 1,050,000.	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			Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hamo, add 555, and Zir T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MARINE CORPS SCHOLARSHIP FOUNDATION, INC.

Employer identification number

22-1905062

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** MARINE CORPS SCHOLARSHIP FOUNDATION, INC. 22-1905062 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 (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 Inspection

Name of the organization

MARINE CORPS SCHOLARSHIP FOUNDATION, INC.

Employer identification number 22-1905062

Pa	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
		(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	vriting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds car	be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	ose conferring
	impermissible private benefit?		Yes No
Pa			90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ed conservation contribution in the fo	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing t	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing cons	ervation easements during the vear
		J , , , , , , , , , , , , , , , , , , ,	<i>5</i> ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 1	70(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 footnote	ote to the organization's financial sta	ements that describes the
_	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publication and its Dark VIII the text of the feature to the fe		•
	service, provide in Part XIII the text of the footnote to its finance		
р	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_			The state of the s
2	If the organization received or held works of art, historical trea		ncial gain, provide
	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2023

	t III Organizations Maintaining Co		Historical Tre	asures or Oth	er Simi	∠∠−⊥9 lar ∆sset•			age 🗲
3	Using the organization's acquisition, accessio						(conti	nuea)	
3	. ,	in, and other records	, check any or the r	ollowing that make	Sigrillical	it use of its			
	collection items (check all that apply).								
a	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's col						XIII.		
5	During the year, did the organization solicit or		•	·			Yes		٦ ٨١٥
Par	to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be m								_ No
ı aı	reported an amount on Form 990, Part		e ii trie organization	ranswered res of	1 FOIII 9	90, Part IV, II	rie 9, or		
12	Is the organization an agent, trustee, custodia		iany for contribution	e or other assets no	nt include				
Ia							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a						_ 165		_ INO
b	ii res, explain the analigement in rait XIII a	ind complete the foll	owing table.				Amoun	t	
С	Beginning balance				10	$\overline{}$	7		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.] .
Par									
		(a) Current year	(b) Prior year	(c) Two years back		ee years back	(e) Fou	r years	back
1a	Beginning of year balance	81910374.	69255318.		+	67499548.		64633	
	Contributions	2,504,950.	8,754,691.			,033,510.	2	,825,	449.
c	Net investment earnings, gains, and losses	10025980.	7,222,235.	· · · · ·	_	11755040.		,669,	
d	Grants or scholarships	2,751,234.	2,891,555.	2,700,031	. 2	,278,601.		,257,	
	Other expenditures for facilities	, ,		, ,		<u>, , , , , , , , , , , , , , , , , , , </u>			
_	and programs								
f	Administrative expenses	430,580.	430,315.	431,760	,	392,455.		371,	059.
g	End of year balance	91259490.	81910374.	69255318	,	77617042.		67499	548.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1g. column (a)) held as:					
	Board designated or quasi-endowment	,	%	,					
b	Permanent endowment 79.2240	%							
С	Term endowment 20.7760 9	<u></u> -							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses		tion that are held an	nd administered for	the				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Related organizations?						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipme	ent							
	Complete if the organization answered	"Yes" on Form 990	Part IV, line 11a. S	ee Form 990, Part	K, line 10.				
	Description of property	(a) Cost or ot basis (investm	, , , , ,	1 ' '	Accumul lepreciati		(d) Boo	k valu	е
1a	Land								
b	Buildings	l l							
С	Leasehold improvements		32	8,791.	328,				0.
d	Equipment	l l	73	5,381.	714,	125.	2	1,2	56.
е	Other							·	
Total	. Add lines 1a through 1e. (Column (d) must ec	nual Form 990. Part	K. line 10c. column	(B))			2	1,2	56.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023		INC.	2	<u>2-1905062 Page 3</u>
Part VII Investments	s - Other Securities			
Complete if the	organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or o	Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives				
(2) Closely held equity interest	ests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form				
Part VIII Investments	_			
Complete if the	organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description	n of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form	990, Part X, line 13, col. (B))			
Part IX Other Asset	ts			
Complete if the	organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	al Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabil	ities			·
Complete if the	organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1. (2	a) Description of liability			(b) Book value
(1) Federal income taxes	S			
	S UNDER CHARITA	BLE		
(3) TRUSTS AND				1,739,730.
	ILITY - OPERATI	NG LEASE		1,408,637.
	ATED ORGANIZATI			11,512.
(6)				,
(7)				
(8)				
(9)				
	al Form 990. Part X. line 25. co	(/ (P))		3,159,879.
· • · · · (COIUITIII (D) MUST EQUA	<u>ы гонн ээо. Ран А. IIN</u> e 25. СС	יו <u>, ווסו</u>	<u></u>	1 212210121

Schedule D (Form 990) 2023

324485_1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	TXI Reconciliation of Revenue per Audited Financial S		per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.	Т	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	12.)	5	
Pal	t XII Reconciliation of Expenses per Audited Financial		es per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5 D 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information	<u>e 18.) </u>	5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar		t V, line 4; Part X, line 2	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		
ם אם	OT TITME 1.			
PAI	RT V, LINE 4:			
тит	FOUNDATION'S ENDOWMENT FUNDS ARE USE	יח יים דערער פריים	OLARSHIPS TO	THE
1111	FOUNDATION S ENDOWMENT FUNDS ARE USE	ED TO FROVIDE SCIN	OLIANSIII ES TO	, 111F
СН	LDREN OF MARINES, WHO APPLY AND QUALI	FY ACCORDING TO	THE RECUITEEM	ENTS
<u></u>	TIDICIN OF THINKINGS, WITO THE FIRE CONDI	III HEEGHEING 10	IIID KIDQOIKIDI	LLIVID
AS	SET BY THE FOUNDATION'S POLICY.			
	DI DI IIID I COMBILITION D'I COLICIT			
PAF	RT X, LINE 2:			
	, ·			
THE	ORGANIZATION EVALUATED ITS UNCERTAIN	TY IN INCOME TAX	ES FOR THE Y	EARS
		11 11 1100111 11111		
ENI	DED JUNE 30, 2024 AND 2023, AND DETERM	INED THAT THERE	WERE NO MATT	ERS
THA	AT WOULD REQUIRE RECOGNITION IN THE CO	NSOLIDATED FINAN	CIAL STATEME	NTS OR
TH/	AT MAY HAVE ANY EFFECT ON ITS TAX-EXEM	IPT STATUS.		

MARINE CORPS SCHOLARSHIP

Schedule D (Form 990) 2023	FOUNDATION,	INC.	22-1905062	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	rmation (continued)			
	(continued)			
			<u> </u>	

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.

Attach to Form 990.

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization
MARINE CORPS SCHOLARSHIP
FOUNDATION, INC.

Employer identification number

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

22-1905062

	Form 990, Part IV	/, line 14b.							
1	•								
				the selection criteria used to award the		Yes No			
	g,	J J							
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the								
_	United States.	inde iii i ait v tile	organization s į	orocedures for mornitoring the use of its	grants and other assistance out	side tile			
_		a a fallancia a Dant	I line O telele e		- d - d \				
3				an be duplicated if additional space is no	·	(s) Tatal			
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total expenditures			
		in the region	l agents, and	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and			
		in the region	independent contractors	recipients located in the region)	of service(s) in the region	investments			
			in the region	recipients located in the region)	or service(s) in the region	in the region			
EASI	ASIA AND THE								
PACI	IFIC	0	0	GRANTMAKING		11,226.			
			-			,			
יינגקט	מינג אתבסדמי אינס								
	RAL AMERICA AND								
THE	CARIBBEAN	0	0	GRANTMAKING		5,000.			
						 			
3 a	Subtotal	0	0			16,226.			
b	Total from continuation								
	sheets to Part I	0	0			0.			
С	Totals (add lines 3a								
J	and 3b)	0	0			16,226.			
	and 00/	ı	<u> </u>			,			

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

Schedule F (Form 990) 2023

324485_1

22-1905062

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) 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) 2023

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) (f) Amount of (c) Number of (d) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance EAST ASIA AND THE SCHOLARSHIPS PACIFIC 3,726.WIRE 0. EAST ASIA AND THE SCHOLARSHIPS PACIFIC 7,500, CHECK 0 CENTRAL AMERICA SCHOLARSHIPS AND THE CARIBBEAN 5,000, CHECK 0.

Schedule F (Form 990) 2023 I 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 the 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

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.

PAF	RT	I,	LIN	IE 2	:	
ъ	т	T T-3	m T 1/T	1 01	7 D D T	T < 3 m T

THE TIME OF APPLICATION, STUDENTS PROVIDE DOCUMENTATION TO VERIFY

THEIR ELIGIBILITY WITH REGARDS TO FINANCIAL NEED, ACADEMIC ACHIEVEMENT,

AND PARENT'S HONORABLE MILITARY SERVICE. THEN BEFORE AWARDS ARE MADE, A

PROPRIETARY POINT SYSTEM IS USED TO DETERMINE THE AWARD AMOUNT FOR EACH

ELIGIBLE STUDENT. 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.

PART I,	${ t LINE}$	3	:
---------	-------------	---	---

IN	AC	COI	RDZ	ANC	CE W	ITF	H IF	RS	INST	'RUC'	TIONS	, ALL	AMOUN	NTS	REPOR	RTED	ON	PART	I	AND	
PAR	T	II:	Ι (OF	SCH	EDU	JLE	F	ARE	REP	ORTED	USIN	G THE	ACC	RUAL	BASI	IS C	F			
ACC	:OU	JNT:	INC	G,	THE	SI	AME	MI	ETHOL	OF	ACCC	UNTIN	G USEI) IN	THE	FINA	ANC]	IAL			
STA	TE	MEI	TI	s.																	

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MARINE CORPS SCHOLARSHIP

Employer identification number 22-1905062

FOUNDAT					22-1905								
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not							
Indicate whether the organization rais X Mail solicitations		-		Check all that apply.									
	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 or oral agreement with any individual (including officers, directors, trustees, 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			g										
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col. (i)													
DATOCWITTEN, INC - 13145 Yes No													
APPLEGROVE LANE, HERNDON, VA EVENT MANAGEMENT X 6,219,340. 222,475. 5,99													
ATRICIA J. HURLEY &													
ASSOCIATES - 205 WEST WACKER EVENT MANAGEMENT X 1,861,045. 45,000. 1,8 DATA AXLE INC 120 EAST DIRECT AND DIGITAL													
DATA AXLE, INC 120 EAST 1ST STREET, PAPOLLION, NE	892,370.	192,500.	699,870.										
	MARKETING PROGRAM		Х	332,070.	222,000.	035,030							
Total				8,972,755.	459,975.	8,512,780.							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration							
AL, AK, AZ, AR, CA, CO, CT,													
MO, MT, NE, NV, NH, NJ, NM,	NY,NC,ND,OH,OK,OR,I	PA,F	RI,S	SC,SD,TN,TX	,UT,VT,VA,	WA,WI,WV							
WY													

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

	chedule G (Form 990) 2023 FOUNDATION, INC. 22-1						
Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.					
_		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events		
			1 ''	PEBBLE BEACH	(b) Surer Systems	(d) Total events	
				GOLF	19	(add col. (a) through	
•			(event type)	(event type)	(total number)	- col. (c))	
Revenue	1	Gross receipts	1,861,045.	1,190,146.	6,205,073.	9,256,264.	
	2	Less: Contributions	1,809,420.	1,040,621.	5,224,552.	8,074,593.	
	3	Gross income (line 1 minus line 2)	51,625.	149,525.	980,521.	1,181,671.	
	4	Cash prizes					
တ္	5	Noncash prizes	548.	35,941.	106,246.	142,735.	
esued	6	Rent/facility costs			11,855.	11,855.	
Direct Expenses	7	Food and beverages	49,399.	169,096.	542,871.	761,366.	
	8	Entertainment	2,275.	21,545.	13,109.	36,929.	
		Other direct expenses		21,545. 409,404.	554,202.	1,005,453.	
		Direct expense summary. Add lines 4 through				1,958,338.	
_		Net income summary. Subtract line 10 from li				-776,667.	
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	ı 990, Part IV, line 19, or ı	reported more than		
- lune		ψ13,000 0111 01111 330-L2, iiile 0a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)	
Revenue	1	Gross revenue			24,315.	24,315.	
es	2	Cash prizes					
Expenses	3	Noncash prizes			1,949.	1,949.	
Direct E	4	Rent/facility costs					
	5	Other direct expenses			5,518.	5,518.	
			Yes %	Yes %	X Yes 100 %		
	6	Volunteer labor	No No	No No	No No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			7,467.	
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			16,848.	
		7	, , , ,				
	ls t	er the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		X Yes No	
_	_	· · · · ·					
		ere any of the organization's gaming licenses re			/ear?	Yes X No	
		. 50, одран.					

Schedule G (Form 990) 2023

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332082 09-13-23

MARINE CORPS SCHOLARSHIP FOUNDATION INC.

Sch	edule G (Fo	m 990) 2023 F'OUNDA'I'.	ION, INC.	22-1905062 Page 3
11	Does the o	ganization conduct gaming activities w	vith nonmembers?	X Yes No
12	Is the orga	nization a grantor, beneficiary or trustee	e of a trust, or a member of a partnership or other entity formed	
	to adminis	er charitable gaming?		Yes X No
13	Indicate th	e percentage of gaming activity conduc	cted in:	
а	The organi	ration's facility		13a • 00 %
b	An outside	facility		13b Д00.00 %
14	Enter the r	ame and address of the person who pr	repares the organization's gaming/special events books and records	s:
	Name	SARAH TONIZZO		
	Address	909 NORTH WASHINGTO	ON STREET, SUITE 400 - ALEXANDRIA,	VA 22314
15a	Does the c	rganization have a contract with a third	party from whom the organization receives gaming revenue?	Yes X No
b		ter the amount of gaming revenue rece	· · · · · · · · · · · · · · · · · · ·	ount
		evenue retained by the third party \$		
С	: If "Yes," er	ter name and address of the third party	y:	
	Name			
	Address			
16	Gaming ma	nager information:		
	Name	CAROLINA CLASSIC - N	MAJGEN THOMAS BRAATEN	
	Gaming ma	nager compensation \$	0.	
	Description	of services provided CONTRO	LLED THE OVERALL OPERATION OF THE	RAFFLE
		ITIES AT THE EVENTS.		
	Dire	ctor/officer Employee	X Independent contractor	
47	Manadatan	all add the add are as		
	•	distributions:		
а	•	•	ke charitable distributions from the gaming proceeds to	Yes X No
		tate gaming license?		
b		· · · · · · · · · · · · · · · · · · ·	state law to be distributed to other exempt organizations or spent in	tne
Da		n's own exempt activities during the ta		and Dart III lines 0. Oh. 10h
Га			de the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
	15	o, 15c, 16, and 17b, as applicable. Also	provide any additional information. See instructions.	
<u>sc</u>	HEDULE	G, PART I, LINE 2B,	, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:
<u>(I</u>) NAME	OF FUNDRAISER: DATO	OCWITTEN, INC	
(I) ADDR	ESS OF FUNDRATSER. 1		20171
<u>\ </u>	, mbit	abb of fondiniphic.	13143 III LIGIOVI LIMI, IILMBON, VII	20171
(I) NAME	OF FUNDRAISER: PATE	RICIA J. HURLEY & ASSOCIATES	
(I		ESS OF FUNDRAISER:		
<u> 20</u>	5 WEST	WACKER DRIVE, SUITE	E 1400, CHICAGO, IL 60606	

22-1905062 Page 4 FOUNDATION, INC. Schedule G (Form 990) Part IV | Supplemental Information (continued) (I) NAME OF FUNDRAISER: DATA AXLE, INC. (I) ADDRESS OF FUNDRAISER: 120 EAST 1ST STREET, PAPOLLION, NE 68046 SCH G, PART III, LINE 16 - GAMING MANAGER INFORMATION: 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 SCH G, PART III, LINE 16 - GAMING MANAGER INFORMATION: 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 SCH G, PART III, LINE 16 - GAMING MANAGER INFORMATION: NAME OF GAMING MANAGER: INDIANAPOLIS GOLF - TY MENSCH 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 SCH G, PART III, LINE 16 - GAMING MANAGER INFORMATION: NAME OF GAMING MANAGER: BOSTON GOLF - DICK MURPHY AMOUNT OF COMPENSATION AS GAMING MANAGER - 0

332084 04-01-23

DESCRIPTION OF SERVICES PROVIDED - CONTROLLED THE OVERALL OPERATION OF

Schedule G (Form 990)

22-1905062 Page 4 FOUNDATION, INC. Schedule G (Form 990) Part IV | Supplemental Information (continued) THE RAFFLE ACTIVITIES AT THE EVENTS. POSITION WITH THE ORGANIZATION - INDEPENDENT CONTRACTOR SCH G, PART III, LINE 16 - GAMING MANAGER INFORMATION: NAME OF GAMING MANAGER: CORPORAL DONALD M. 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 SCH G, PART III, LINE 16 - GAMING MANAGER INFORMATION: NAME OF GAMING MANAGER: JERSEY SHORE GOLF - BOB VALVANO, MEGAN HEERWAGEN 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 SCH G, PART III, LINE 16 - GAMING MANAGER INFORMATION: NAME OF GAMING MANAGER: CAPITAL AREA GOLF - SCOTT "BOY" 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 SCH G, PART III, LINE 16 - GAMING MANAGER INFORMATION: NAME OF GAMING MANAGER: SERGEANT DOUGHERTY USMC MEMORIAL SHOOT - JIM

Schedule G (Form 990)

LATTA

Part IV Supplemental Information (continued)
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

Name of the organization

MARINE CORPS SCHOLARSHIP

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

FOUNDATIO	N, INC.						22-1905062
Part I General Information on Grants a	nd Assistance					_	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pre	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than	T .	<u> </u>	onal space is need	1	(C) NA-H I - 5		
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
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table				<u> </u>
3 Enter total number of other organization	s listed in the line	I table					

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

FOUNDATION, INC.

MARINE CORPS SCHOLARSHIP

Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance SCHOLARSHIP AWARDS 2763 11562497. 0 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: AT THE TIME OF APPLICATION, STUDENTS PROVIDE DOCUMENTATION TO VERIFY THEIR ELIGIBILITY WITH REGARDS TO FINANCIAL NEED, ACADEMIC ACHIEVEMENT, AND PARENT'S HONORABLE MILITARY SERVICE. THEN BEFORE AWARDS ARE MADE, A PROPRIETARY POINT SYSTEM IS USED TO DETERMINE THE AWARD AMOUNT FOR EACH ELIGIBLE STUDENT. 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.

Part IV Supplemental Information
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)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

MARINE CORPS SCHOLARSHIP FOUNDATION, INC.

Employer identification number 22-1905062

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, including the OEO/Executive Director, regarding the items checked of fine has			
3	Indicate which if any of the following the organization used to establish the compensation of the expenization?			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Device the constant of the constant Peterland Section 2000 Peth VIII Openities A. Peterland Section 2000 Peth VIII			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			v
	Receive a severance payment or change-of-control payment?	4a		X X X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only a sation 504(a)(0) 504(a)(4) and 504(a)(00) amonimations must assemble lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_	v	
	The organization?	5a	Х	
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	a		l

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

Schedule J (Form 990) 2023

324485_1

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C 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)	280,296.	51,940.	0.	16,627.	4,001.	352,864.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH TONIZZO	(i)	215,462.	0.	0.	6,863.	15,285.	237,610.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HAROLD VAN OPDORP	(i)	213,923.	0.	0.	10,696.	960.	225,579.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) COURTNEY BALSON	(i)	177,368.	0.	0.	9,087.	15,031.	201,486.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEANNA ADAMS	(i)	175,196.	5,000.	0.	9,087.	9,551.	198,834.	0.
CHIEF SCHOLARSHIP OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KEITH H. MOORE	(i)	142,604.	0.	0.	7,186.	9,206.	158,996.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 5:
THE BONUS AMOUNT OF \$51,940 PAID TO EDWARD PROBERT, PRESIDENT, DURING THE
YEAR ENDED DECEMBER 31, 2023 IS BASED ON GOALS DETERMINED BY THE BOARD,
INCLUDING THE FINANCIAL PERFORMANCE OF THE ORGANIZATION.
PART I, LINE 7:
DURING THE YEAR ENDED DECEMBER 31, 2023, JEANNA ADAMS, CHIEF SCHOLARSHIP
OFFICER, RECEIVED A DISCRETIONARY BONUS PAYMENT IN THE AMOUNT OF \$5,000.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Nam	e of the organization MARINE CORPS	SCHOL	ARSHIP			Employer identification	on nui	mber
	FOUNDATION,	INC.				22-1905	062	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of determin noncash contribution ar	_	: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	16	195,479.	FM	J		
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	11	26,153.	FΜ	J		
26	Other ()							
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82							
	•		J				Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 through	gh 28,	, that it		
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	? 31	Х	
	Does the organization hire or use third parties	•	•	•				
			_	,		32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	y for which column (a) is che	cked.			
		(,	71 1 1 1 1 1 1 1		,			

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

Schedule M (Form 990) 2023

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):
THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF
CONTRIBUTIONS THAT WERE RECEIVED FOR THE YEAR ENDED JUNE 30, 2024.
SCHEDULE M, LINE 32B:
STOCK CONTRIBUTIONS THROUGH EVENTS THAT USE THIRD PARTY SOLICITORS, AND
INVESTMENT MANAGER TO SELL STOCK CONTRIBUTIONS UPON RECEIPT.

Schedule M (Form 990) 2023

332142 09-11-23

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.

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

2023
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: CAREER TECHNICAL EDUCATION PROGRAMS. DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, 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 TO EDUCATION FOR THE CHILDREN OF MARINES, NAVY CORPSMEN, AND RELIGIOUS PROGRAM SPECIALISTS ATTENDING POST-HIGH SCHOOL UNDERGRADUATE, AND CAREER TECHNICAL EDUCATION PROGRAMS. THROUGHOUT OUR WE HAVE AWARDED NEARLY 60,000 SCHOLARSHIPS VALUED AT MORE THAN \$220 MILLION. EVERY QUALIFIED STUDENT WHO HAS APPLIED HAS RECEIVED AID. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED AND APPROVED BY THE MARINE CORPS SCHOLARSHIP FOUNDATION MANAGEMENT TEAM, THE FOUNDATION'S BOARD OF DIRECTORS AND GENERAL COUNSEL BEFORE FILING WITH IRS.

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

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

THE MARINE CORPS SCHOLARSHIP FOUNDATION'S BOARD MEMBERS AND STAFF ARE

REQUIRED TO READ AND ACKNOWLEDGE COMPLIANCE WITH THE FOUNDATION'S CONFLICT

OF INTEREST POLICY ON AN ANNUAL BASIS. BOARD MEMBERS MUST LIST ANY

POTENTIAL CONFLICTS OF INTEREST AT SUCH TIME. THERE ARE PERIODIC REVIEWS TO

ENSURE COMPLIANCE. IF ANY MATTER COMES BEFORE THE BOARD IN SUCH A WAY AS TO

GIVE RISE TO A CONFLICT OF INTEREST, THE INTERESTED BOARD MEMBER OR

OFFICER, IF ATTENDING THE MEETING, SHALL MAKE KNOWN THE POTENTIAL CONFLICT,

LHA 332211 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION, INC.

Employer identification number 22-1905062

WHETHER OR NOT DISCLOSED ON HIS OR HER CONFLICT OF INTEREST FORM. 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 THE ISSUE. 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 MARINE CORPS SCHOLARSHIP FOUNDATION USES AN OUTSIDE COMPENSATION

CONSULTANT TO CONDUCT A COMPENSATION STUDY OF COMPARABLE NONPROFIT

ORGANIZATIONS NATIONALLY AND IN THE WASHINGTON DC AREA. THE COMPENSATION

STUDY EXAMINES THE ROLES OF PRESIDENT AND CEO AND THE EXECUTIVE MANAGEMENT

TEAM. THE BOARD'S COMPENSATION COMMITTEE REVIEWS AND DISCUSSES THE

PRESIDENT AND CEO'S PERFORMANCE AGAINST THE PREDETERMINED GOALS FOR THE

PERIOD IN QUESTION, NORMALLY THE FISCAL YEAR. BASED ON THIS DISCUSSION AND

THE RESULTS OF THE COMPENSATION STUDY, THE COMPENSATION COMMITTEE PREPARES

A FINAL COMPENSATION PACKAGE AND PRESENTS TO THE EXECUTIVE COMMITTEE FOR

APPROVAL. THIS PROCESS WAS LAST TAKEN IN JUNE 2024/FY 2024.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,NH,NJ,NM,NY,OK,OR,PA,RI,SC,TN

VA,WI,WV

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.

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, 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, A COMPENSATION COMMITTEE, AND AN AUDIT COMMITTEE. DIRECTORS SHALL COMPRISE A MAJORITY OF ANY SUCH STANDING COMMITTEE TO WHICH PERSONS WHO ARE NOT DIRECTORS MAY BE APPOINTED. THE BOARD, IN ITS SOLE DISCRETION, MAY ALSO APPOINT FROM AMONG THE DIRECTORS AND PERSONS WHO ARE NOT DIRECTORS ONE OR MORE OTHER COMMITTEES, EACH OF WHICH SHALL HAVE ONE OR MORE COMMITTEE MEMBERS INCLUDING AT LEAST ONE DIRECTOR. THE NUMBER OF DIRECTORS TO BE APPOINTED TO THE EXECUTIVE COMMITTEE SHALL NOT EXCEED TEN AND SHALL INCLUDE THE CHAIRMAN, THE VICE CHAIRMAN OR, IF THERE IS MORE THAN ONE, THE VICE CHAIRMAN DESIGNATED TO SUCCEED THE CHAIRMAN IN HIS OR HER ABSENCE, THE PRESIDENT, THE CHAIR OF EACH OF THE OTHER STANDING COMMITTEES, THE TREASURER, AND THE GENERAL COUNSEL. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE FULL AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION. ALL OTHER COMMITTEES, TO THE EXTENT PROVIDED IN THEIR RESPECTIVE ENABLING RESOLUTIONS AND NOT RESTRICTED BY LAW, SHALL HAVE AND EXERCISE SUCH AUTHORITY AS THE BOARD OF DIRECTORS SHALL PRESCRIBE IN THE MANAGEMENT

Schedule O (Form 990) 2023 Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION, INC.	Page 2 Employer identification number 22-1905062
OF THE CORPORATION. THE DESIGNATION OF ANY COMMITTEE, WHET	HER UNDER
THESE BYLAWS OR BY RESOLUTION ADOPTED BY THE BOARD, AND TH	E DELEGATION
THERETO OF AUTHORITY MARINE CORPS SCHOLARSHIP FOUNDATION,	SHALL NOT
OPERATE TO RELIEVE THE BOARD OF DIRECTORS, OR ANY INDIVIDU	AL DIRECTOR,
OF ANY RESPONSIBILITY IMPOSED ON IT, HIM, OR HER BY LAW.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUES OF OBLIGATIONS UNDER CHARITABLE TRUSTS	-488,084.

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 SCHOLARSHIP **Employer identification number** Name of the organization 22-1905062 FOUNDATION, INC. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

of disregarded entity	Primary activity	Legal domicile (state or	r (d) r Total inco	me End-of-yea		(f) Direct controllir	ng
		foreign country)				entity	
rt II Identification of Related Tax-Exempt Organizat	ions. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	or more related t	ax-exempt	
organizations during the tax year.	(b)	(c)	(d)	(e)	(f)		(a)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct contro	0	n 51: ntrol ntity
-		.5.5.9 555		501(c)(3))	Í	Yes	Ī
OWN HUDNER NAVY SCHOLARSHIP FOUNDATION -					MARINE CORPS		

87-4808169, 9900 N WASHINGTON STREET, SUITE SCHOLARSHIP Х 400 ALEXANDRIA VA 22314 PROVIDING SCHOLARSHIPS VIRGINIA 501(C)(3) LINE 12A, I FOUNDATION

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

Schedule R (Form 990) 2023

Part 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 more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	l	l	l .	l .		l			I	-	

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) Primary activity	(c) Legal domicile (state or foreign	(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	Sec 512(t contr ent	(i) Section 512(b)(13) controlled entity?	
		country)		or tradity		400010		Yes	No	
								<u> </u>	<u> </u>	
								<u> </u>	<u> </u>	
	-									
									<u> </u>	

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

Page 3

Yes No

X

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		X			
	b Gift, grant, or capital contribution to related organization(s)									
С	c Gift, grant, or capital contribution from related organization(s)									
	d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)										
	, , , , , , , , , , , , , , , , , , , ,									
f	Dividends from related organization(s)				1f		Х			
	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				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		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
	Performance of services or membership or fundraising solicitations for related organi				11		X			
n	m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r Other transfer of cash or property to related organization(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 wh	no must complete th	is line, including covered re	elationships and transaction thresholds.						
	(a)	(b)	(c)	(d)						
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	amount involved					
		type (a-s)								
1)	BROWN HUDNER NAVY SCHOLARSHIP FOUNDATION	Q	73,477.	BOOK VALUE						
2)										
3)										
4)										
5)										
6)										
3216	3 09-28-23			Schedule	R (Forr	n 990)	2023			

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000