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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2012

Open to Public Inspection

			C Name of organization	1-2012	D Employer is	dontification number
	eck ıf a dress ch	pplicable	MARINE CORPS SCHOLARSHIP FOUNDATION INC		D Employer id	dentification number
_		_	Doing Business As		22-19050	62
	me cha	_				
	tıal retu		Number and street (or P O box if mail is not delivered to street address) Room/su 909 N WASHINGTON STREET NO 400	ite	E Telephone ni	umber
Te	mınate	d	909 N WASHINGTON STREET NO 400		(703) 549	-0060
☐ Am	nended	return	City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22314		(, 03) 313	
Г Ар	plication	n pending	ALLANIURIA, VA 22314		G Gross receipt	ts \$ 36,856,451
			F Name and address of principal officer	H(a) Is t	his a group retu	rn for
			MARGARET B DAVIS 909 N WASHINGTON STREET NO 400		ıates?	┌ Yes 🔽 No
			ALEXANDRIA, VA 22314	ш/ь\ .		
						luded? Tyes No it (see instructions)
I Ta	ıx-exem	npt status	501(c)(3)		ivo, attacii a iis	it (see mistractions)
y W	ebsit e	e: ► WV	WW MCSF ORG	H(c) Gro	oup exemption r	number 🟲
			Corporation Trust Association Other ►	L Year of	formation 1962	M State of legal domicile NJ
Pa	rt I	Sum	ımary			
			lescribe the organization's mission or most significant activities VVIDE POST-HIGH SCHOOL SCHOLARSHIPS TO DESERVING SONS	:		DINEC
e e	-	IO PRO	TVIDE FOST-HIGH SCHOOL SCHOLARSHIFS TO DESERVING SONS	S AND DAG	SIIILKS OT MA	KINLS
Activities & Governance						
Ĕ	-					
<u>₹</u>	2 (Check t	his box 🔰 if the organization discontinued its operations or disposed o	of more than	25% of its net	assets
Ĭ	l				1 -	1
න් ග්			of voting members of the governing body (Part VI, line 1a)		<u> </u>	
ĕ			of independent voting members of the governing body (Part VI, line 1b)			
\$			ımber of ındıvıduals employed ın calendar year 2012 (Part V, line 2a)		5	
्			ımber of volunteers (estimate if necessary)		6	
			nrelated business revenue from Part VIII, column (C), line 12		7	-
	ь	Net unre	elated business taxable income from Form 990-T, line 34		71	
				Pr	ior Year	Current Year
a)	8		ibutions and grants (Part VIII, line 1h)		13,865,393	18,973,358
enue	9	_	am service revenue (Part VIII, line 2g)		0	0
Reveni	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		758,671	1,504,029
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-156,661	-986,081
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	e	14,467,403	19,491,306
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		4,344,900	5,897,297
	14		its paid to or for members (Part IX, column (A), line 4)	1	0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5			
\$		10)			1,391,680	2,237,996
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	•	463,149	643,706
X	Ь	Total fu	undraising expenses (Part IX, column (D), line 25) ▶2,628,178			
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,749,132	3,617,605
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		8,948,861	12,396,604
	19	Rever	nue less expenses Subtract line 18 from line 12		5,518,542	7,094,702
Net Assets or Fund Balances				Beginni	ng of Current Year	End of Year
SS el	20	Total	assets (Part X, line 16)		47,049,780	55,887,386
걸	21		liabilities (Part X, line 26)		3,003,448	2,428,693
žĒ	22	Net a:	ssets or fund balances Subtract line 21 from line 20		44,046,332	53,458,693
Pa	rt II	Sigr	nature Block			
Unde my k	r pena nowled	alties of dge and	perjury, I declare that I have examined this return, including accompan belief, it is true, correct, and complete Declaration of preparer (other the nowledge			
		***	***		2013-07-16	
Sigr	1	Sign	ature of officer		Date	
Her			GARET DAVIS PRESIDENT			
			e or print name and title			
					heck I if PTIN	
Pai	d	⊢ ⊢	KAREN GRIES Firm's name ► CLIFTONLARSONALLEN LLP		elf-employed P000 rm's EIN ► 41-074	078514
	pare		THILS HAILE F CLI TOWARSOWALLEN LLY	「	шпэшм ► 41-0/4	U/+7
	On		Firm's address ► 4250 N FAIRFAX DRIVE SUITE 1020	Ph	none no (571) 227	-9500
	111	- J	ARLINGTON, VA 22203			

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

Par	t III Statement of Progra Check if Schedule O conta				·
1	Briefly describe the organization	's mission			
FOR FOU IN O	PROVIDE POST-HIGH SCHOOL S MER) AS THE OLDEST, LARGEST NDATION PROVIDES POST-HIG RDER TO HONOR THE MILITARY INES BY EDUCATING THEIR CH	, FINANCIAL NEED-BA H SCHOOL SCHOLARS / SERVICE AND BUILD	SED SCHOLARSHIP P HIPS TO SONS AND D	ROVIDER TO MILITARY CHI AUGHTERS OF MARINES AN	LDREN, THE D NAVY CORPSMEN
2	Did the organization undertake ar the prior Form 990 or 990-EZ?			which were not listed on	┌ Yes ┌ No
3	If "Yes," describe these new serv Did the organization cease conduservices?	cting, or make significan	t changes in how it con-	ducts, any program	┌ Yes ┌ No
4	Describe the organization's progrexpenses Section 501(c)(3) and the total expenses, and revenue,	am service accomplishm 501(c)(4) organizations	are required to report t		
4a	(Code) (Expen FOR MORE THAN 50 YEARS, THE MARII NEED OF OUR NATION'S MARINE AND N COLLEGES, UNIVERSITIES, AND VOCATI AND LARGEST PROVIDER OF NEED-BAS	NE CORPS SCHOLARSHIP FOUN NAVY CORPSMAN FAMILIES BY IONAL/TECHNICAL INSTITUTIO	PROVIDING THEIR CHILDREINS SINCE INCEPTION, THE	N WITH SCHOLARSHIPS TO ATTEND A FOUNDATION HAS GROWN TO BECOM	CCREDITED COMMUNITY E THE COUNTRY'S OLDEST
4b	(Code) (Expen	ses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expen	ses \$	including grants of \$) (Revenue \$)
4d	Other program services (Descri (Expenses \$	be in Schedule O) including grants of	\$) (Revenue \$)
4e	Total program service expenses	▶ 7,749,449			

Part IV	Checl	klist	of	Rea	uire	d :	Sche	edul	es
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of	11c		N o
d	its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116		<u> </u>
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		Νο
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

r (e.	Check if Schedule O contains a response to any question in this Part V			_
	Check it Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 38			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7		7a	Yes	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		103	
•	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
С	Enter the amount of reserves on hand	ļ		
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
L	If "Vec " has it filed a Form 720 to report these normante2 If "No " provide an evaluation in Cahadula O			

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax 1a 33 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 in Schedule O **b** Enter the number of voting members included in line 1a, above, who are 32 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo Did the organization have members or stockholders? Yes Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b Νo

	or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Νο
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
ь	If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its			

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI, MD, VA

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply own website. Another's website. Upon request. Other (explain in Schedule O)

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?

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ROBIN F KLUNG 909 N WASHINGTON STREET NO 400 ALEXANDRIA, VA (703) 549-0060

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

List all of the organization's current key employees, if any See instructions for definition of "key employee"

◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations	more t perso and	han o on is a dire	one l both ector	not c box, an c r/trus	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
See Additional Data Table										
	1	1								Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	A verage Position (do not check nours per more than one box, unless perk (list person is both an officer ny hours and a director/trustee) A verage Position (do not check not compensation compensation from the person is both an officer organization (Worganization (Worganizati								Reportable compensation from related organizations (W	-	(F) Estima imount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	d
1b	Sub-Total	a to Don't VIII C			•			•						
C C	Total (add lines 1b and 1s)	-			•	•	•	•		594,095		0		45,697
2 2	Total (add lines 1b and 1c) . Total number of individuals (ind	cluding but not	lımıted t	to the	sel	ıste	d abov		l ho receive			<u> </u>		13,037
	\$100,000 of reportable compe	ensation from th	e organ	ızatıo	n ⊩ :	3								
											Г		Yes	No
3	On line 1a? If "Yes," complete S					key •	emplo	yee, •	or highes .	t compen	sated employee	3		Νο
4	For any individual listed on line organization and related organization													
5	Did any person listed on line 1	a receive or acc	ruecor	nnen	• sati	• on fr	· ·	· / unr	elated ord	· · ·	or individual for	4	Yes	
-	services rendered to the organ											5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your fiv	e highest comp											tay year	
		(A)		411011	101	ine C	aieiiu	ıı ye	ar enumy		(B)	711.5	(C)	
	(A) Name and business address Description of services												Compen	sation

(A)	(B)	(C)		
Name and business address	Description of services	Compensation		
JWT PO BOX 8500 PHILADELPHIA PA 191788500	MARKETING SERVICES	387,000		
DATOCWITTEN GROUP INC 13145 APPLEGROVE LANE HERNDON VA 20171	EVENT MANAGEMENT	319,932		
HILL & KNOWLTON INC PO BOX 7247-7193 PHILADELPHIA PA 19170	CONTRACTED MEDIA SERVICES	190,667		
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than			

\$100,000 of compensation from the organization 🕒 3

Part VII	•	Statement of Revenue Check if Schedule O contains	a respon	se to any question i	in this Part VIII			
			, и тезроп	se to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a					
ant unt	b	Membership dues	. 1b					
tributions, Giffs, Grants Other Similar Amounts	c	Fundraising events	. 1c	9,507,555				
its,	d	Related organizations	. 1d					
ড ≝	e	Government grants (contributions)	1e					
ons Sir	f	All other contributions, gifts, grants,	and 1f	9,465,803	İ			
her her	•	sımılar amounts not ıncluded above			ļ			
	g	Noncash contributions included in lir 1a-1f \$	ies	263,987				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			18,973,358			
				Business Code				
Program Service Revenue	2a							
- Fe	Ь							
926	c							
Ser	d							
E	e							
100	f	All other program service rev	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including and other similar amounts)			1,034,880			1,034,880
	4	Income from investment of tax-exe						
	5	Royalties		•				
	_	(ı) Real		(II) Personal				
	6a h	Gross rents Less rental						
	_	expenses Rental income						
	с	or (loss)						
	d	Net rental income or (loss).		(II) O ther				
	7a	Gross amount from sales of assets other	19,076	721,373				
	b	than inventory Less cost or other basis and sales expenses	25,899	345,401				
	c		93,177	375,972				
	d	Net gain or (loss)			469,149			469,149
Other Revenue	8a	Gross income from fundraising events (not including \$ 9,507,555 of contributions reported on I See Part IV, line 18						
<u> </u>	L	Land dimential	a	1,107,764				
₹	b c	Less direct expenses Net income or (loss) from fun	L	2,093,845 vents .	-986,081			-986,081
		Gross income from gaming ac See Part IV, line 19	tivities .					
	h	Long direct corner	a					
	b c	Less direct expenses Net income or (loss) from gai		ities				
1	L0a	Gross sales of inventory, less returns and allowances	s [·				
	h	loco cost of cards!-!	a					
		Less cost of goods sold . Net income or (loss) from sal	L	ntory 🛌				
		Miscellaneous Revenue		Business Code				
1	l1a							
	b							
	c							
	d	All other revenue	$\overline{\cdot}$					
	e	Total. Add lines 11a-11d .		🕨				
1	L 2	Total revenue. See Instruction	ons	· · · •	19,491,306	0	0	517,948

Part IX Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)									
Check if Schedule O contains a response to any question in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	, ,	(C) Management and general expenses	(D) Fundraising expenses					

Part X Balance Sheet

	ιχ	Check if Schedule O contains a response to any question in this	Part X				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		•	6,599,325	1	7,466,095
	2	Savings and temporary cash investments		•		2	
	3	Pledges and grants receivable, net			8,044,994	3	9,262,934
	4	Accounts receivable, net		•	70,147	4	26,293
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II of			5	
Assets	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(lemployers and sponsoring organizations of section 501(c)(9) v beneficiary organizations (see instructions) Complete Part II o	3), and o	ontributing employees'		6	
8	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use			30,597	8	
	9	Prepaid expenses and deferred charges			239.632		338,407
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1	907,855	,	9	
	ь	Less accumulated depreciation	10b	520.248	844,096	10c	387,607
	11	Investments—publicly traded securities			31,192,689	11	38,307,233
	12	Investments—other securities See Part IV, line 11		• •	51,102,000	12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
					28,300		98,817
	15	Other assets See Part IV, line 11			· · · · · · · · · · · · · · · · · · ·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			47,049,780	16	55,887,386
	17	Accounts payable and accrued expenses			471,313		355,003
	18	Grants payable			347,433		214,829
	19	Deferred revenue		•	1,056,261	19	841,721
	20	Tax-exempt bond liabilities				20	
Š	21	Escrow or custodial account liability Complete Part IV of Sche			401,694	21	413,551
Liabiliti	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif	•	tees,			
<u> 15</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai	t X of S	chedule	726,747	25	603,589
		D			· · · · · · · · · · · · · · · · · · ·	25	· · · · · · · · · · · · · · · · · · ·
	26	Total liabilities. Add lines 17 through 25			3,003,448	26	2,428,693
φ		Organizations that follow SFAS 117 (ASC 958), check here Filines 27 through 29, and lines 33 and 34.	✓ and c	ompiete			
Fund Balance	27	Unrestricted net assets			2,925,560	27	660,762
<u>छ</u>	28	Temporarily restricted net assets	14,424,299	28	19,044,935		
ш Б	29	Permanently restricted net assets			26,696,473	29	33,752,996
Š		Organizations that do not follow SFAS 117 (ASC 958), check he			20,000,170	23	00,702,000
<u>. </u>		complete lines 30 through 34.	ie F	and			
S O.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	,
Q SS	32	Retained earnings, endowment, accumulated income, or other fi				32	
Ş Ş	33	Total net assets or fund balances			44,046,332	33	53,458,693
Ż	34	Total liabilities and net assets/fund balances			47,049,780	34	55,887,386
		, otal naphities and net assets/land balances	• •	•	47,043,780	54	35,367,386

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	• •	• •	• •	
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19,4	191,306
2	Total expenses (must equal Part IX, column (A), line 25)			· ·	· · · · · · · · · · · · · · · · · · ·
		2		12,3	396,604
3	Revenue less expenses Subtract line 2 from line 1	3		7.0	94,702
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			. , ,	.,,
	· · · · · · · · · · · · · · · · · · ·	4		44,0	46,332
5	Net unrealized gains (losses) on investments	5		ว :	217 650
6	Donated services and use of facilities	3		۷,3	317,659
Ū	Donated Services and use of lacinities	6			
7	Investment expenses				
_		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
		9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		53.4	158,693
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
	Accounting method used to prepare the Form 990				
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	וי		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate			
	basis, consolidated basis, or both				
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigle audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b		

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As Filed Data -

DLN: 93493198006053

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION INC

									22-1905		
Par				blic Charity Sta		-				instructions	5.
The o	rganı:	zation is	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	ıgh 11, check	only one b	oox)		
1		A churc	ch, conventi	on of churches, or as	ssociation of	churches d	escribed in s e	ection 170((b)(1)(A)(i).		
2		A scho	ol described	I in section 170(b)(1	.)(A)(ii). (At	tach Sched	ule E)				
3		A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ıbed ın sectio	n 170(b)(1	.)(A)(iii).		
4	Г			n organization operat	ted ın conjun	ction with a	hospital des	cribed in se	ection 170(b)	(1)(A)(iii).	Enter the
5	$\overline{}$			ty, and state erated for the benefit	t of a collogo	or universi	ty owned or o	norated by	a dovernme	ntal unit doc	ribad in
3	'			A)(iv). (Complete P		or universi	ty owned or o	perated by	a governme	iitai uiiit uesi	cribed iii
6	_			local government or		al unit docc	ribad in sasti	on 170/h\/	11/41/41		
7	, \			at normally receives	-					from the gen	ieral nublic
•	1.			n 170(b)(1)(A)(vi).			support nom	a governii	ientar anit or	nom the gen	lerar public
8	Γ	A comr	munity trust	described in section	170(b)(1)(A)(vi) (Cor	nplete Part II	[)			
9	Γ	Anorga	anızatıon tha	at normally receives	(1) more th	an 331/3% c	f its support	from contr	butions, mer	nbership fee:	s, and gross
		receipt	s from actıv	ities related to its ex	xempt function	ons—subjec	t to certaın e	xceptions,	and (2) no m	ore than 331	1/3 % of
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	. tax) from b	usinesses
		acquire	ed by the org	janization after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	art III)		
10				janized and operated							
11	Г			janized and operated							
				y supported organizates the type of supp						see section !	509(a)(3). Check
		_	Type I							lon-function	ally integrated
e	Γ	By che	cking this b	ox, I certify that the							
				on managers and otl	her than one	or more pub	licly support	ed organiza	atıons descri	bed in sectio	n 509(a)(1) or
_			509(a)(2)			from the ID	C that it is a	Tuna I Tu	- II - T.		
f			this box	received a written de	etermination	from the 1K	5 that it is a	Type I, Ty	pe II, or Typ	e III Support	ing organization,
g				2006, has the organi	zation accep	ted any gift	or contributi	on from an	y of the		,
			ng persons?								
				rectly or indirectly o	•		_	persons de	escribed in (i		Yes No
		•		governing body of th		-	17				g(i)
			•	er of a person descri	• •		- h 2			11g	
				lled entity of a perso						119	(iii)
h		Provide	the lollowing	ng information about	the supporte	ed organizat	ion(s)				
) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	notify	(vi) Is	the	(vii) A mount of
-	uppoi		(**,**	organization	organizati		the organi		organiza		monetary
or	ganiz	ation		(described on	col (i) lis		ın col (i) d	•	col (i) or	-	support
				lines 1-9 above or IRC section	your gove docume		suppor	t ⁷	in the l	J S 7	
				(see	docume	111.					
				instructions))	Yes	No	Yes	No	Yes	No	+
					162	140	162	140	168	140	
Total											

Schedule A (Form 990 or 990-EZ) 2012 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 8,282,489 6,479,610 10,678,804 13,865,393 18,973,358 58,279,654 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 8,282,489 6,479,610 10,678,804 13,865,393 18,973,358 58,279,654 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 7,588,901 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 50,690,753 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total beginning in) 🟲 8,282,489 6,479,610 10,678,804 13,865,393 18,973,358 58,279,654 A mounts from line 4 Gross income from interest, dividends, payments received on 1,064,018 679,679 784,537 758,671 1,034,880 securities loans, rents, royalties 4,321,785 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of 2,177 68,805 153,091 270,087 494,160 capital assets (Explain in Part IV) 11 Total support (Add lines 7 63,095,599 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 80 340 % Public support percentage for 2011 Schedule A, Part II, line 14 15 82 400 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ▶□ box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.**Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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						
	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities		_				
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
Ь	A mounts 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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
Sa	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning					l	
Caic	in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
_	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is	for the organizati	on's first, second	d, third, fourth, or	fifth tax year as	a 501(c)(3) orga	·
<u> </u>	check this box and stop here	lia Summant D	orconto a a				<u>► </u>
	ction C. Computation of Pub Public support percentage for 2012			12 column (f))		14-1	
15				: 13, COIUIIII (I))		15	
16	Public support percentage from 201					16	
	ction D. Computation of Inv				(4)		
17	Investment income percentage for	2012 (line 10c, c	olumn (f) divided	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n 2011 Schedule	A, Part III, line	17		18	
					1 4 E	h 22 + 120/	d line 17 is not
19a	33 1/3% support tests—2012. If the	_		•		· · ·	d line 17 is not

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	rm 990 or 990-E2) 2012 Page
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493198006053

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

nterna	I Revenue Service	► Attach to For	m 990. ► See separate instructions.		Inspection
	me of the organ	nization LARSHIP FOUNDATION INC		Emp	loyer identification number
		PARSITI I COMPUTATION TIME		22-1	1905062
Pa		nizations Maintaining Donor Adv		unds	or Accounts. Complete if the
	organı	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	Τ	(b) Funds and other accounts
1	Total number a	at end of year	(a) Donor advised funds	+	(b) I unus and other accounts
2		ntributions to (during year)			
3		nts from (during year)		+	
4		ue at end of year			
5	Did the organi	zation inform all donors and donor adviso organization's property, subject to the or		or advi	sed Yes No
6	used only for o	zation inform all grantees, donors, and do charitable purposes and not for the benef permissible private benefit?			
Pa		ervation Easements. Complete if	the organization answered "Yes" t	o Form	n 990, Part IV, line 7.
2	Preservati Protection Preservati Complete line	conservation easements held by the orgion of land for public use (e.g., recreation of natural habitation of open space s 2a through 2d if the organization held at the last day of the tax year	or education) Preservation of an Preservation of a c	certified	ically important land area d historic structure n of a conservation
	easement on t	the last day of the tax year			Held at the End of the Year
а	Total number	of conservation easements		2a	
ь	Total acreage	restricted by conservation easements		2b	
c	Number of cor	nservation easements on a certified histo	oric structure included in (a)	2c	
d		nservation easements included in (c) acq ture listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of cor	nservation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ie organization during
	the tax year 🕨	<u> </u>			
4	Number of sta	tes where property subject to conservati	ion easement is located ►		
5	_	nization have a written policy regarding to the conservation easements it holds?	the periodic monitoring, inspection, hand	— dling of	violations, and Yes No
6	Staff and volu	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents d	uring the year
7	•	penses incurred in monitoring, inspecting	, and enforcing conservation easements	s durınç	the year
8	Does each co	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	7 0 (h)(4)(B)(ı)
9	balance sheet	describe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial		
Pai	titti Organ	nizations Maintaining Collection lete if the organization answered "Y	s of Art, Historical Treasures,	or Otl	her Similar Assets.
1a	If the organiza works of art, h	ation elected, as permitted under SFAS 1 iistorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rever ts held for public exhibition, education,	or rese	arch in furtherance of public
b	works of art, h	ation elected, as permitted under SFAS 1 iistorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues	included in Form 990, Part VIII, line 1			► \$
	(ii) Assets inc	cluded in Form 990, Part X			► \$
2	If the organiza	ation received or held works of art, histor unts required to be reported under SFAS		or finan	
а	Revenues incl	uded in Form 990, Part VIII, line 1			► \$
	indes me	and a minimum of the state of t			· +

b Assets included in Form 990, Part X

Pari	3 III Organizations Maintaining Co	ollections of Ar	t, His	storica	<u>al Tı</u>	reasu	res, or C	the	r Similar A	ssets (<u>(continued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other reco	rds, cl	heck an	ıy of t	the follo	wing that a	are a	sıgnıfıcant us	e of its	
а	Public exhibition		d	Γι	oan	orexch	ange progi	rams			
ь	Scholarly research		e	Γ	Othei	r					
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and eval	ain hoi	w they 1	furtha	ar the o	rganization	'c av	amnt nurnosa	ın	
	Part XIII	·		·						***	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								ılar	☐ Yes	□No
Par	t IV Escrow and Custodial Arrang								es" to Form		,
	Part IV, line 9, or reported an ai										
1a	Is the organization an agent, trustee, custon included on Form 990, Part X?					itions o	r other ass	ets r	not	☐ Yes	√ No
Ь	If "Yes," explain the arrangement in Part XI	II and complete th	e follov	wing tal	ole		_	1			
									Α.	mount	
с	Beginning balance						-	1c			
d	Additions during the year						-	1d			
е	Distributions during the year							1e			
f	Ending balance						L	1 f			
2a	Did the organization include an amount on F	orm 990, Part X, lıı	ne 21?)						✓ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	e expla	anatıon	has	been pr	ovided in P	art X	III		✓
Pa	rt V Endowment Funds. Complete	ıf the organızatıc	n ans	swered	l "Ye	s" to F	orm 990,	Par	t IV, lıne 10.		
		(a)Current year	(b)	Prior yea		b (c)Tw		+	hree years back		years back
1a	Beginning of year balance	25,927,113		25,366			21,332,597		16,365,114		15,705,565
b	Contributions	6,410,094		5,520	0,078		1,410,869	<u> </u>	2,247,163		1,717,002
С	Net investment earnings, gains, and losses	3,043,454		-1,093	3,788		3,219,244		3,722,349		-365,523
d	Grants or scholarships								10,077		691,930
e	Other expenditures for facilities	207.004		2.06	F 600		506 400		5 740 422		
	and programs	807,091		3,86	5,699		596,188		5,740,122		
f	Administrative expenses										
g	End of year balance	34,573,570		25,92			25,366,522		16,584,427		16,365,114
2	Provide the estimated percentage of the cur	rent year end balar	nce (lir	ne 1g, c	olum	ın (a)) h	eld as				
а	Board designated or quasi-endowment 🕨	0 %									
b	Permanent endowment ► 83 100 %										
c	Temporarily restricted endowment 🕨 16	900 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organi	zatıon	that are	e held	d and a	dministere	d for	the		
	organization by								-	Ye	
	(i) unrelated organizations		•					•		(i) (ii)	No No
ь	(ii) related organizations				• le R?			٠	· · · -	8b	110
4	Describe in Part XIII the intended uses of t										
Par	t VI Land, Buildings, and Equipme	ent. See Form 9	90, Pa	art X, I	ine :	10.					
	Description of property					or other stment)	(b)Cost or basis (oth		(c) Accumulate depreciation		Book value
1a	Land										
b	Buildings										
с	Leasehold improvements						310	5,956	46,	523	270,433
d	Equipment						590	0,899	473,	725	117,174
e	Other										
	I. Add lines 1a through 1e (Column (d) must o			umn (B)	, line	10(c).)			🛌		387,607

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		- 3
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security) (1)Financial derivatives		Cost or end-of-year market value	
(2)Closely-held equity interests			
Other			
			-
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
(<u>*</u>		
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri	ption	(b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:			
Part X Other Liabilities. See Form 990, Part 3			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
OBLIGATIONS UNDER CHARITABLE TRUSTS	603,589		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	603,589		
2 Fin 48 (ASC 740) Footnote In Part XIII provide the te			

Par	t XI Reconciliation of Revenue per Audited Financial Stat	emer	nts With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements			1	23,665,146
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	2,317,659		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)...............	2d	2,093,845		
e	Add lines 2a through 2d			2e	4,411,504
3	Subtract line 2e from line 1			3	19,253,642
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	237,664		
b	Other (Describe in Part XIII).............	4b			
c	Add lines 4a and 4b			4c	237,664
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	19,491,306
Part	XII Reconciliation of Expenses per Audited Financial Sta	teme	nts With Expenses	per	Return
1	Total expenses and losses per audited financial statements			1	14,252,785
2	A mounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	2,093,845		
e	Add lines 2a through 2d			2e	2,093,845
3	Subtract line 2e from line 1			3	12,158,940
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	237,664		
ь	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	237,664
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)		5	12 396 604

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
		AMOUNTS HELD FOR OTHERS REPRESENT FUNDS NOT CONTROLLED BY THE FOUNDATION AND HELD IN A CUSTODIAL CAPACITY ON BEHALF OF OTHERS THE AMOUNTS HELD FOR OTHERS RELATE TO A REVOLVING LOW-INTEREST LOAN FUND ESTABLISHED BY COLONEL WALTER AND ELEANOR SHORT FOR NEEDY UNDERGRADUATE STUDENTS ENROLLED IN NROTC, MECEP AND PLC PROGRAMS, WHO ARE COMPLETING PRECOMMISSIONING REQUIREMENTS TO BECOME MARINE OFFICERS THE FOUNDATION DOES NOT CONTROL THE DISBURSEMENTS OF THESE FUNDS TO DATE, NO LOANS HAVE BEEN MADE INVESTMENTS AND CASH EQUIVALENTS AT DECEMBER 31, 2012 AND 2011 INCLUDE \$413,551 AND \$401,694, RESPECTIVELY, REPRESENTING THE PRINCIPAL OF APPROXIMATELY \$109,000 AND APPRECIATION OF \$304,551 AND \$292,694, RESPECTIVELY, ON THE SHORT FUND
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS		THE FOUNDATION'S ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIP AWARDS TO THOSE STUDENTS WHO ARE CHILDREN OF PERSONS WHO SERVED IN THE US MARINE CORPS, WHO APPLY AND QUALIFY ACCORDING TO THE REQUIREMENTS AS SET BY THE FOUNDATION'S POLICY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE FOUNDATION ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS ON JANUARY 1, 2009 THE FOUNDATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION THE FOUNDATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE TAX RETURNS FOR THE FISCAL YEARS 2009 THROUGH 2011 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES 2,093,845
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES OF INTERNAL EVENTS NETTED AGAINST REVENUE 2,093,845

DLN: 93493198006053

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Inspection **Employer identification number**

		22-1905062
Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form	990, Part IV, line 17.

Indicate whether the organization raised funds through any of the following activities. Check all that apply

e 🔽 Solicitation of non-government grants Mail solicitations

Internet and email solicitations Solicitation of government grants

Special fundraising events Phone solicitations In-person solicitations

MARINE CORPS SCHOLARSHIP FOUNDATION INC

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?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

i) Name and address of individual or entity (fundraiser)	fundrai cust con		Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
PROJECTS PLUS INC 145 WEST 45TH ST	EVENT MANAGEMENT		No	2,317,541	76,491	2,241,05	
NEW YORK, NY 10036							
DATOCWITTEN GROUP 13145 APPLEGROVE LANE	EVENT MANAGEMENT		No	1,864,805	319,932	1,544,87	
HERNDON, VA 20171							
PATRICIA J HURLEY & ASSOCIATES 205 W WACKER DR STE 1400	EVENT MANAGEMENT		No	1,581,887	85,528	1,496,35	
CHICAGO, IL 60606							
EVENTS PLUS 1413 WHISPERING PINES 3	EV ENT MANAGEMENT		No	1,072,531	31,580	1,040,95	
HOUSTON, TX 77055							
GORDON C JAMES 4715 N 32ND ST STE 104	EVENT MANAGEMENT		No	756,136	65,984	690,15	
PHOENIX, AZ 85018							
GABRIEL GROUP 3190 RIDER TRAIL SOUTH	DIRECT MAIL PROGRAM		No	500,585	368,695	131,89	
EARTH CITY, MO 63045							
MAC MEETINGS & EVENTS 801 N SECOND STREET SUITE 302	EVENT MANAGEMENT		No	351,992	47,250	304,74	
ST LOUIS, MO 63102							
THE RICHARD MAHAN GROUP 3415 SOUTH SEPULVEDA BOULEVARD STE	EVENT MANAGEMENT		No	337,224	68,781	268,44	
LOS ANGELES, CA 90034							
 			>	8,782,701	1,064,241	7,718,46	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, $\mathsf{UT}, \mathsf{VA}, \mathsf{WA}, \mathsf{WV}, \mathsf{WI}, \mathsf{DE}, \mathsf{IA}, \mathsf{ID}, \mathsf{IN}, \mathsf{LA}, \mathsf{MT}, \mathsf{NE}, \mathsf{NV}, \mathsf{SD}, \mathsf{TX}, \mathsf{VT}, \mathsf{WY}$

Pai	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut			
		<u> </u>	(a) Event #1 NEW YORK BALL (event type)	(b) Event #2 CHICAGO DINNER	(c) 0 ther events	(d) Total events (add col (a) through col (c))
<u>Φ</u>			717	(event type)	(total number)	
Revenue	1	Gross receipts	2,317,54	1,581,887	6,715,891	10,615,319
Rev	2	Less Contributions	1,942,524	1,545,887	6,019,144	9,507,555
	3	Gross income (line 1 minus line 2)	375,017	7 36,000	696,747	1,107,764
	4	Cash prizes				
ú	5	Noncash prizes	8,52	1	129,272	137,793
Expenses	6	Rent/facility costs			6,230	6,230
	7	Food and beverages .	105,322	2 67,225	552,868	725,415
Direct B	8	Entertainment	1,500	325	13,078	14,903
Ā	9	Other direct expenses .	257,040	82,128	870,336	1,209,504
	10	Direct expense summary Add lin	es 4 through 9 in columi	n (d)		(2,093,845)
	11	Net income summary Combine li	_			-986,081
Par	t III			"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue		\$15,000 on Form 990-EZ, lir	ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (add col (a) through col (c))
_ _	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Drect	5	Other direct expenses				
	6	Volunteer labor	┌ Yes ┌ No	┌ Yes ┌ No	┌ Yes ┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column ((d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming ac	tivities		
а		the organization licensed to operate				. Fyes Fno
b	If"	No," explain				
						1
10a	Wei	re any of the organization's gaming l	icenses revoked, susper	nded or terminated during	the tax year?	Г _{Yes} Г _{No} [']
b	If"	Yes," explain				

oes	the organization operate gaming a	ictivities with nonmembers?		· · · Yes No
.2	Is the organization a grantor, bend	eficiary or trustee of a trust or a mem	iber of a partnership or other enti	ty
	formed to administer charitable ga	amıng?		· · · · · Fyes FNo
.3	Indicate the percentage of gaming	g activity operated in		
а	The organization's facility			. 13a
ь	An outside facility			. 13b
.4	Enter the name and address of the	e person who prepares the organization	on's gaming/special events books	s and records
	Name 🟲			
	Address 🟲			
.5a		tract with a third party from whom the		
ь		ing revenue received by the organizat		
	· · · · · · · · · · · · · · · · · · ·	ed by the third party 🟲 \$		and the
с	If "Yes," enter name and address			
	Name 🟲			
	Address 🟲			
6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	, \$		
	Description of services provided	•		
	Director/officer	Employee	Independent contractor	
7	Mandatory distributions		. 2	
	•	r state law to make charitable distribu	utions from the gaming proceeds	to
				· · · Fyes Fno
b	5 5	required under state law distributed t		
		activities during the tax year 🕨 💲	. •	
Par	Supplemental Inform columns (III) and (v), ar	nation. Complete this part to prond Part III, lines 9, 9b, 10b, 15b, ditional information (see instruction	, 15c, 16, and 17b, as applica	
	Identifier	Return Reference	Explar	nation
			•	

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DLN: 93493198006053 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

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

Open to Public

Internal Revenue Service			F Attach to Form 990				Inspect ion
Name of the organization MARINE CORPS SCHOLARSH	HIP FOUNDATION INC					Employer identification	on number
						22-1905062	
Part I General Infor	mation on Grants and	Assistance					
1 Does the organization m	aintain records to substantia ed to award the grants or ass						▽ Yes □ N
	eu to award the grants or ass organization's procedures for						, 103 , 1
<u> </u>	ther Assistance to Gov				nplete if the orga	nızatıon answered "Y	 es" to
	IV, line 21, for any recipi						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
or government		п аррпсавте		assistance	appraisal, other)		
		I					
	ction 501(c)(3) and governm her organizations listed in the						
	tice see the Instructions for E			Cat No FOOFED			lo I /Form 000) 2012

MONITORING GRANTS

INTHEUS

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

(a) Type of grant	or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIP A	WARDS	1913	5,897,297		N/A	N/A
-						
	emental Information		ne 2, Part III, column (b), and	d any other additional in	formation	
Ident if ier	Return Referenc		Explanation			-
PROCEDURE FOR	PART I, LINE 2		SCHEDULE I. PART I. LINE	2 STUDENTS APPLY F	OR THE SCHOLARSHIPS AN	D A POINT SYSTEM IS USED TO

DETERMINE THE AWARD AMOUNT TO EACH STUDENT STUDENTS MUST PROVIDE INFORMATION TO THE

ORGANIZATION INCLUDING TRANSCRIPTS, BILLS FROM THE COLLEGES, AND A STATEMENT OF USE

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DLN: 93493198006053

OMB No 1545-0047

Open to Public Inspection

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

MARINE CORPS SCHOLARSHIP FOUNDATION INC

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Employer identification number

22-1905062

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing 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			
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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 in 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 are not 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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
	(i) (ii)	233,102 0	45,570 0	138	1 ' 1	2,881	293,412	0	
	(i) (ii)	112,845 0	16,000	90	1 ' 1	19,964	151,751	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization MARINE CORPS SCHOLARSHIP FOUNDATION INC

Employer identification number

				22-1905062			
Part I Types of Prop	erty		Τ				
	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
1 Art—Works of art	· ·						
2 Art—Historical treasures							
Art—Fractional interests							
Books and publications							
5 Clothing and household goods							
Cars and other vehicles							
Boats and planes							
Intellectual property .							
Securities—Publicly trade	ed . X	12	103,101	STOCK MARKET Q	UOTE	S	
Securities—Closely held	stock .						
Securities—Partnership, or trust interests	' I						
2 Securities—Miscellaneou	s						
3 Qualified conservation contribution—Historic							
structures	•						
contribution—Other .							
Real estate—Residential							
Real estate—Commercia							
Real estate—Other							
Collectibles	•						
Food inventory							
Drugs and medical suppl							
. I axidermy ! Historical artifacts							
Scientific specimens .							
Archeological artifacts AIRLINE	• • •						
Other ► (MILES) EVENT	X	1	137,500	WEBSITE QUOTE			
other ► (SUPPLIES)	×	39	23,386	DONOR ESTIMATE	=		
7 Other ►()							
3 Other ► ()			L	<u> </u>			
	-	nization during the tax yea		29			
ioi willen the organization	i completed Form 8	283, Part IV, Donee Ackno	owieagement [-		V	NI -
0a During the year, did the	organization receive	e hy contribution any propo	erty reported in Part I lines	1-28 that it		Yes	No
			on, and which is not require				
for exempt purposes for			on, and winch is not require	a to be useu	20-		No
					30a		INC
b If "Yes," describe the arDoes the organization has	_		review of any non-standard	contributions?	31	Yes	
2a Does the organization hi contributions?	ie oi use tilira parti	es or related organizations			32a	Yes	
b If "Yes," describe in Par	t II						
3 If the organization did no describe in Part II	ot report an amount	ın column (c) for a type of	property for which column (a) ıs checked,			

Supplemental Information. Complete this part to 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.

	cerrea, er a combination er bean	The complete the part for any additional information		
Identifier	Return Reference	Explanation		
THIRD PARTY USE	1	STOCK CONTRIBUTIONS THROUGH EVENTS THAT USE THIRD PARTY SOLICITORS		

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493198006053

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identifi	cation number
MARINE CORPS SCHOLARSHIP FOUNDATION INC		
	22-1905062	

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE FOUNDATION HAS ONLY ONE CLASS OF MEMBERSHIP NO PERSON MAY BE DENIED MEMBERSHIP ON THE BASIS OF SEX, RACE, CREED, AGE, COLOR, NATIONAL ORIGIN, OR ANY OTHER ILLEGALLY DISCRIMINATORY BASIS AN APPLICANT FOR MEMBERSHIP SHALL, UPON HAVING FILED WITH THE FOUNDATION A SIGNED WRITTEN DOCUMENT EXPRESSING HIS OR HER INTEREST IN PROMOTING THE PURPOSES OF THE FOUNDATION AND ABSENT GOOD CAUSE FOR DENIAL, BE ACCEPTED AS A MEMBER

Identifier	Return Reference	Explanation
		EACH MEMBER SHALL BE ENTITLED TO CAST ONE VOTE FOR EACH DIRECTOR TO BE ELECTED IN ANY ELECTION OF DIRECTORS AND FOR THE REMOVAL OF ANY DIRECTOR NO MEMBER SHALL HAVE THE RIGHT TO VOTE ON ANY OTHER MATTER

	ldentifier	Return Reference	Explanation						
I		FORM 990, PART VI, SECTION B, LINE 11	GENERAL COUNSEL REVIEWS THE 990 ON BEHALF OF THE BOARD OF DIRECTORS						

ldentifier Return Referenc	Explanation					
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS ARE REQUIRED TO READ THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS THEY MUST SIGN THAT THEY READ IT AND THEN COMPLETE A FORM THAT LISTS ANY CONFLICTS THERE ARE PERIODIC REVIEWS TO ENSURE COMPLIANCE AT SUCH TIME AS ANY MATTER COMES BEFORE THE BOARD IN SUCH A WAY AS TO GIVE RISE TO A CONFLICT OF INTEREST, THE INTERESTED OFFICER, IF ATTENDING THE MEETING, OR DIRECTOR SHALL MAKE KNOWN THE POTENTIAL CONFLICT, WHETHER OR NOT DISCLOSED BY HIS OR HER WRITTEN STATEMENT, AND AFTER ANSWERING ANY QUESTIONS THAT MIGHT BE ASKED OF SUCH OFFICER OR DIRECTOR, HE OR SHE SHALL WITHDRAW FROM THE MEETING FOR SO LONG AS THE MATTER SHALL CONTINUE UNDER DISCUSSION SHOULD THE MATTER BE BROUGHT TO A VOTE, NEITHER THE INTERESTED DIRECTOR NOR ANY OTHER DIRECTOR HAVING A PECUNIARY BENEFIT TRANSACTION WITH THE FOUNDATION SHALL VOTE ON IT A TWO-THIRDS (66 2/3%) VOTE OF THE ENTIRE BOARD IS REQUIRED TO AUTHORIZE ANY TRANSACTION OR OTHER MATTER IN WHICH AN OFFICER OR DIRECTOR HAS A POTENTIAL CONFLICT OF INTEREST ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES					

ldentifier Return Reference	Explanation						
FORM 990, PART VI, SECTION B, LINE 15A	CEO, EXECUTIVE DIRECTOR, MANAGEMENT CONSULTATION WITH HR CONSULTANT WHO PROVIDED A SALARY SURVEY OF COMPARABLE SIZED NPOS NATIONALLY AND IN THE DC AREA, INCLUDING OTHER USMC-RELATED NPOS ADDITIONAL SURVEY SENT TO ALL BOARD MEMBERS REQUESTING A NSWERS TO SPECIFIC PERFORMANCE-RELATED QUESTIONS CONSULTATION OF MARKET DATA PROVIDED BY HR CONSULTANT AND PROFESSIONALS IN THE FIELD COUPLED WITH SCOPE AND DEMANDS OF THE JOB, DIRECTLY TO THE BOARD VICE-CHAIR RECOMMENDED COMPENSATION PROVIDED THROUGH WRITTEN COMMUNICATION TO MEMBERS OF THE EXECUTIVE COMMITTEE FOR APPROVAL, AND EVIDENCE OF APPROVAL MAINTAINED BY BOARD VICE-CHAIR THE PROCESS WAS LAST UNDERTAKEN IN 2012 OFFICERS AND KEY EMPLOYEES CONSULTATION WITH HR CONSULTANT, WHICH INCLUDES SALARY SURVEYS FOR RESPECTIVE POSITIONS AND/OR INTERVIEWS OF OTHER SIMILAR NPOS, AND CONSULTATION WITH EXECUTIVE RECRUITERS REGARDING THEIR RECOMMENDED SALARY BASED ON NATURE AND DUTIES OF THE POSITION INFORMATION REVIEWED BY PRESIDENT/CEO AND DOCUMENTED BY THE HR CONSULTANT. THE PROCESS WAS LAST UNDERTAKEN IN 2012						

Identifier	Return Reference	Explanation					
	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 NOT AVAILABLE TO THE PUBLIC BUT ARE AVAILABLE UPON REQUEST					

ldentifier	Return Reference	Explanation				
FORM 990, PART XII, LINE 2C		NO CHANGE IN METHOD SINCE PRIOR YEAR				

ldentifier	Return Reference	Explanation
EXECUTIVE COMMITTEE APPOINTMENTS	FORM 990, PART VI, LINE 1A	THE BOARD OF DIRECTORS, BY RESOLUTION ADOPTED BY A MAJORITY OF THE ENTIRE BOARD, SHALL APPOINT FROM AMONG THE DIRECTORS AN EXECUTIVE COMMITTEE (WHICH SHALL INCLUDE COMPENSATION AMONG ITS FUNCTIONS), AND FROM AMONG THE DIRECTORS AND, IN THE BOARD'S SOLE DISCRETION, PERSONS WHO ARE NOT DIRECTORS, A CORPORATE GOVERNANCE COMMITTEE (WHICH SHALL INCLUDE NOMINATIONS AMONG ITS FUNCTIONS), A SCHOLARSHIP COMMITTEE, A DEVELOPMENT COMMITTEE, AN INVESTMENT COMMITTES, AND AN AUDIT COMMITTEE (WHICH SHALL INCLUDE FINANCE AMONG ITS FUNCTIONS) DIRECTORS SHALL COMPRISE A MAJORITY OF ANY SUCH STANDING COMMITTEE TO WHICH PERSONS WHO ARE NOT DIRECTORS MAY BE APPOINTED THE BOARD, IN ITS SOLE DISCRETION, MAY ALSO APPOINT FROM AMONG THE DIRECTORS AND PERSONS WHO ARE NOT DIRECTORS ONE OR MORE OTHER COMMITTEES, EACH OF WHICH SHALL HAVE ONE OR MORE COMMITTEE MEMBERS INCLUDING AT LEAST ONE DIRECTOR THE NUMBER OF DIRECTORS TO BE APPOINTED TO THE EXECUTIVE COMMITTEE SHALL NOT EXCEED TEN AND SHALL INCLUDE THE CHAIRMAN, THE VICE CHAIRMAN OR, IF THERE IS MORE THAN ONE, THE VICE CHAIRMAN DESIGNATED TO SUCCEED THE CHAIRMAN IN HIS OR HER ABSENCE, THE PRESIDENT, THE CHAIR OF EACH OF THE OTHER STANDING COMMITTEES, THE TREASURER AND THE GENERAL COUNSEL THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE FULL AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION ALL OTHER COMMITTEES, TO THE EXTENT PROVIDED IN THEIR RESPECTIVE ENABLING RESOLUTIONS AND NOT RESTRICTED BY LAW, SHALL HAVE AND EXERCISE SUCH AUTHORITY AS THE BOARD OF DIRECTORS SHALL PRESCRIBE IN THE MANAGEMENT OF THE CORPORATION THE DESIGNATION OF ANY COMMITTEE, WHETHER UNDER THESE BYLAWS OR BY RESOLUTION ADOPTED BY THE BOARD, AND THE DELEGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD OF DIRECTORS, OR ANY INDIVIDUAL DIRECTOR, OF ANY RESPONSIBILITY IMPOSED ON IT, HIM, OR HER BY LAW

ROBERT P KUDWA

DIRECTOR

Software ID: Software Version:

EIN: 22-1905062

Name: MARINE CORPS SCHOLARSHIP FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (A) (B) (E) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other unless person is both from the from related compensation per week an officer and a organization (Worganizations (Wfrom the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and any related Highest com employee Former Individual trustee or director hours organizations Institutional 쮼) employ for related organizations below ě Trustee npensated dotted line) 1 00 WILLIAM L NYLAND CHAIR 0 0 Х DIRECTOR 1 00 ERIC J CANDELORI VICE CHAIR 0 0 0 DIRECTOR 1 00 RICHARD C HARTNACK 0 0 0 Х Х TREASURER 1 00 KEVIN N AINSWORTH Х 0 0 0 Х **GENERAL COUNSEL** 1 00 C MICHAEL ARMSTRONG 0 Х 0 0 DIRECTOR 1 00 RONALD ARMSTRONG 0 0 0 DIRECTOR 1 00 CATHERINE D BARKER 0 0 0 Χ DIRECTOR 1 00 RICHARD A BERGEN 0 Х 0 0 DIRECTOR 1 00 MATTHEW J CARROLL 0 0 0 Х DIRECTOR 1 00 DEBORAH G CARSTENS 0 0 Χ 0 DIRECTOR 1 00 H LEE DIXSON 0 Χ 0 0 DIRECTOR 1 00 JOSEPH L DRISCOLL Χ 0 0 0 DIRECTOR 1 00 CRAIG J DUCHOSSOIS Χ 0 0 0 **DIRECTOR** 1 00 DONALD V ESMOND 0 0 Х DIRECTOR 1 00 0 0 0 Χ DIRECTOR 1 00 NATHANIEL C FICK 0 0 0 Х DIRECTOR 1 00 PATRICK J FINNERAN 0 0 Х 0 DIRECTOR 1 00 MICHAEL K HAYDE Χ 0 0 0 1 00 JOHN C HEENAN 0 0 0 DIRECTOR 1 00 JAN C HULY 0 0 0 Х DIRECTOR 1 00 0 0 0 Χ DIRECTOR KAREN KELLY Х 0 0 0 DIRECTOR 1 00 CARLTON W KENT 0 0 0 Х DIRECTOR 1 00 JAMES D KING Х 0 0 0 DIRECTOR

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	ndent Contr	actors	.,	450	,,,,	ice y		,		ı
(A) Name and Title	(B) A verage hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
BURRELL H LANDES DIRECTOR	1 00	х						0	0	0
ROBERT E LUND DIRECTOR	1 00	х						0	0	0
KATHERINE C MCCALLUM DIRECTOR	1 00	х						0	0	0
FREDERICK MCCORKLE DIRECTOR	1 00	х						0	0	0
DENNIS P MORRIS DIRECTOR	1 00	х						0	0	0
BERNARD A PEKALA DIRECTOR	1 00	х						0	0	0
JOHN M ROUSE DIRECTOR	1 00	х						0	0	0
CHARLES C SCIANNA DIRECTOR	1 00	х						0	0	0
K PATRICK SIRMON DIRECTOR	1 00	х						0	0	0
MANNING J SMITH DIRECTOR	1 00	х						0	0	0
MARTIN R STEELE DIRECTOR	1 00	х						0	0	0
SARAH M STOKES DIRECTOR	1 00	х						0	0	0
GEORGE J TRAUTMAN DIRECTOR	1 00	х						0	0	0
OWEN O WEST DIRECTOR	1 00	х						0	0	0
MARGARET B DAVIS PRESIDENT/CEO	40 00	х		х				278,810	0	14,602
ALAN HAMMER SECRETARY	40 00			х				61,950	0	6,851
ROBIN F KLUNG DIRECTOR OF ACCOUNTING & FINANCE	40 00			х				128,935	0	22,816
KENNETH R ASHWORTH DIRECTOR, AMERICAN PATRIOTS CAMPAIGN	40 00					x		124,400	0	1,428