** 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

_	FOI I	ne 2018 calendar year, or tax year beginning and	ending	THE PERSON NAMED OF THE PE			
В	Check applica	C Name of organization		D Employer identi	fication number		
	Add	marine toys for tots foundation					
	Nar	76					
	initi		December 14		3021444		
	Fina rotu tern	18251 QUANTICO GATEWAY DRIVE	Room/suite	E Telephone numb (703)	er 640-9433		
	Ame	only or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	298,213,341.		
F	retu App			H(a) Is this a group			
_	tion	F Name and address of principal officer: H. P. OSMAN SAME AS C ABOVE			s? Yes X No		
7	Tour	V		H(b) Are all subordinates			
		xempt status: [X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) site: WWW.TOYSFORTOTS.ORG	or 527		a list. (see instructions)		
				H(c) Group exempti			
	art I		L Year		M State of legal domicile; VA		
6)	1	Briefly describe the organization's mission or most significant activities: TO COL	LECT NEW	UNWRAPPED TOVS			
Activities & Governance		DURING CHRISTMAS TIME EACH YEAR, AND DISTRIBUTE THOSE TOYS A	S	ommunitab 1018			
E	2	Check this box If the organization discontinued its operations or dispos		than 25% of its not			
8	3	Number of voting members of the governing body (Part VI, line 1a)			I Control		
9	4	Number of independent voting members of the governing body (Part VI, line 1b)					
68	5	rotal named of individuals employed in calendar year 2018 (Part V line 2a)		_			
ž	6	rotal number of volunteers (estimate if necessary)					
Act.	7 a	The same and a control of the same and the s		7.			
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b			
				Prior Year	Current Year		
9	8	Contributions and grants (Part VIII, line 1h)		267,964,572.	271,654,696.		
Revenue	9	Program service revenue (Part VIII, line 2q)		0.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,761,732.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		131,670.	1		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		271,857,974.	276,639,200.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Se	15	Salaries, other compensation, employee benefits (Part IV column (A) lices 5 10)		1,794,969.	1,919,007.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,200,126.	1,312,334.		
8	-	7 918	792				
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		256,894,160.	267,632,372.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25)		259,889,255.	270,863,713.		
- 0	19	Revenue less expenses. Subtract line 18 from line 12		11,968,719.	5,775,487.		
Stra	20			inning of Current Year	End of Year		
SSE	21	Total assets (Part X, line 16)		165,055,860.	155,953,139.		
Net Assets or	20	Total liabilities (Part X, line 26)		16,623,731.	11,312,647.		
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		148,432,129.	144,640,492.		
_							
true	correc	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statemen	its, and to the best of my	knowledge and belief, it is		
in troy	001100	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer h	as any knowledge.			
Sign		Signature of officer					
Here		H. P. OSMAN, PRESIDENT & CEO -IP		Date 18 F	April 2019		
	50	Type or print name and title		101	pu 2017		
		Print/Type preparer's name Pranararie signature	In	ite /			
Paid		Printi Type preparer's name Preparer's signature WILLIAM E TURCO, CPA	Da	Illy Check	PTIN		
Prepa		Firm's name RSM US LLP	/	self-employ	Control of the last of the las		
Use C	nly	Firm's address 9737 WASHINGTONIAN BLVD, #400		Firm's EIN	42-0714325		
		GAITHERSBURG, MD 20878		01 001	206 260-		
May	the IF	S discuss this return with the preparer shown above? (see instructions)		Phone no. 301			
	1 12-3		***************************************		X Yes No		

) (Revenue \$

including grants of \$

261,783,020.

4e

(Expenses \$

Total program service expenses

Part IV | Checklist of Required Schedules

٠,	is the organization described in section EO1/OV2) as 4047/oV4) (at the organization described in section EO1/OV2) as 4047/oV4) (at the organization described in section EO1/OV2) as 4047/oV4) (at the organization described in section EO1/OV2) as 4047/oV4) (at the organization described in section EO1/OV2) as 4047/oV4) (at the organization described in section EO1/OV2) as 4047/oV4) (at the organization described in section EO1/OV2) as 4047/oV4) (at the organization EO1/OV2) (at the o		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A	1	Х	
3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	X	_
	public office? If "Ves " complete Schedulo C Part I			
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		Х
	during the tax year? If "Yes " complete Schedule C. Part II			
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	-	X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		Х
	Schedule D. Part III	1		100
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		X
	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.	lane.		
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	-	X
	endowments, or quasi-endowments? If "You " complete School of D. Double			
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10	X	
	as applicable.	103	3.30	9-3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			No seed
	Part VI			
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Х	
	assets reported in Part X, line 167 # "Ves " complete Schedule D. Dant III			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	-	Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
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	110	-	Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	^	
	Schedule D, Parts XI and XII	40-	v	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	^	_
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Barto VI and VII is actional	106		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	-	X
14a				x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	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	146		x
15	of the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	-	
	1c and 8a? If "Yes," complete Schedule G, Part II	40	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	^	
	complete Schedule G, Part III	40		v
20a		19		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to the	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		_
	domestic government on Part IX, column (A), line 17 // "Yes." complete Schedule I. Parts I and II	04		х
	The Salthard Care one 1. Parts 1 all th	21		

Form 990 (2018)

Pa	rt IV Checklist of Required Schedules (continued)	444	F	age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	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			
24 9	Schedule J	23	Х	
	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			100
b	Schedule K. If *No,* go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	_	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
	any tax-exempt bonds?			
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		Х
	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 Did the organization record any amount on Part V. For 5. 5. 200 6	OFF		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		A
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		-
	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		x
28	That the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV	100	2000	200
	instructions for applicable filing thresholds, conditions, and exceptions):			300
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A larnily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV	28b		x
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 I. Part IV	28c		x
29	bid the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29	Х	
30	bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M	30		х
31	or the organization indudate, terminate, or dissolve and cease operations?			
32	If "Yes," complete Schedule N, Part I	31		х
32	bit the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Ves " complete			
33	Schedule N, Part II	32		X
	and organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I Was the organization related to any tax exempt or taxable out to 2	33		Х
70.7	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	Х
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	1		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	-	
	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	_	X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		^
	Note, All Form 990 filers are required to complete Schedule O	38	x	
Par	Statements Regarding Other IRS Filings and Tax Compliance	36		_
	Check if Schedule O contains a response or note to any line in this Part V			
		T	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7	103	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		261	
	gambling) winnings to prize winners?	10	x	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Page 5 Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 18 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? x 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 х b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c 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 organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year _________7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 79 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? Х 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? х If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X If "Yes," complete Form 4720, Schedule O.

MARINE TOYS FOR TOTS FOUNDATION 20-3021444 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 11 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 independent 10 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? x 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. x Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? Yes No Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 X 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization x 15b 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? X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Own website X Upon request Other (explain in Schedule O) 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, address, and telephone number of the person who possesses the organization's books and records

H. P. OSMAN - (703) 640-9433

18251 QUANTICO GATEWAY DR., TRIANGLE, VA 22172

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

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

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

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 organi (A) Name and Title	(B) Average hours per week	(do	not o	Pos heck	C) sition more rson		one nan	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employes	former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT E, MILSTEAD CHAIRMAN	2,00	x		x						
(2) CORNELL A. WILSON VICE CHAIRMAN	2.00							0.	0.	0
(3) MARK A, HADEN TREASURER	2.00	X		X				0.	0.	0
(4) WALTER T . DAVIS	2.00	X	_	Х	-			0.	0.	0
MEMBER (5) MILLS HOUSTON, JR	2.00	X		-	-		-	0.	0.	0
MEMBER (6) STEVEN C. OHMSTEDE	2.00	X	_		-	_	+	0.	0.	0
MEMBER (7) TERRY GARDNER, JR.	2.00	X		_		_	-	0.	0.	0
MEMBER (8) VALERIE JACKSON	2.00	X	_	_		_	+	0.	0.	0
MEMBER (9) SHERYL MURRAY	2.00	х		_	-	-	+	0.	0.	0.
MEMBER (10) WILLIAM W. CHIP	2.00	X	-	-	_	-	+	0.	0.	0.
MEMBER (11) HENRY P. OSMAN	50.00	X			_	-	+	0.	0.	0.
PRESIDENT & CEO (12) THEODORE SILVESTER	50.00	х	-	х	_	_	+	291,000.	0.	36,539.
TICE PRESIDENT, M&D (13) MATTHEW D. COOPER	50.00	_	-	х			4	168,200.	0.	19,772.
SECRETARY/VP, OPS (14) BRIAN A. MURRAY	50.00			х			1	164,000.	0.	19,112.
SECRETARY/VP, OPS 15) MATTHEW D, MCDONALD				х				136,560.	0.	7,848.
T SPECIALIST	40.00					x		101,599.	0.	14,424.
					\Box					

(A) Name and title	(B) Average hours per week	(do	not c	Pos heck as pe	C) sition more rson i		one one	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		org an	npens rom ti ganiza d rela anizat	ation he ition ited
										+			
										-			
										+		_	
										1			
1b Sub-total							-	861,359.		0.		97,	695.
c Total from continuation sheets to Pa d Total (add lines 1b and 1c) 2 Total number of individuals (including	but not limited to the					1	-	861,359. ceived more than \$100,0	000 of reportable	0.		97,	695.
compensation from the organization	<u> </u>	_	_			_	_						5
3 Did the organization list any former of	ficer director or to	****	Ires					debenden in the		-		Yes	No
line 1a? If "Yes," complete Schedule J	for such individual	3106	, ney	y em	ipio	yee,	or n	nignest compensated en	iployee on	-			
To any marvidual listed on line 1a, is t	ne sum of reportable	OO!	mpe	nsat	tion	and	oth	er compansation from th	e organization		3		X
and related organizations greater than	\$150,000? If "Yes."	con	nole	te S	che	dule	116	or such individual		- 1	4	х	
o bid any person listed on line 18 receive	e or accrue compen	satio	in fro	om a	any i	unre	late	d organization or individ	ual for services	"		863	
rendered to the organization? If "Yes." Section B. Independent Contractors	complete Schedule	J fo	rsu	ch n	ersc	on.	****				5		Х
							_						
 Complete this table for your five higher the organization. Report compensation 	for the calendary	epen	aen	t co	ntra	ctors	s th	at received more than \$1	100,000 of compe	nsatio	on fro	m	
(A		ar er	naing	g wi	tn o	wit	nın	THE STREET PROPERTY AND ADDRESS OF THE PARTY	ar.		120		
Name and busi								(B) Description of se	ervices	Co	(C	s) Isatio	
CREATIVE DIRECT RESPONSE, 16900 S	CIENCE						+			-	проп	isatio	
DR, SUITE 210, BOWIE, MD 20715							þ	IRECT MAIL SUPPORT	,		1	152	185.
FLEET, PO BOX 67, LAMBETH STN, LO	NDON ON						Т						-
N6P1P9, CANADA							r	OY SHIPPING				773,	200.
KEY ACQUISITION, 181 HARRY S. TRU STE 265, ANNAPOLIS, MD 21401	MAN PKWY												
RESOURCE ONE	10.17-10.15						P	IRECT MAIL LIST MA	NAGEMENT			718,	930.
2900 E. APACHE ST, TULSA, OK 7413	5						l.	INTI GUOD				Luciona s	- 0 m m E
CDS GLOBAL			_	_	_	_	1	AILSHOP				653,	062.

Total number of independent contractors (including but not limited to those listed above) who received more than

12

CAGING & LETTER SHOP

459,063.

1901 BELL AVE, DES MOINES, IA 50315

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O cont			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	129,984.	Out The Section		STATE OF THE STATE OF	
Gra	b	Membership dues	1b					A Second
Am Am	С	Fundraising events	10	101,697.	SE SING W	ANTIC STATE		
Giff	d		1d			040200		
ns,	е	Government grants (contribut						
rtio	f	All other contributions, gifts, gran						
Dith.		similar amounts not included abo		271,423,015.				
D DE	g	Noncash contributions included in lines	1a-1f: \$	214,844,685.				
O to	h	Total. Add lines 1a-1f		>	271,654,696.			E TO LONG TO
				Business Code				
ce	2 a		A CONTRACTOR OF THE PARTY OF TH					
P P	b							-
Program Service Revenue	c							
Rev	d							
Po P	е							
۵.	f	All other program service reve	enue				and the second second	
_		Total. Add lines 2a-2f					Very Comment	
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)			4,929,147.			4,929,147.
	4	Income from investment of tax	x-exempt bond	proceeds >				
	5	Royalties	·		36,946.	Name of Street, Street		36,946.
			(i) Real	(ii) Personal	THE REPORT OF			A SEARCH STREET
		100000000000000000000000000000000000000				B TO THE PARTY OF		
	ь	Less: rental expenses			THE SECOND			A MARCHEST AND A STATE OF THE PARTY OF THE P
- 1		Rental income or (loss)			and the second of			
		Net rental income or (loss)	·					
	7 a	Gross amount from sales of	(i) Securities	The state of the s	Children St.	STALL STANFORM	372/2006/1	
		assets other than inventory	21,546,611					
- 1	b	Less: cost or other basis			ALCOHOL: BAYA			
		and sales expenses	21,542,597		IN LAND			
	c	Gain or (loss)	4,014	-		Mark State 183		
	d	Net gain or (loss)			4,014.			4,014.
9	8 a	Gross income from fundraising	g events (not	1	Name of the last o			A TOP OF THE
Revenue		including \$101,		1 1	Curl Colon			
Re		contributions reported on line		l	ALC: UNITED AND			
Other		Part IV, line 18	***************************************	a 40,300.				
8	b	Less: direct expenses		Ы 31,544.			Section with	
		Net income or (loss) from fund			8,756.			8,756.
	9 a	Gross income from gaming ac			10 Page 10 Pag	THE REAL PROPERTY.		Date of the Late of
		Part IV, line 19		a				
	b	Less: direct expenses	***************************************	b		Barrier Barrier		
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less i				Mary de State	100	BOTH STATES
		and allowances		a	The second second			No. of the last
	b	Less: cost of goods sold		b				
-	С	Net income or (loss) from sales		>				
+		Miscellaneous Revenue	9	Business Code				The State of the S
	11 a	SETTLEMENT INCOME		900099	5,641.			5,641.
	b							
	c	All other and						
	d	All other revenue						
		Total. Add lines 11a-11d			5,641.			
	12	Total revenue, See instructions			276,639,200.	0.	0.	4,984,504.

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).

7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				- 1
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	A POPULATION CONTRACTOR OF THE PARTY OF THE			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				P. Lander
	organizations, foreign governments, and foreign		1		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				ankers commen
5	Compensation of current officers, directors,				
20	trustees, and key employees	844,354.	594,961.	101,316.	148,077
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
220	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	847,154.	576,065.	110,130.	160,959
8	Pension plan accruals and contributions (include	52257	1,000		
_	section 401(k) and 403(b) employer contributions)	88,458.	60,151.	11,500.	16,807
9	Other employee benefits	36,058.	24,518.	4,687.	6,853
10	Payroll taxes	102,983.	70,028.	13,388.	19,567
11	Fees for services (non-employees):				
a					
b					
c	Accounting	104,377.		104,377.	70-1-1-1
d			The second second		
e	Professional fundraising services. See Part IV, line 17	1,312,334.			1,312,334
f	Investment management fees	360,102.		360,102.	
g	the state of the s				
	column (A) amount, list line 11g expenses on Sch O.)	1,939,972.	777,320.	225,097.	937,555
12	Advertising and promotion				The second second second
13	Office expenses	11,116,706.	5,943,823.	36,611.	5,136,272
14	Information technology	11,533.	7,843.	1,499.	2,191.
15	Royalties			Parket The Wall Alig	
16	Occupancy	746,806.	738,124.	3,527.	5,155.
17	Travel	942,501.	846,025.	74,962.	21,514.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials	444 444			
	Conferences, conventions, and meetings	683,081.	620,362.	61,110.	1,609.
20	Interest				
22	Payments to affiliates		1		
23	Depreciation, depletion, and amortization	140,805.	95,747.	18,305.	26,753.
4	Other expenses I temine	30,103.	24,082.		6,021.
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().)				
a	TOYS DISTRIBUTED	250,623,270.	250,623,270.		1,000
b	PUBLIC RELATIONS & DEVE	820,874.	727,283.		03 501
c	REPAIRS AND MAINTENANCE	59,388.	40,384.	7,720.	93,591.
d	DUES & SUBSCRIPTIONS	25,078.		25,078.	11,284.
e	All other expenses	27,776.	13,034.	2,492.	12.250
5	Total functional expenses. Add lines 1 through 24e	270,863,713.	261,783,020.	1,161,901.	12,250.
6	Joint costs. Complete this line only if the organization		, , , , , ,	-,101,301,	7,918,792.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X If tollowing SCP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 18,429,854. 18,192,003. 1 Savings and temporary cash investments 2 14,815,037. 17,564,640. 2 Pledges and grants receivable, net 12,054,762. 5,505,782. 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net ______ 7 Inventories for sale or use 36,070,160. 36,020,885. 8 Prepaid expenses and deferred charges 17,132. 14,589. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6,267,222. b Less: accumulated depreciation 10b 1,732,400. 4,647,474. 4,534,822. 10c Investments - publicly traded securities 11 77,437,907. 11 72,570,694. Investments - other securities. See Part IV, line 11 1,583,534. 1,549,724. 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16 Total assets, Add lines 1 through 15 (must equal line 34) 165,055,860. 155,953,139. 16 Accounts payable and accrued expenses 17 16,623,731. 11,312,647. 17 Grants payable _____ 18 Deferred revenue _____ 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 16,623,731. 26 11,312,647. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances Unrestricted net assets 27 148,432,129. 27 144,640,492. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 33 148,432,129. 33 144,640,492.

165,055,860.

Total liabilities and net assets/fund balances

	rt XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	***************************************					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	276	639	.200		
2	Total expanses (must equal Part IV column (A) line 25)	2	270,863,71				
3	Revenue less expenses Subtract line 2 from line 1	3		775	_		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Net unrealized gains (losses) on investments						
6	Departed equipment and transfer	6		567	,		
7	Investment evenesses	7					
8	Prior pariod adjustments	8					
9	Other changes in not seeds as fund believe to the transfer of	-			0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
Pa	rt XII Financial Statements and Reporting	10	144,	040	, 492		
	Check if Schedule O contains a response or note to any line in this Part XII						
	a radioarda de la compania del compania de la compania de la compania del compania de la compania del la compania de la compania del la	***************************************		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			103	140		
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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	a	2.0				
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba consolidated basis, or both: X Separate basis	sis,					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit,	-	v			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule		2c	Х			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audit			-		
	Act and OMB Circular A-133? If "Yes " did the organization underso the required quality as a dis-0 (type).	Audit	20		x		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	oudit	3a		^		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3b				
-	The same of the sa	Maria Maria			/201		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number MARINE TOYS FOR TOTS FOUNDATION 20-3021444 Part 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other to your govern organization (described on lines 1-10) support (see instructions) Yes support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 MARINE TOYS FOR TOTS FOUNDATION

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

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

Se	ction A. Public Support				VX - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	271,913,273.	263,663,846.	271,099,584.	267,964,572.	271,654,696.	1346295971.				
2	Tax revenues levied for the organ-		1								
	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		1								
4	Total Add lines 1 through 3	271,913,273.	263,663,846.	271,099,584.	267 264 572						
5	The portion of total contributions	211,010,210.	203,003,040.	2/1,099,584.	267,964,572.	271,654,696.	1346295971.				
-	by each person (other than a				TO SHALL A						
	governmental unit or publicly										
	supported organization) included	THE PARTY									
	on line 1 that exceeds 2% of the	PARTY PARTY			1000000	ATTENDED TO					
	amount shown on line 11,										
	column (f)			CONTRACTOR OF							
6	Public support. Subtract line 5 from line 4.				NAME OF THE OWNER OWNER OF THE OWNER O		1346295971.				
	ction B. Total Support										
Cale	indar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
7	Amounts from line 4	271,913,273.	263,663,846.	271,099,584.	267,964,572.	271,654,696.	1346295971.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	4 200 010									
0	and income from similar sources Net income from unrelated business	4,389,919.	4,355,617.	3,176,292.	3,632,548.	4,966,093.	20,520,469.				
9	activities, whether or not the					Control of the second					
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						1266016110				
	Gross receipts from related activities,	etc. (see instruction	ns)			40	1366816440.				
13	First five years. If the Form 990 is for	the organization's	first second third	fourth or fifth to	v vear se a costlor	12	193,788.				
	organization, check this box and ston	here			× year as a section		N				
	ction C. Computation of Public		centage								
14	Public support percentage for 2018 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	98.50 %				
15	Public support percentage from 2017	Schedule A, Part I	l, line 14			15	98.48 0/				
16a	oo trove support test - 20 lb. If the o	rganization did not	check the box on	line 13 and line 1	A in 33 1/306 or m	ore, check this box					
	stop here. The organization qualifies a	as a publicly suppo	orted organization				► X				
D	and a college of the state of the state of	UIU DID HUBBAN BAN BBN	CHECK A DOX ON III	DO 13 OF 159 900	1000 15 in 22 1/20/	Or mance obsect that-	to make				
17-	and stop here. The organization qualities of the stop	fies as a publicly s	upported organiza	tion							
174	ingto and on ounistances test	- 20 to. It the orga	anization did not ci	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% or	r more				
	and if the organization meets the "fact	s-and-circumstanc	es" test, check thi	s box and stop h	ere. Explain in Par	t VI how the organi	zation				
b	meets the "facts-and-circumstances" t	est. The organizati	on qualifies as a p	ublicly supported	organization						
2	b 10% -facts-and-circumstances test - 2017. 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 VI how the										
	organization meets the "facts and circu	umstances" tost. T	be organization	eck this box and a	stop here. Explain	in Part VI how the	1				
18	organization meets the "facts-and-circo Private foundation, If the organization	a did not check a to	ne organization qu	airries as a publici	y supported organ	ization					
	The state of the s	. Shi that Griden d C	OA OH HITO 13, 163	, 100, 17a, or 17b.	check this box ar	d see instructions					

Schedule A (Form 990 or 990-EZ) 2018 MARINE TOYS FOR TOTS FOUNDATION 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.)

Section A. Public Support		The state of the s				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(0) 2010	W.T
1 Gifts, grants, contributions, and	10/2014	10/2010	(0) 2010	(0) 2017	(e) 2018	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,					-	
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
110000000000000000000000000000000000000						
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			75			
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		Control Maria National				
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that				1		
exceed the greater of \$5,000 or 1% of the					1	
amount on line 13 for the year	The same of the sa	Annual Control of the Control	and the second second second	MATTER STREET,		
c Add lines 7a and 7b						
8 Public support, (Subtract line 7c from tine 61		D. Carles Co.		THE RESERVE OF THE PERSON NAMED IN		
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6				107	10/2010	(i) Total
Oa Gross income from interest.	See all of the see of					
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources		2			1	
b Unrelated business taxable income		100000000000000000000000000000000000000				
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b					-	
 Net income from unrelated business 					_	
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income. Do not include gain	The state of the s					
or loss from the sale of capital						
assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
First five years. If the Form 990 is for t check this box and stop here	ne organization's	first, second, third	d, fourth, or fifth tax	x year as a section	on 501(c)(3) organiza	tion,
ection C. Computation of Public	Support Por	contogo				>
5 Public support percentage for 2018 (lin	oupport Fer	centage				
6 Public support percentage from 2017 S	chadula A Dark	ividea by line 13, c	olumn (f))		15	
ection D. Computation of Investi	ment Income	Doroantogo			16	
7 Investment income percentage for 204	O dina 10a anh	rercentage				
Investment income percentage for 201	8 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	
Investment income percentage from 20	717 Schedule A,	Part III, line 17			18	
a 33 1/3% support tests - 2018. If the o	rganization did n	of check the box of	in line 14, and line	15 is more than :	33 1/3%, and line 17	is not
more than 33 1/3%, check this box and	stop here. The	organization qualif	ies as a publicly su	apported organiza	ation	▶□
b 33 1/3% support tests - 2017. If the o	rganization did n	ot check a box on	line 14 or line 19a,	and line 16 is m	nea than 20 4 /00/	
line 18 is not more than 33 1/3%, check	this box and st	op here. The organ	nization qualifies as	s a publicly suppo	orted organization	▶□
O Private foundation. If the organization	old not check a l	box on line 14, 19a	, or 19b, check thi	s box and see ins	structions	

...

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_	Yes	No
		700
1		
2		
3a		
3b		
3c		
4.		
4a		
4b		
4c		
2.43		
5a		
5b		
5c		_
6		
7		
Acres (-	1
8		
9a		
OL.		
9b		
9c		
10a		
10b		

Sch	edule A (Form 990 or 990-EZ) 2018 MARINE TOYS FOR TOTS FOUNDATION	20-3021444	D	age 5
Pa	rt IV Supporting Organizations (continued)		-	age 5
200			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		-	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
Soc	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	110		
000	tion B. Type I Supporting Organizations			
1	Did the directors trustees or membership of one common to the common to	_	Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to	100	618	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			200
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	No.	333	it.
	controlled the organization's activities. If the organization had more than one supported organization,		100	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1000		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1000	1100	
	Part VI how providing such benefit controlled the supporting organization? If "Yes," explain in	1 2 3	1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	0.535		
Sec	tion C. Type II Supporting Organizations	2		_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	0.250	1883	10 M
	or management of the supporting organization was vested in the same persons that controlled or managed		700	8
	the supported organization(s).		-	
Sec	tion D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	2000		133
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			200
	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	1000	1	1000
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how		-	TEN.
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		10/1	
	significant voice in the organization's investment policies and in directing the use of the organization's	200		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
Sec	supported organizations played in this regard.	3		
1	tion E. Type III Functionally Integrated Supporting Organizations			
а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ictions).		
b	The organization satisfied the Activities Test. Complete line 2 below.			
c	The organization is the parent of each of its supported organizations. Complete line 3 below.			
2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.	see instructions)		
а			Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	0.36(2)		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1000		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	27-11	5	70
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these	100		
	activities but for the organization's involvement.			
	Parent of Supported Organizations. Answer (a) and (b) below.	2b	Value of	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		0.00	
	of its supported organizations? If "Yes." describe in Part VI the role played by the granization in this regard.	01		
-	to the district the day of the district of the	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Orașa	-ations	20-3021444 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in	Part VI.) See instructions.
_	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		-
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	1000	the Parity of	
_	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		Lance Control
	Average monthly cash balances	1b		The second secon
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	and some	
2	Enter 85% of line 1	2	Marie Control of the	
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			

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

Schedule A (Form 990 or 990-EZ) 2018

emergency temporary reduction (see instructions)

instructions).

Schedule A (Form 990 or 990-EZ) 2018

than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2019. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2014

b Excess from 2015

c Excess from 2016

d Excess from 2017

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 MARINE TOYS FOR TOTS FOUNDATION	20-3021444	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section	
1175.111			

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number MARINE TOYS FOR TOTS FOUNDATION 20-3021444 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

MARINE	TOYS	FOR	TOTS	FOUNDATION
*****	4040	1.01	1010	FOUNDATION

20-3021444

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$, 8,113,951.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u> </u>	Person Payroll Moncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		s	Person Payroll Noncash (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
2452 11.08.1		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

MARINE TOYS FOR TOTS FOUNDATION

20-3021444

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
1	TOYS, GAMES	\$\$	12/12/18		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
2	TOYS	\$\$.	12/07/18		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
_		s			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		s			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
_		s			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
_					

Schedule B (Fr	orm 990.	990-EZ.	or 990-PF)	(2018)
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Page 4

name of or	ganization		Employer identification number
	OYS FOR TOTS FOUNDATION		20-3021444
Part III	completing Part III, enter the total of exclusively religious.	through (e) and the following line er charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year http://for.organizations less for the year. (Enter this into .ecc.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	tt .
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
	Transferee's name, address, an	od ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift		
Part I	(b) Ful pose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	1
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, and	The first test of the second second second	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Flevenue Service

Name of the organization

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.

Schedule D (Form 990) 2018

OMB No. 1545-0047

Inspection

Employer identification number MARINE TOYS FOR TOTS FOUNDATION 20-3021444 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of 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 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 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.

	edule D (Form 990) 2018 MARINE TOYS	FOR TOTS FOUND	ATION			20-30214	444	Р	age :
	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or Oth	er Similar	Assets	(contin	(hori)	
3	Using the organization's acquisition, accessi-	on, and other records	s, check any of the f	following that are a	significant us	e of its col	ection	items	85
	(check all that apply):		-						
a	Public exhibition	d	Loan or exc	hange programs					
b		e	Other		and the second	n in the second			
C									
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organization's ex	empt purpose	in Part XI	II.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	ar assets				
De	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	llection?			Yes		No
Pa	rt IV Escrow and Custodial Arrangereported an amount on Form 990, Par	gements. Comple t X, line 21.	te if the organizatio	n answered "Yes" o	n Form 990,	Part IV, lin	e 9, or		
1a	is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						,
						A	mount		
C					1c		o noon		
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	stodial account liab	ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ext	planation has been	provided on Part XII	1			-	1
Pa	rt V Endowment Funds. Complete	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.	************		_	_
	The second secon	(a) Current year	(b) Prior year	(c) Two years back		ars hack /	e) Four	upare	hark
1a	Beginning of year balance	144,463,483.	128,632,803.	119,348,546.	THE RESERVE OF THE PERSON NAMED IN		111,		
b	Contributions	2,000,282.	7,706,104.	7,500,943.		9,166.		801,	_
C	Net investment earnings, gains, and tosses	-5,198,100.	9,811,918.	4,339,529,		1,021.	-	196,	
d	Grants or scholarships					,	-,	,	,,,
e	Other expenditures for facilities					-		_	_
	and programs	1,956,835.	1,354,705.	2,264,941.	1 27	7,151.	4	811,	195
f	Administrative expenses	362,543.	332,637.	291,274.		3,213.		205	_
g	End of year balance	138,946,287.	144,463,483.	128,632,803.			112,		
2	Provide the estimated percentage of the curre			held se:	225,541	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110,	,,,	123
a	Board designated or quasi-endowment	100.00	%	/ Hora do.					
b	Permanent endowment	%							
c	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	sion of the organizat	on that are held an	d administration of for					
	by:	olori or the organizat	ion that are new an	d administered for t	ne organizati	on	Г		
						r		Yes	_
	(i) unrelated organizations (ii) related organizations						3a(i)	-	X
b	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part VIII the interest of the second organizations.	ione lieted as regular	d on Cohodula DO				3a(ii)	-	Х
4	Describe in Part XIII the intended uses of the	organization's ender	on Schedule H7			L	3b		_
Par	t VI Land, Buildings, and Equipme	ent.	ment runos.						
	Complete if the organization answered		Dart IV line 11a Co	F 000 D					
	Description of property		DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME		-				
		(a) Cost or oti			Accumulated	(d) Book	value	
	- company	hacie finneactor		ntnon I de	am sa mindia a				
10		basis (investme	ent) basis (epreciation	_			
1a	Land			944,700.	100			944,	
b	LandBuildings			944,700. 930,206.	1,522,31	-		944,	700
b	Land Buildings Leasehold improvements			944,700. 930,206. 916.	1,522,31	6.		107,	700
c d	LandBuildings			944,700. 930,206.	1,522,31	6.	3,6	107,	700 390 580

	(c) Method of valuation: Cost or a	nd-of-vear market value
17.	(c) mental or raidation, cool of c	io-or-year market value
on From 2000 Post NA III		
(h) Book value	11c. See Form 990, Part X, line 13.	
(b) book value	(c) Metriod of Valuation: Cost of el	nd-of-year market value
Description	THE COURT OF THE COURT OF THE CO.	
		(b) Book value
2.15.)	11e or 11f. See Form 990. Part V. line 0	
2.15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
2.15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
2.15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
2.15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
2.15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
2.15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
2.15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
2.15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
2.15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
2.15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
	on Form 990, Part IV, line (b) Book value	on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or electric services and the services are services are services and the services are services are services and the services are services.

	dule D (Form 990) 2018 MARINE TOYS FOR TOTS FOUNDATION			20-30	21444	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Re	turn.		1/2
1	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	274,0	18,713.
a	Net unrealized gains (losses) on investments	1.1	0 567 104	1000		
b	Donated services and use of facilities	2a	-9,567,124.			
0	Donated services and use of facilities	2b	7,275,195.			
d	Recoveries of prior year grants Other (Describe in Part VIII.)	2c		100		
e	Other (Describe in Part XIII.)	2d		-		
3	Add lines 2a through 2d Subtract line 2e from line 1			2e		91,929.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	276,3	10,642.
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 - 1	260 100			
b	Other (Describe in Part VIII.)	4a	360,102.			
103	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	-31,544.	4		
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		***************************************	4c		28,558.
Pai	t XII Reconciliation of Expenses per Audited Financial State	amonte With	Evpoposo por C	5	276,6	39,200.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	122	Expenses per H	eturn.		
1	Total expenses and losses per audited financial statements	128.			0.00	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		***************************************	1	277,8	10,350.
a	Donated services and use of facilities	1 - 1	7 275 105			
b	Prior year adjustments	2a	7,275,195.	8		
C	Prior year adjustments Other losses	2b				
d	Other (Describe in Part XIII.)	20	31,544.	475		
е	Add lines 2a through 2d	2d	31,544.			
3	Add lines 2a through 2d Subtract line 2e from line 1			2e		06,739.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		***************************************	3	270,5	03,611.
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 - 1	360 100	25		
5.75	Other (Describe in Part XIII)	4a	360,102.	3		
C	Other (Describe in Part XIII.)	4b		200		201000
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (Tab.)		***************************************	4c		50,102.
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) t XIII Supplemental Information.			5	270,8	53,713.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Dark By Barrett	-101 0 -1110 -1	-		
nes :	ed and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	anditional inform	ind 20; Part V, line 4;	Part X, Ii	ne 2; Part X	1,
	and the state of t	additional inform	ation.			
ART	V, LINE 4:					
ER	DECISION OF THE BOARD OF DIRECTORS: THE PRIMARY PURPOSE OF	THE				
						-
NDO	WMENT FUND IS TO PROVIDE A SOURCE OF REVENUE TO DEFRAY SUPP	ORT SERVICE				
XPE	ISES. A SECONDARY PURPOSE IS TO PROVIDE A SOURCE OF REVENU	E TO DEFRAY				
ROG	RAM SERVICE EXPENSES. IN SUPPORT OF THE PRIMARY PURPOSE, T	HE BOARD				
AS I	DIRECTED THAT ALL EMPLOYEE SALARIES, BONUSES, HEALTH AND WE	LFARE				
ENE	ITS AND PENSION CONTRIBUTIONS WILL BE PAID FOR BY THE ENDO	WMENT FUND				
EGI	NING IN FY 2010 AND IN ALL SUBSEQUENT FISCAL YEARS.					
ART	X, LINE 2:					
up -	COMPANIANT TO COMPANIANT					7.1
ns l	OUNDATION IS GENERALLY EXEMPT FROM PEDERAL INCOME TAX UNDE	R INTERNAL	and the second second	-		ZWELLE-ST
PLITTI	TID CODD GRANTON EGG (G) (A)	10000000				
	UE CODE SECTION 501(C)(3). IN ADDITION, THE FOUNDATION QUA	LIFIES FOR				
2054	10-29-18			Schedule	D (Form 9	90) 2018

Schedule D (Form 990) 2018 MARINE TOYS FOR TOTS FOUNDATION

Schedule D (Form 990) 2018 MARINE TOYS FOR TOTS FOUNDATION	20-3021444	Page 5
Schedule D (Form 990) 2018 MARINE TOYS FOR TOTS FOUNDATION Part XIII Supplemental Information (continued)		
CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN		
ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION, INCOME THAT IS NOT RELATED		
TO ITS EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL		
AND STATE CORPORATE INCOME TAXES. THE FOUNDATION DID NOT HAVE ANY NET		
UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017.		
MANAGEMENT HAS EVALUATED THE FOUNDATIONS TAX POSITIONS AND HAS CONCLUDED		
THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE		
DISCLOSURE.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B -31,544.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B 31,544.		
	-	
	name in the second	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer Identification number

	IS FOR TOTS FOUNDATION				20-302144	
Part I Fundraising Activities required to complete this part I	 Complete if the organization and art. 	swered "Y	es" o	n Form 990, Part IV, I	line 17. Form 990-EZ	filers are not
1 Indicate whether the organization ra		wing noti-	ition	Chack all that and		
a X Mail solicitations						
				overnment grants		
			-	rnment grants		
c Phone solicitations	g X Spe	cial fundra	ising	events		
d In-person solicitations						
2 a Did the organization have a written	or oral agreement with any individ	ual finches	lina of	fficare directore true	tone or	
key employees listed in Form 990	Part VII) or entity in connection wit	h profossi	onal 6	undroising sendered	X Yes	
h If "Yes " list the 10 highest paid in	dividuals as activing the desired	ii professi	Official II	unoraising services?	A Yes	No No
b If "Yes," list the 10 highest paid inc	dividuals or entitles (fundralsers) pu	rsuant to	agree	ments under which the	he fundraiser is to be	•
compensated at least \$5,000 by the	e organization.					
AND TO SHARE THE PROPERTY OF T		400	2.0			
(i) Name and address of individual	CO A and Green	fund	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	or cor	istody trol of	from activity	fundraiser	to (or retained by)
		contrib	itions?		listed in col. (i)	organization
CREATIVE DIRECT RESPONSE -		Yes	No			72.2
16900 SCIENCE DR, STE 210,	DIRECT MAIL	_	X	25,857,089.	1,152,185.	24,704,904.
WITH HONOR - P. O. BOX 409,						7-30-2
BUFORD, GA 30519	CORPORATE SPONSORSHIP		X	405,995.	160,149.	245,846.
			· ·			
		_				
Total	***************************************		•	26,263,084.	1,312,334.	24,950,750.
3 List all states in which the organizati or licensing.	on is registered or licensed to solid	it contribu	itions	or has been notified	it is exempt from reg	sistration
	HT TO II IN The we was to	1 100 101				
T NE NV NH NJ NM NV NC ND OU	OF OR DE DE CO. CD. THE DE	, MD, MA,	MI,M	N,MS,MO		
T,NE,NV,NH,NJ,NM,NY,NC,ND,OH,O	DK, OR, PK, RI, SC, SD, TN, TX, UT	VT, VA,	WA,W	V,WI,WY		
				and the same of th		
						The Part of the Lorentz and State of the Loren

Schedule G	(Form 990 or 990-EZ) 2018	MARINE	TOYS	FOR	TOTS	FOUNDATIO	N			
Part II	Fundraising Events	· Complet	e if the	organ	nization	answered "	Yes'	on Form 990, F	Part IV, line	18, or re

Dar	til Fundraising Events. Complete if	YS FOR TOTS FOUNDAT	ION	20	-3021444 Page:
ai	S = Complete II	THE OF MAINTANDEL BY 12 MAINTANDER	Tes on Form 990, Pa	art IV, line 18, or reported	more than \$15,000
	of fundraising event contributions and g	pross income on Form 990			ots greater than \$5,000.
		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
Т		GOLF TOURNAMENT		1000000	(add col. (a) through
2		(event type)	(event type)	(total number)	col. (c))
aniana.	1 Gross receipts	141,997,			
2	1 Gross receipts	141,557.			141,997
1	2 Less: Contributions	101,697.			101,697
3	3 Gross income (line 1 minus line 2)	40,300.			40,300
4	Cash prizes				
5	Name at a large				
					-
6	B Rent/facility costs	19,424.			19,424
Orect expenses	Food and beverages				
8	B Entertainment				
9		12,120.			12,120
10	Direct expense summary. Add lines 4 through	gh 9 in column (d)		•	31,544
1	Net income summary. Subtract line 10 from III Gaming. Complete if the organization	line 3, column (d)			8,756
1		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total garning (add col. (a) through col. (d
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
3					
	POWER OF THE PARTY				
5	Other direct expenses				
6	Volunteer labor	Yes% No	Yes%	Yes %	
			NO NO	NO NO	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
	nter the state(s) in which the organization cond			•	
Is	the organization licensed to conduct gaming a	ctivities in each of these s	tates?		Yes N
o If	"No," explain;				Yes No
W	ere any of the organization's gaming licenses re "Yes," explain:	evoked, suspended, or ter	minated during the tax	year?	Yes No
_					

20-3021444

Sche	dule G (Form 990 or 990-EZ) 2018 MARINE TOYS FOR TOTS FOUNDATION	20-3021444	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
10	indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	9
b	An outside facility	13b	9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
			-0.
	Address >		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt	
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
- 0	Name >		
,	Address >		
16	Saming manager information:		
1	Name >		
(Gaming manager compensation > \$		
	The last of the la		
	Description of services provided		
			10000
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 1	Mandatory distributions:		
al	s the organization required under state law to make charitable distributions from the gaming proceeds to		
r	etain the state gaming license?	Yes	□ No
b E	inter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
	organization's own exempt activities during the tax year		
Part	and (v): ar	nd Part III, lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEI	DULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
	, come 1, come of the middlest fair formations:		
(I) 1	NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE		
(I) Z	ADDRESS OF FUNDRAISER: 16900 SCIENCE DR, STE 210, BOWIE, MD 20715		
(I) N	NAME OF FUNDRAISER: WITH HONOR		
(I) A	ADDRESS OF FUNDRAISER: P. O. BOX 409, BUFORD, GA 30519		
332063	10-03-18	/F 000 001	F71 0040

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) MARINE TOYS FOR TOTS FOUNDATION	20-3021444	Page 4
Schedule G (Form 990 or 990-EZ) MARINE TOYS FOR TOTS FOUNDATION Part IV Supplemental Information (continued)		1.333
180		

SCHEDULE J (Form 990)

Part

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

Department of the Treasury Internal Revenue Service Name of the organization

MARINE TOYS FOR TOTS FOUNDATION

Questions Regarding Compensation

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

Employer identification number 20-3021444

Schedule J (Form 990) 2018

				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the	ne following to or for a person listed on Form 990,	TOR		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant	t information regarding these items.			100
	First-class or charter travel	Housing allowance or residence for personal use	-	574	
	Travel for companions	Payments for business use of personal residence		200	TE S
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			- 7
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follo	ow 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		allowing expenses incurred by all directors	1.0		
	trustees, and officers, including the CEO/Executive Director, regard	ling the items checked on line 1a?	2		
				Tik	
3	Indicate which, if any, of the following the filing organization used to	o establish the compensation of the organization's	0.00	177.73	
	CEO/Executive Director. Check all that apply. Do not check any box	xes for methods used by a related organization to		1	1000
	establish compensation of the CEO/Executive Director, but explain	in Part III,		THE	188
	X Compensation committee	Written employment contract	200	100	1
	X Independent compensation consultant	Compensation survey or study		12	
	X Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section	n A line 1s with respect to the filing			
	organization or a related organization:	A mile 1a, with respect to the ming			
a	Pecchie a couerance payment or chance of annual annual		4.		x
b	Participate in, or receive payment from, a supplemental nonqualified	d retirement plan?	4a 4b	_	X
c	Participate in, or receive payment from, an equity-based compensation	tion arrangement?	40 4c	-	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applica	able amounts for each item in Part III,	40	NA	A
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations ma		55	30	
5		ust complete lines 5-9.	199	8%	
Ø.	contingent on the revenues of:	organization pay or accrue any compensation	100		
а	The organization?		5a		X
b	Any related organization?		5b		x
	If "Yes" on line 5a or 5b, describe in Part III.	***************************************	26.0	W 350	1000
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensation	163		
	contingent on the net earnings of:				
а	The organization?		6a		х
b	Any related organization?		6b		Х
	ii ros on allo da or ob, describe in Part III.		18.5	1020	700
7	For persons listed on Form 990, Part Vil, Section A, line 1a, did the	organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III		7	Х	
8	were any amounts reported on Form 990, Part VII, paid or accrued	pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-	4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable pre	esumption procedure described in	198	1111	
	Regulations section 53,4958-6(c)?		-		

Schedule J (Form 990) 2018

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

(A) Name and Title (1) HENRY P. OSMAN PRESIDENT & CEO (2) THEODORE SILVESTER VICE PRESIDENT, M&D (3) MATTHEW D. COOPER					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Application applications	
PRESIDENT & CEO (1) HENRY P. OSMAN (2) THEODORE SILVESTER VICE PRESIDENT, MAD (3) MATTHEW D. COOPER		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(Q)-(t)(g)	in column (B) reported as deferred on prior Form 990
PRESIDENT & CEO (2) THEODORE SILVESTER VICE PRESIDENT, M£D (3) MATTHEW D. COOPER	ε	215,000.	76,000.	0.	35,856.	903.	327,759.	0.
(2) THEODORE SILVESTER VICE PRESIDENT, M£D (3) MATTHEW D. COOPER	1	.0	0.	.0	0.	0.	0.	0.
VICE PRESIDENT, MED (3) MATTHEW D. COOPER	ε	138,800.	29,400.	0.	19,089.	1,124.	188,413.	0.
(3) MATTHEW D. COOPER	(1)	0.	0.	0.	0.	0.	.0	0
	0	136,000.	28,000.	0.	18,429.	1,124.	183,553.	0.
SECRETARY/VP, OPS	(1)	.0	.0	0.	.0	0.	0.	0.
	(3)							
	(1)							
	8							
	(1)							
	0							
	0							
	1							
	8							
	0							
	Θ							
	(8)							
	(i)							
	8							
	8							
	(11)							
	8							
	(1)							
	0							
A CONTRACTOR OF THE PERSON OF	1							
	8							
	(1)							
	(3)							
	(1)							
	ε							
	(1)							

Schedule J (Form 990) 2018 MARINE TOYS FOR TOYS FOUNDATION	20-3021444	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	plete this part for any additional information.	
PART I, LINE 7:		
DPPICER'S BONUSES ARE APPROVED BY THE BOARD OP DIRECTORS AND ARE BASED ON		
FACTORS SUCH AS PROGRAMMATIC CRITERIA, AS WELL AS COMPARATIVE SALARY DATA.		
	Schedule J (Form 990) 2018	990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. ► Go to www.irs.gov/Form990 for Instructions and the latest information.

Inspection

MARINE TOYS FOR TOTS FOUNDATION Part | Types of Property

Employer identification number 20-3021444

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported of Form 990, Part VIII, lin	n non	(d) Method of determi cash contribution a		ts
1	Art · Works of art			All the second second				
2	Art - Historical treasures							
3	Art · Fractional interests							
4	Books and publications							
5	Clothing and household goods		THE PARTY OF			4-11-11-11		
6	Cars and other vehicles							
7	Boats and planes							_
8	Intellectual property							
9	Securities · Publicly traded							
10	Securities - Closely held stock				-		_	
11	Securities - Partnership, LLC, or							
	to at laterate							
12	Securities · Miscellaneous	-						
13	Qualified conservation contribution -							
13	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	Archaelagical artifacts				_			_
25	Other (CHILDREN'S TO	x	14,914,199	214 554 4				
26	Other (MATERIALS	X	14,914,199	The second secon	-	BY VENDOR & S		
27	Other DOXES	X			21. VALUED			
28	Other • (1	122,	44. VALUED	BY VENDOR		
29	The state of the s							
	Number of Forms 8283 received by the organization unliabilities are lated 5	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	ement 29				
200-	During the case of different and the						Yes	No
ova	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 th	rough 28, that	it		
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required to	be used for	10000		
	exempt purposes for the entire holding period?	·				30a		X
b	" 100, doosibe die allangement in Part II.							
11	Does the organization have a gift acceptance p	policy that re	quires the review of	of any nonstandard con	tributions?	31	x	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	it, process, or sell nonc	ash			_
b	If "Yes," describe in Part II.	*************				32a		X
13	If the organization didn't report an amount in c	olumn (a) to	a time of access	for which actions 4 3 4		11.55		
0	describe in Part II.	Olumni (C) 101	a type of property	for which column (a) is	checked,	133	186	
HA	For Paperwork Reduction Act Notice, see							

Schedule N	(Form 990) 2018 Supplementa	MARINE TOYS	FOR TOTS	FOUNDATION		AN ESSAN DE LA COMPANIONE	20-3021444	Page
Part II	is reporting in Pa this part for any a	I Information. rt I, column (b), the additional information	Provide the number of on.	e information re contributions, t	quired by Part I, line he number of items	s 30b, 32b, and 33, received, or a comb	and whether the organiz pination of both. Also con	ation plete
								-
		O Company of the Comp						-1047.00
								-
							-	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MARINE TOYS FOR TOTS FOUNDATION

Employer identification number 20-3021444

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHRISTMAS GIFTS TO NEEDY CHILDREN IN THE COMMUNITY, PROVIDE NEEDY
CHILDREN WITH HOPE AND MOTIVATION TO GROW INTO RESPONSIBLE, PRODUCTIVE,
PATRIOTIC CITIZENS AND COMMUNITY LEADERS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAM BY RAISING FUNDS TO PROVIDE TOYS TO SUPPLEMENT THE COLLECTIONS
OF LOCAL TOYS FOR TOTS CAMPAIGNS; DEFRAY THE COSTS OF CONDUCTING THE
ANNUAL TOYS FOR TOTS CAMPAIGN; MANAGE FUNDS RAISED AND MONIES DONATED
BASED ON THE TOYS FOR TOTS NAME OR LOGO; PROVIDE ADMINISTRATIVE,
ADVISORY, FINANCIAL, LOGISTIC AND PROMOTIONAL SUPPORT TO LOCAL TOYS FOR
TOTS COORDINATORS; PROVIDE OTHER SUPPORT THE MARINE CORPS, AS A FEDERAL
AGENCY, CANNOT PROVIDE; AND CONDUCT PUBLIC EDUCATION AND INFORMATION
PROGRAMS ABOUT TOYS FOR TOTS THAT CALL THE GENERAL PUBLIC TO ACTION IN
SUPPORT OF THIS PATRIOTIC COMMUNITY ACTION PROGRAM.
FORM 990, PART VI, SECTION B, LINE 11B:
THE PRESIDENT & CEO IS PERSONALLY COMPLETING THE 990 MATRIX FOR RSM AND
WILL THEREFORE KNOW EXACTLY WHAT INFORMATION HAS GONE INTO THE FORM 990.
THE PRESIDENT & CEO WILL REVIEW THE ENTIRE FINAL DOCUMENT BEFORE SIGNING
AND SENDING TO THE IRS.
THE BOARD OF DIRECTORS WILL BE PROVIDED WITH A DRAFT COPY OF THE 990 FOR
THEIR REVIEW PRIOR TO THE BOARD OF DIRECTORS MEETING IN LATE MARCH. THE
DRAFT 990 WILL BE REVIEWED AND DISCUSSED AT THE BOARD MEETING WITH THE
FOUNDATION'S AUDITOR PRESENT.

Schedule O (Form 990 or 990-EZ) (2018)	Page :
Name of the organization MARINE TOYS FOR TOTS FOUNDATION	Employer identification number 20-3021444
THE FINAL COMPLETED 990 WILL BE PROVIDED TO ALL DIRECTORS FOR THEIR REVIEW	
PRIOR TO SUBMITTING TO THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE PRESIDENT & CEO CONDUCTS A BACKGROUND CHECK ON ALL EMPLOYEES AND	
DIRECTORS PRIOR TO THEIR BECOMING A PART OF THE FOUNDATION.	
THE PRESIDENT & CEO HAD ESTABLISHED THE POLICY THAT THE NUMBER ONE PRIORITY	
OF THE FOUNDATION IS TO MAINTAIN THE INTEGRITY OF THE MARINE TOYS FOR TOTS	
PROGRAM AND THEREBY ENSURE THAT NO ACTIONS OF THE FOUNDATION EVER BRING	
DISCREDIT TO THE MARINE CORPS.	
THE PRESIDENT & CEO CONDUCTS A FORMAL PRESENTATION ON AN ANNUAL BASIS	
REMINDING EACH EMPLOYEE AND BOARD MEMBER OF THEIR OBLIGATION TO UPHOLD THE	
INTEGRITY OF THE PROGRAM AND THE IMPORTANCE OF AVOIDING ANY APPEARANCE OF	
CONFLICT OF INTEREST. THE EMPLOYEES AND DIRECTORS ARE THEN REQUIRED TO	
SIGN A CONFLICT OF INTEREST STATEMENT.	
THE PRESIDENT & CEO MAINTAINS CLOSE CONTACT WITH ALL EMPLOYEES AND BOARD	
MEMBERS THROUGHOUT THE YEAR AND IS AWARE OF CHANGES IN EMPLOYMENT OR	
INTERESTS OF EACH EMPLOYEE AND DIRECTOR, SHOULD THE POTENTIAL FOR A	
CONFLICT OF INTEREST ARISE, THE PRESIDENT & CEO WILL ADDRESS THE ISSUE	
IMMEDIATELY WITH THE SUPPORT OF THE CHAIRMAN OF THE BOARD AND OUR GENERAL	
COUNSEL.	
FORM 990, PART VI, SECTION B, LINE 15:	
IN 2005 AN INDEPENDENT COMPENSATION STUDY WAS CONDUCTED BY CANTRILL AND	
******	School of O (Farm 200 as 200 FT) (2040)

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization MARINE TOYS FOR TOTS FOUNDATION	Employer identification number 20-3021444
MOYER LLC. BASED ON THE RESULTS OF THE STUDY AND BASED ON RECOMMENDATIONS	
OF THE FINANCE AND COMPENSATION COMMITTEE, THE BOARD OF DIRECTORS	
ESTABLISHED COMPENSATION LEVELS FOR ALL FOUNDATION OFFICERS AND EMPLOYEES.	
THIS STUDY WAS REVIEWED AND UPDATED IN 2009 AND 2014 AT THE DIRECTION OF	
THE BOARD OF DIRECTORS.	
THE CHAIR OF THE FINANCE AND COMPENSATION COMMITTEE ANNUALLY COMPARES THE	
SALARY OF THE PRESIDENT & CEO WITH THE SALARIES OF OTHER NONPROFIT	
PRESIDENTS AND CEOS.	
THE BOARD OF DIRECTORS REVIEWS AND VOTES ON THE COMPENSATION OF EACH OF THE	
OFFICERS AND EMPLOYEES ANNUALLY BASED ON RECOMMENDATIONS FROM THE FINANCE	
AND COMPENSATION COMMITTEE.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, MA, MD, ME, MI, MS, MN, MO, NC, ND, NJ	
NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS	
ARE ALL AVAILABLE TO THE PUBLIC.	
FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND GOVERNING DOCUMENTS	
AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.	