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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning

В	Check if applicabl	C Name of organization		D Employer ider	ntification n	umber	
	Addre	MARINE TOYS FOR TOTS FOUNDATION					
F	Name			00 20014			
	Initial	A CONTRACTOR OF THE CONTRACTOR	Room/suite	20-3021444			
	Final return		TOWN THE STATE OF THE PROPERTY	Telephone number 703-640-9433			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		480,192,095.	
	Amen	TRIANGLE, VA 22172		H(a) Is this a grou	in return	, , , , , ,	
	Application	F Name and address of principal officer: JAMES B. LASTER		for subordina	**************************************	Yes X No	
	pendi	SAME AS C ABOVE		H(b) Are all subordina			
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	The same of the sa			
J	Websi		0	H(c) Group exem			
		organization: X Corporation Trust Association Other	1 Year	of formation: 2005		f legal domicile; VA	
P	art I	Summary	L Tour	or formation.	IVI Otate 0	riegai domicile.	
9557	1	Briefly describe the organization's mission or most significant activities: TO COL	LECT NEW	UNWRAPPED TOY	'S		
Activities & Governance		DURING CHRISTMAS TIME EACH YEAR, AND DISTRIBUTE THOSE TOYS A	S				
na	2	Check this box if the organization discontinued its operations or dispos		than 25% of its not	anasta		
Ve	3	Number of voting assessment of the second se			3	12	
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)	****************		4	11	
S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	26	
itie	6	Total number of volunteers (estimate if necessary)			6	41000	
cţi	7 a				7a	0.	
A	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.	
		and the state of t		Prior Year		urrent Year	
4	8	Contributions and grants (Part VIII, line 1h)		347,774,84		375,113,569.	
nue	9	D		317,771,01	0.	0.	
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,049,04		4,246,584.	
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		259,96		227,429.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	*******	357,083,85		379,587,582.	
	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.	
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,422,52	-	2,673,684.	
1Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,176,31		2,256,785.	
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 9,013,	401.			2,200,700.	
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		335,001,66	3.	383,377,809.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		338,600,50		388,308,278.	
	19	Revenue less expenses. Subtract line 18 from line 12		18,483,35		-8,720,696.	
Or So	3		The second secon	ginning of Current Ye		nd of Year	
sets	20	Total assets (Part X, line 16)		253,941,09		224,233,558.	
AS	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		7,784,18		6,280,169.	
				246,156,91		217,953,389.	
P	art II	Signature Block					
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of	my knowled	ne and helief it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	my mioniou	go and bollot, it is	
Sig	n	Signature of officer		Date	, ,		
Her	e	JAMES B. LASTER, PRESIDENT & CEO	The same of the sa	04	105/	23	
		Type or print name and title	-				
		Print/Type preparer's name Preparer's signature	D	Date Check	P	TIN	
Paid	i	FREDERICK LONGWOOD Trafersh Nevymon	C/04	1/03/23 if self-en	nployed POO	439715	
Pre	parer	Firm's name RSM US LLP		Firm's EIN	42-071		
Use							
	Only	Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400	- 1/a-2004-01-0	- IIII C LIII			
		Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102 S discuss this return with the preparer shown above? See instructions			03-336-64		

Form	990 (2022) MARINE TOYS FOR TOTS FOUNDATION	20-3021444	Page 2
	t III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	THE MISSION AND PURPOSE OF MARINE TOYS FOR TOTS FOUNDATION IS TO		
	ASSIST THE U.S. MARINE CORPS IN PROVIDING A TANGIBLE SIGN OF HOPE TO		
	ECONOMICALLY DISADVANTAGED CHILDREN AT CHRISTMAS. THIS ASSISTANCE		
	INCLUDES SUPPORTING THE U.S. MARINE CORPS RESERVE TOYS FOR TOTS		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 🗓 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? _ Y	es 🗓 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$) (Rev	enue \$	
	THE MARINE TOYS FOR TOTS FOUNDATION PROVIDED THE LEADERSHIP,		
	ADMINISTRATIVE, ADVISORY, FINANCIAL, LOGISTIC, AND PROMOTIONAL SUPPORT		
	NEEDED FOR THE MARINE TOYS FOR TOTS PROGRAM TO COLLECT AND DISTRIBUTE		
	24,434,960 MILLION TOYS TO OVER 9.9 MILLION LESS FORTUNATE CHILDREN.		
	THE FOUNDATION WAS ABLE TO BRING THE JOY OF CHRISTMAS AND SEND A		
	MESSAGE OF HOPE TO THESE 9.9 MILLION LESS FORTUNATE CHILDREN IN 833		
	COMMUNITIES COVERING ALL 50 STATES, THE DISTRICT OF COLUMBIA, PUERTO		
	RICO, AND THE VIRGIN ISLANDS.		
4b	(Code:) (Expenses \$	enue \$	
	THROUGH THE TOYS FOR TOTS LITERACY PROGRAM THE GIFT OF READING WAS		
	BROUGHT TO LESS FORTUNATE CHILDREN ACROSS THE NATION. THE FOUNDATION		
	IN CONCERT WITH THE UPS STORE RAISED DONATIONS AT OVER 2000 UPS STORE		
	LOCATIONS. THE FUNDS RAISED WERE USED TO PURCHASE QUALITY CHILDREN'S		
	BOOKS. THESE PURCHASED BOOKS TOGETHER WITH OTHER DONATED NEW BOOKS		
	ALLOWED MARINES TO DISTRIBUTE BOOKS TO LESS FORTUNATE CHILDREN AND		
	TITLE 1 SCHOOLS.		
4c	(Code:) (Expenses \$) (Rev	enue \$	
	THE FOUNDATION CONDUCTED AN AGGRESSIVE PUBLIC INFORMATION AND EDUCATION		
	PROGRAM TO ENCOURAGE AMERICANS TO GET INVOLVED IN THE MARINE CORPS		
	PREMIER COMMUNITY ACTION PROGRAM, TOYS FOR TOTS. THIS ANNUAL CAMPAIGN		
	BRINGS COMMUNITIES TOGETHER TO HELP BRING THE JOY OF CHRISTMAS AND SEND		
	A MESSAGE OF HOPE TO AMERICA'S LESS FORTUNATE CHILDREN. THE THOUSANDS		
	OF VOLUNTEERS WHO ASSISTED THE MARINES IN THIS ENDEAVOR MADE A		
	DIFFERENCE IN THE LIVES OF THESE CHILDREN THROUGH THEIR ASSISTANCE IN		
	COLLECTING AND DISTRIBUTING TOYS AND BY THEIR SELFLESS PERSONAL		
	EXAMPLE. THIS COMMUNITY ACTION EFFORT WILL ASSIST AND GUIDE THESE		
	CHILDREN THEREBY HELPING THEM DEVELOP INTO RESPONSIBLE, PRODUCTIVE		
	CITIZENS.		
44	Other program services (Describe on Schedule O.)		

) (Revenue \$

including grants of \$

376,430,003.

Total program service expenses

Form 990 (2022) MARINE TOYS FOR TOTS FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	-
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		l _x
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	Х

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Form 990 (2022)

MARINE TOYS FOR TOTS FOUNDATE

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
04-	Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<u> </u>
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
••	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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022) MARINE TOYS FOR TOTS FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2022) **Part V** Sta

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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).			Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
C 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
oa	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua		
	were not tax deductible?	6b		
7	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?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	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			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069.	17		
	ii res, complete i offi 000a.			

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

Sec	check it Schedule O contains a response or note to any line in this Part VI.			
360	tion A. Governing Body and Management		Vaa	No
10	Enter the number of voting members of the governing body at the end of the tax year	2	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a above, who are independent			
b	Enter the number of voting members included on line ra, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			_v
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
19	statements available to the public during the tax year.	u illiall	oidi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	JAMES B. LASTER - 703-640-9433			
	18251 QUANTICO GATEWAY DRIVE, TRIANGLE, VA 22172			
	x v,			

Form 990 (2022)

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

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	Jiga	mea		<u>0011</u> C)	іроп	out	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per			nless person is both an and a director/trustee)				compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	r direc				pe:		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			oensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	com		1099-NEC)		and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES B. LASTER	50.00		_		×	T 9	-			
PRESIDENT & CEO		х		х				375,159.	0.	40,871.
(2) KELLEY HARDISON	40.00									
DEPUTY VP, M&D						Х		180,792.	0.	20,005.
(3) MATTHEW D. COOPER	50.00									
SECRETARY/VICE PRESIDENT, OPERATIONS				Х				177,360.	0.	19,467.
(4) THEODORE SILVESTER	50.00									
VICE PRESIDENT, M&D				Х				177,360.	0.	19,467.
(5) MATTHEW MCDONALD	40.00									
IT DIRECTOR						Х		124,250.	0.	28,307.
(6) MELANIE TURNER	40.00									
CORPORATE ACCOUNTANT						Х		117,720.	0.	11,772.
(7) MACKERL STUCKEY	40.00									
DEPUTY VP, OPERATIONS						Х		107,120.	0.	10,712.
(8) ROBERT E. MILSTEAD	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(9) MARK A. HAYDEN	2.00									
TREASURER		Х		Х				0.	0.	0.
(10) WALTER T. DAVIS	2.00									
DIRECTOR		Х						0.	0.	0.
(11) STEVEN C. OHMSTEDE	2.00									
DIRECTOR		Х						0.	0.	0.
(12) EDWARD T. GARDNER, JR.	2.00									
DIRECTOR		Х						0.	0.	0.
(13) VALERIE A. JACKSON	2.00									
DIRECTOR		Х						0.	0.	0.
(14) SHERYL E. MURRAY	2.00									
DIRECTOR		Х						0.	0.	0.
(15) WILLIAM W. CHIP	2.00									
DIRECTOR		Х						0.	0.	0.
(16) DAVID J. DOOLAN	2.00									
DIRECTOR		Х						0.	0.	0.
(17) JESSICA VAN DOP DEJESUS	2.00									
DIRECTOR		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) ALPHONSO TRIMBLE	2.00									
DIRECTOR		Х						0.	0.	0.
		•								
1b Subtotal	1					_		1,259,761.	0.	150,601.
	c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,259,761.	0.	150,601.
Total number of individuals (including but r									000 of reportable	,

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

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

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

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

5 X

Section B. Independent Contractors

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

(B) Description of services	(C) Compensation
Beschiption of services	Compensation
MAILSHOP	2,969,466.
MAILSHOP	2,736,068.
DIRECT MAIL SERVICES	2,256,785.
DIRECT MAIL SERVICES	2,194,560.
DIRECT MARKETING SERVICES	1,538,296.
ose listed above) who received more than	
	Description of services MAILSHOP MAILSHOP DIRECT MAIL SERVICES DIRECT MAIL SERVICES DIRECT MARKETING SERVICES DISECT MARKETING SERVICES DISECT MARKETING SERVICES

Form 990 (2022)
Part VIII

Statement of Revenue

			Check if Schedule O co	ntains a	response	or note to any line	e in this Part VIII			
						_	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								iunction revenue	business revenue	sections 512 - 514
လ လ	1	а	Federated campaigns		1a	34,986.				
ant	_		Membership dues		1b	·				
ية ق			Fundraising events		1c	130,855.				
ĽŠ,					1d					
Ei			Government grants (contrib	utione)	1e					
Sin			All other contributions, gifts, gr							
Contributions, Gifts, Grants and Other Similar Amounts		•	similar amounts not included al		1 1	374,947,728.				
έş		-		•••		298,376,672.				
		_	Noncash contributions included in line	es 1a-1f	1g \$	250,510,012.	375,113,569.			
O a		n	Total. Add lines 1a-1f			Business Code	373,113,303.			
	_					Business Code				
<u>ic</u>	2	a								
e c		b								
n S		С								
Jar Sev		d								
Program Service Revenue		е								
₾		f	All other program service re	venue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including	ng divide	nds, intere	st, and				
							4,246,584.			4,246,584.
	4		Income from investment of	tax-exem	npt bond p	roceeds				
	5		Royalties				242,967.			242,967.
				(i	i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a ^{‡00} ,5	571,221.					
		b	Less: cost or other basis							
ē			and sales expenses	7b ‡00,5	571,221.					
ther Revenue		С	Gain or (loss)	7c	0.					
ş			Net gain or (loss)				0.			
e	8		Gross income from fundraising							
₽			including \$13							
			contributions reported on lir							
			Part IV, line 18	-		0.				
		b				33,292.				
			Net income or (loss) from fu				-33,292.			-33,292.
	9		Gross income from gaming							
	_		Part IV, line 19							
		b								
			Net income or (loss) from ga			•				
	10		Gross sales of inventory, les							
		u	and allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from sa			71				
\dashv		U	THE HICOTHE OF (1033) HOTH SE	AIGO UI III	veniory	Business Code				
ns	44	_	OTHER INCOME			900099	15,630.			15,630.
Je Ue	11	a b	SETTLEMENT INCOME			900099	2,124.			2,124.
Miscellaneous Revenue							2,121,			2,121.
Sce		Ç	All other revenue							
Ξ			All other revenue				17,754.			
	40		Total. Add lines 11a-11d				379,587,582.	0.	0.	4,474,013.
	12		Total revenue. See instructions	٠			3,5,301,304.	١ ٠٠	ا ۰ ۰ ا	-,-,-, ₀₁₃ .

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).

0001	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	811,234.	589,767.	162,166.	59,301.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,464,881.	1,064,969.	292,829.	107,083.
8	Pension plan accruals and contributions (include	122 165	06 010	26 622	0 525
	section 401(k) and 403(b) employer contributions)	133,167.	96,812.	26,620.	9,735.
9	Other employee benefits	149,965. 114,437.	109,024.	29,979. 22,876.	10,962.
10	Payroll taxes	114,437.	83,196.	22,870.	8,365.
11	Fees for services (nonemployees):				
	Management	4,467.		893.	3,574.
	Legal	114,813.		114,813.	3,374.
	Accounting	114,013.		114,013.	
	Lobbying Professional fundraising services. See Part IV, line 17	2,256,785.			2,256,785.
f	Investment management fees	559,176.		559,176.	2,230,703.
	Other. (If line 11g amount exceeds 10% of line 25,	005,270		000,2700	
9	column (A), amount, list line 11g expenses on Sch O.)	1,824,274.	902,686.	88,739.	832,849.
12	Advertising and promotion	_,,			,
13	Office expenses	15,168,147.	8,380,136.	1,314,689.	5,473,322.
14	Information technology	88,301.	64,195.	17,651.	6,455.
15	Royalties	,	,	,	,
16	Occupancy	1,193,696.	1,181,875.	8,656.	3,165.
17	Travel	1,305,906.	1,178,035.	100,121.	27,750.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	767,580.	717,474.	49,252.	854.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	166,384.	120,961.	33,260.	12,163.
23	Insurance	108,635.	86,908.		21,727.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	TOYS DISTRIBUTED	359,941,848.	359,941,848.		
b	PUBLIC RELATIONS & DEVE	2,033,646.	1,859,614.		174,032.
С	REPAIRS AND MAINTENANCE	66,975.	48,691.	13,388.	4,896.
d	DUES & SUBSCRIPTIONS	28,725.	2.010	28,725.	202
	All other expenses	5,236.	3,812.	1,041.	383.
25	Total functional expenses. Add lines 1 through 24e	388,308,278.	376,430,003.	2,864,874.	9,013,401.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	11 /27 6//	V 3V3 EUV	0.	7 085 140
	Check here X if following SOP 98-2 (ASC 958-720)	11,427,644.	4,342,504.	٧.	7,085,140.

Form 990 (2022) Part X Balance Sheet

		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			28,787,424.	1	15,214,115.
	2	Savings and temporary cash investments			17,988,686.	2	20,843,257.
	3	Pledges and grants receivable, net			7,452,423.	3	5,488,204.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	-			_	
	_	under section 4958(f)(1)), and persons describe				6	
(0	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			51,721,409.	8	46,911,700.
Ass	9				2,475.	9	2,475.
	l	Land, buildings, and equipment: cost or other	I				
	104	basis. Complete Part VI of Schedule D	102	6,379,637.			
	h	Less: accumulated depreciation		2,182,726.	4,324,239.	10c	4,196,911.
	11	Investments - publicly traded securities		, ,	127,640,798.	11	95,333,122.
	12	Investments - other securities. See Part IV, line	I	16,023,643.	12	36,243,774.	
	13		10,020,010.		30,213,771.		
		Investments - program-related. See Part IV, line		13			
	14	Intangible assets Other assets See Best IV line 11		14			
	15	Other assets. See Part IV, line 11			253,941,097.	15	224,233,558.
	16	Total assets. Add lines 1 through 15 (must eq			7,784,187.	16	6,280,169.
	17	Accounts payable and accrued expenses			7,704,107.	17	0,200,103.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
<u>ia</u> ;		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	•	.			
		of Schedule D			7 704 107	25	6 200 160
	26	Total liabilities. Add lines 17 through 25		v	7,784,187.	26	6,280,169.
S		Organizations that follow FASB ASC 958, ch	eck her	e X			
)Ce		and complete lines 27, 28, 32, and 33.			244 262 502		216 202 517
<u>a</u>	27				244,363,503.	27	216,292,517.
Ä	28	Net assets with donor restrictions			1,793,407.	28	1,660,872.
Ĕ		Organizations that do not follow FASB ASC	958, che	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
ٽِ ک	31	Retained earnings, endowment, accumulated i			246 456 242	31	215 252 222
Ž	32	Total net assets or fund balances			246,156,910.	32	217,953,389.
	33	Total liabilities and net assets/fund balances			253,941,097.	33	224,233,558.

Form **990** (2022)

Pa	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	379	,587,	582.
2	Total expenses (must equal Part IX, column (A), line 25)	2	388	,308,	278.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8	,720,	696.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	246	,156,	910.
5	Net unrealized gains (losses) on investments	5	-19	482,	825.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	217	,953,	389.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

Open
Ins

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MARINE TOYS FOR TOTS FOUNDATION 20-3021444 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	271,654,696.	258,633,053.	293,753,932.	347,774,845.	3751135696.	4922952222.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	271,654,696.	258,633,053.	293,753,932.	347,774,845.	3751135696.	4922952222.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						4922952222.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	271,654,696.	258,633,053.	293,753,932.	347,774,845.	3751135696.	4922952222.
	Gross income from interest,	, ,		, ,	, ,		
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,966,093.	4,671,563.	4,453,066.	9,281,187.	4,489,551.	27,861,460.
9	Net income from unrelated business	, ,	, ,	, ,	, ,	, ,	
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
11	Total support. Add lines 7 through 10						4950813682.
	Gross receipts from related activities,	etc (see instruction	ins)			12	172,381.
	First 5 years. If the Form 990 is for th	•		fourth or fifth tax v			,
	organization, check this box and stor					. , . ,	
organization, check this box and stop here Section C. Computation of Public Support Percentage							
	Public support percentage for 2022 (I			column (f))		14	99.44 %
	Public support percentage from 2021					15	97.36 %
	33 1/3% support test - 2022. If the o					ore, check this box	•
	stop here. The organization qualifies						
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
17a	and stop here. The organization qualifies as a publicly supported organization						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2021. 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	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization				•		
				., ,	, SON UI		

Schedule A (Form 990) 2022 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	(-) 0040	(1-) 0040	(-) 0000	(-1) 0004	1.1.0000	(C) T. J. J.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	•	()()	· —
	check this box and stop here						
	ction C. Computation of Publi					T 1	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r				33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	id stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	•			•	•	
20	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b A (Forn	- 000	0000
uie	: A IFOIT	いっちいり	2022

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

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		•		
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
_	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see	
	instructions).	. •		•	

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
<u>d</u>	From 2020				
е	From 2021				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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

MARINE TOYS FOR TOTS FOUNDATION

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

MA	RINE TOYS FOR TOTS FOUNDATION	20-3021444
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust 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	
• •	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule		
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ang the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a get the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (eb) instead of the contributor name and address), II, and III.	ientific,
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section, charitable, etc., purposes, but no such contributions totaled method there the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fore 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ag requirements of Schedule B (Form 990).	• •
LHA For Paperwork Reduct	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Name of organization

Employer identification number

MARINE TOYS FOR TOTS FOUNDATION

20-3021444

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional 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		\$\$	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
		\$	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
		\$	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

20 - 3021444

MARINE TOYS FOR TOTS FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I TOYS 1 19,251,287. 12/31/22 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I BOOKS 2 23,186,040. 12/31/22 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Employer identification number

Name of organization

Compared to the compared to th		YS FOR TOTS FOUNDATION				20-3021444
(e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is held (g) Transfer of gift (h) Purpose of gift (h) Purpos		from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line e charitable, etc., contributions of \$1,000 c	entry. For ora	anizations	
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (f) Description of how gift is held (g) Transfer of gift (h) Purpose of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (f) Description of how gift is held (g) Transfer of gift (h) Purpose of gift (h) Purpose of gift (h) Purpose of gift (h) Purpose of gift (h) Description of how gift is held (h) Description of how gift is held		Use duplicate copies of Part III if additional	space is needed.			
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (f) Description of how gift is held (g) Transfer of gift (h) Purpose of gift	m rt I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
(e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Description of how gift is held (g) Transfer of gift (h) Purpose of gift		Transferrate many additions				
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do. m (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift			(e) Transfer of g	gift		
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift		Transferee's name, address, a	and ZIP + 4	Re	elationship of tran	nsferor to transferee
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift	lo. m	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
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(b) Purpose of gift (c) Use of gift (d) Description of how gift is held			(e) Transfer of g	gift		
(e) Transfer of gift		Transferee's name, address, a	and ZIP + 4	Re	lationship of trar	nsferor to transferee
(e) Transfer of gift						
	No. m rt I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
	-					
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			(e) Transfer of o	gift		
		Transferee's name, address, a	and ZIP + 4	Re	lationship of trar	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MARINE TOYS FOR TOTS FOUNDATION

Employer identification number

20 - 3021444

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		r Funds or Ad	counts. Complete if the
	organization answered Tes Sitt Offi 550,1 art 14, iiii	(a) Donor advised fund	ds ((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in c	lonor advised fund	ds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor or			
Pai	T II Conservation Easements. Complete if the org	ganization answered "Yes" on l	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreated	tion or education) Pres	servation of a histo	orically important land area
	Protection of natural habitat	Pres	servation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution i	n the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	ifter July 25,2006, and not on a	a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termina	ated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, h	andling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enfo	orcing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	g conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financ	cial statements the	at describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasur	es or Other S	imilar Assets
I al	Complete if the organization answered "Yes" on Form	•	es, or other s	iiiiiai Assets.
12	If the organization elected, as permitted under FASB ASC 95		tatement and hala	ance sheet works
ıa	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan			ice of public
h	If the organization elected, as permitted under FASB ASC 95			shoot works of
b	art, historical treasures, or other similar assets held for public			
		exhibition, education, or resea	arcii iii iurtiilerance	of public service,
	provide the following amounts relating to these items:			¢
	(i) Revenue included on Form 990, Part VIII, line 1			
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treat	asuras or other similar assets		•
~	the following amounts required to be reported under FASB A			SIOVIGE
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	, leaded moradod mir ordii 000, i uit /			🗡

Par	rt III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	asures, or Othe	er Similar	Assets	(contin	ued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's exe	empt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	rt IV Escrow and Custodial Arrang						ine 9, or	
	reported an amount on Form 990, Par		· ·				•	
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	or other assets no	t included			
	on Form 990, Part X?		•				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
		·	· ·				Amount	[
С	Beginning balance				1c			
d	Additions during the year							
	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fo				ility?		Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	224,248,448.	197,570,533.	170,909,679.	138,94	16,287.	144,	463,483.
b	Contributions	13,300,000.	14,000,000.	17,582,251.	. 19,967,142. 2,000,2			
С	Net investment earnings, gains, and losses	-14,977,501.	15,763,553.	11,128,821.	14,08	36,486.	-5,	198,100.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	6,343,245.	2,537,824.	1,639,395.	1,70	1,703,497.		956,835.
f	Administrative expenses	559,176.	547,814.			36,739.		362,543.
а	End of year balance	215,668,526.	224,248,448.	197,570,533.	170,90	09,679.	138,	946,287.
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1g. column (a)) held as:				
а	Board designated or quasi-endowment	99.1886	%	,				
b	Permanent endowment .8114	%	—					
c	·							
	The percentages on lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posses		ition that are held an	d administered for t	:he			
	organization by:	3					ſ	Yes No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations						3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organizat						3b	
4	Describe in Part XIII the intended uses of the							•
Par	rt VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	d	(d) Bool	k value
		basis (investr	, ,	' '	epreciation		()	
1a	Land			944,700.				944,700.
b	Buildings	I	4	,957,006.	2,068,8	327.	2,	888,179.
c	Leasehold improvements			916.	4	428.	·	488.
d	Equipment	l l		477,015.	113,4	471.		363,544.
е	Other							
	I. Add lines 1a through 1e. (Column (d) must ed	•	X. column (B). line 10	Oc.)			4,	196,911.

Schedule D (Form 990) 2022 MARINE TOYS FOR	TOTS FOUNDATION		20-3021444	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market v	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) 354356-SMEAD VALUE FUND (SVFFX)	23,426,455.	END-OF-YEAR MARKET VALUE		
(B) 297800-NEUBERGER BERMAN (NBPIX)	12,817,319.	END-OF-YEAR MARKET VALUE		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	36,243,774.			
Part VIII Investments - Program Related.	•			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.		
	Description		(b) Book v	alue
(1)			(-,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total (October 1/5) march and Found (D) line	- 15 \			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	25.	
1. (a) Description of liability			(b) Book v	alue
(1) Federal income taxes				
(2)				
(3)			1	
(4)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(5) (6) (7) (8) (9)

Schedule D (Form 990) 2022 MARINE TOYS FOR TOTS FOUNDATION			20-302	21444 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 Total revenue, gains, and other support per audited financial statements			1	366,524,689.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-19,482,825.	_	
b Donated services and use of facilities	2b	6,945,816.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	-12,537,009.
3 Subtract line 2e from line 1			3	379,061,698.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	550 176		
a Investment expenses not included on Form 990, Part VIII, line 7b		559,176.	-	
b Other (Describe in Part XIII.)		, , , , , , , , , , , , , , , , , , ,		525,884.
c Add lines 4a and 4b			4c 5	379,587,582.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Stat				375,307,302.
Complete if the organization answered "Yes" on Form 990, Part IV, line		Expended per i	ictarii.	
Total expenses and losses per audited financial statements			1	394,728,210.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				,,
a Donated services and use of facilities	2a	6,945,816.		
b Prior year adjustments		, , ,		
c Other losses				
d Other (Describe in Part XIII.)		33,292.		
e Add lines 2a through 2d		•	2e	6,979,108.
3 Subtract line 2e from line 1			3	387,749,102.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	559,176.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	559,176.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	388,308,278.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b	and 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inforn	nation.		
PART V, LINE 4:				
DED DEGLATON OF MUE DOIND OF DIDEGEORG . MUE DETWIN DVIDDOGE O				
PER DECISION OF THE BOARD OF DIRECTORS: THE PRIMARY PURPOSE O	F THE			
ENDOWMENT FUND IS TO PROVIDE A SOURCE OF REVENUE TO DEFRAY SUP	DODM CEDVICE			
ENDOWMENT FUND IS TO PROVIDE A SOURCE OF REVENUE TO DEFRAT SUP	PORT SERVICE			
EXPENSES. A SECONDARY PURPOSE IS TO PROVIDE A SOURCE OF REVEN	IIE TO DEEDAV			
EXTENDED. A DECONDART FOR ODE 15 TO TROVIDE A DOORCE OF REVEN	OL TO DEFRAT			
PROGRAM SERVICE EXPENSES. IN SUPPORT OF THE PRIMARY PURPOSE,	THE BOARD			
THOUSEN BERTIEF EMPEROES. IN BOTTON OF THE INTERNAL FOR OBE,	THE BOILED			
HAS DIRECTED THAT ALL EMPLOYEE SALARIES, BONUSES, HEALTH AND W	ELFARE			
BENEFITS AND PENSION CONTRIBUTIONS WILL BE PAID FOR BY THE END	OWMENT FUND			
BEGINNING IN FY 2010 AND IN ALL SUBSEQUENT FISCAL YEARS.				
PART X, LINE 2:				
THE HOUNDANIAN IS ODGANIZED AS A SOSSOWINA OF WINSTON	DORTE			
THE FOUNDATION IS ORGANIZED AS A COMMONWEALTH OF VIRGINIA NONP	KOFIT			
CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SE	RVICE (IRS)			

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization MARINE TOY	S FOR TOTS FOUNDATION				20-30214	entification number
	Complete if the organization answ	vered "Y	es" or	n Form 990, Part IV, I		
Indicate whether the organization rai	sed funds through any of the following solicities for Solicities for Solicities government with any individual or entity in connection with prividuals or entities (fundraisers) pursuits and solicities are solicities.	ation of ation of al fundra al (includ professi	non-g gover aising ling of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	X Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CREATIVE DIRECT RESPONSE - PO		Yes	No			
BOX 828, 4200 PARLIAMENT PL,	DIRECT MAIL		Х	27,809,759.	2,256,785.	25,552,974.
WITH HONOR, LLC - P. O. BOX 409, BUFORD, GA 30519	CORPORATE SPONSORSHIP		х	453,359.	254,088.	199,271.
Total				28,263,118.	2,510,873.	25,752,245.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	egistration
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,F	HI, ID, IL, IN, IA, KS, KY, LA, ME,	MD,MA,	MI,M	N,MS,MO		
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, C	OK,OR,PA,RI,SC,SD,TN,TX,UT,	VT,VA,	WA,W	V,WI,WY		
DC						

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and ground and ground are supplied to the contribution of the contributio	-		· · · · · · · · · · · · · · · · · · ·			
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))		
ne			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	130,855.			130,855.		
	2	Less: Contributions	130,855.			130,855.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes	2,500.			2,500.		
တ္သ	5	Noncash prizes						
kpense	6	Rent/facility costs	12,792.			12,792.		
Direct Expenses	7	Food and beverages	4,160.			4,160.		
Ω	8	Entertainment						
	9	Other direct expenses				13,840.		
	10	Direct expense summary. Add lines 4 through				33,292.		
		Net income summary. Subtract line 10 from li	ine 3, column (d)			-33,292.		
Pa	rt I	Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.			ı	T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes % No	Yes % No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
•	En	ter the state(s) in which the organization condu	uoto goming optivitios:					
		the organization licensed to conduct gaming a		states?		Yes No		
		No," explain:						
10~	\\\\	ere any of the organization's gaming licenses re	avoked ellepondod or to	rminated during the toy	wear?	Yes No		
		ere any or the organization's gaming licenses re Yes," explain:			yeai !	. L res L NO		
	_							

Sch	edule G (Form 990) 2022 MARINE TOYS FOR TOTS FOUNDATION 2	0-3021444	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
a	a The organization's facility	13a	%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	News		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	t	
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Nama		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		п. .
	retain the state gaming license?	Yes	∟ No
t	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dart III lines 0	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, IIIIes 9,	90, 100,
	135, 136, 16, and 175, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
	· · · · · · · · · · · · · · · · · · ·		
(I)	NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE		
(I)	ADDRESS OF FUNDRAISER:		
_			
PO	BOX 828, 4200 PARLIAMENT PL, 3RD FLOOR, LANHAM, MD 20706		

232083 10-27-22 Schedule G (Form 990) 2022

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

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MARINE TOYS FOR TOTS FOUNDATION

Employer identification number 20-3021444

Pa	rt I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1.2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradicios, and onlocis, modeling the object birotter, regarding the terms checked errinte fat.	_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ŭ	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Approval by the board of compensation committee			
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Province and an arrange of a set of a s	4a		х
b		4b		х
C	Delicinate in a second for a se	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The storage of lines 4a.c, list the persons and provide the applicable amounts for each item in that in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		х
~	If "Yes" on line 5a or 5b, describe in Part III.	J.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the net earnings of:			
а	The organization?	6a		х
		6b		х
	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
3		8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53 (4958-6/c)?	a		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES B. LASTER	(i)	298,635.	75,000.	1,524.	39,506.	1,881.	416,546.	0.
	(ii)	0.	0.	0.	0.	0,	0.	0.
(2) KELLEY HARDISON	(i)	150,000.	30,000.	792.	20,005.	397.	201,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATTHEW D. COOPER	(i)	170,000.	7,084.	276.	19,467.	517.	197,344.	0.
SECRETARY/VICE PRESIDENT, OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THEODORE SILVESTER	(i)	170,000.	7,084.	276.	19,467.	517.	197,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	98,974.	25,000.	276.	12,298.	16,401.	152,949.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
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. THE BONUSES ARE BASED ON PERFORMANCE AND
AWARDED AT CHRISTMAS. THE PRES/CEO BONUS IS DECIDED BY THE SAME PROCESS,
BUT IS AWARDED IN MARCH.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

MARINE TOYS FOR TOTS FOUNDATION

Inspection Employer identification number

20-3021444

Pai	τl	Types of Property							
	·		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Δrt - W	orks of art		TOTAL CONTRIBUTION	Tomirodo, Fair viii, iii o 19				
2		storical treasures							
3		actional interests							
4		and publications							
5		ng and household goods							
6									
		nd other vehicles							
7		and planes							
8		ctual property							
9		ties - Publicly traded							
10		ties - Closely held stock							
11		ties - Partnership, LLC, or nterests							
12		iterests ties - Miscellaneous							
13		ed conservation contribution -							
13		c structures							
14		ed conservation contribution - Other							
15		state - Residential							
16		state - Commercial							
17		state - Other							
18		tibles							
19									
20		nventory							
21		and medical supplies							
22		rmy							
		cal artifacts							
23		fic specimens							
24		ological artifacts (TOY/BOOK DONATI)	x	17,779,020	224 874 215	VALUED BY VENDOR	ΔND		
25	Other	(COLLECTION BOXE)	X	103,523		VALUED BY VENDOR	71111		
26	Other	(COMMECTION BOXE)		103,323	445,500.	VALUED DI VENDOR			
27	Other								
28	Other)							
29		er of Forms 8283 received by the organization of the second state of Forms 8283	-	•				10	
	tor wni	ch the organization completed Form 82	83, Part V, L	onee Acknowleag	ement 29				·
	. .							Yes	No
30a	-	the year, did the organization receive by	-			-			
		old for at least 3 years from the date of							.,,
		t purposes for the entire holding period?	?				30a		Х
		," describe the arrangement in Part II.						,,	
31		he organization have a gift acceptance p		•	•		31	Х	
32a		he organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
		outions?					32a		Х
b		," describe in Part II.							
33	If the c	organization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is che	cked,			
	describ	pe in Part II.							

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number 20-3021444

MARINE TOYS FOR TOTS FOUNDATION	20-3021444						
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
CHRISTMAS GIFTS TO LESS FORTUNATE CHILDREN IN THE COMMUNITY. THE							
FOUNDATION ALSO SUPPORTS LESS FORTUNATE CHILDREN WITH BOOKS, TOYS, AND							
GAMES DURING CHRISTMAS AND OTHER TIMES OF THE YEAR TO GIVE ECONOMICALLY							
DISADVANTAGED CHILDREN 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 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) 2022 Page 2

Name of the organization **Employer identification number** MARINE TOYS FOR TOTS FOUNDATION 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

Schedule O (Form 990) 2022 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, 2014, 2019, 2021 AND 2022 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 FOR THE SAME PERIOD OF DISCLOSURE AS SET	
FORTH IN SECTION 6104(D).	
FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND GOVERNING DOCUMENTS	
AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FOR THE SAME	
PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	