** PUBLIC DISCLOSURE COPY ** Amended Return

Form **990**

Return of Organization Exempt From Income Tax

2021

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 2021 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Address change Thurgood Marshall College Fund 41-1750692 Name change Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (202) 507-4851]Final return/ 1700 901 F Street, NW 142,245,131. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code X Amended Washington, DC 20004-1436 H(a) Is this a group return F Name and address of principal officer: Harry L. Williams for subordinates? ____ Yes X No Applicapending H(b) Are all subordinates included? Yes No same as C above 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: X 501(c)(3)) ◀ (insert no.) ___ 501(c) (H(c) Group exemption number ▶ J Website: ▶ www.tmcf.org L Year of formation: 1993 M State of legal domicile: DE K Form of organization: X Corporation Trust Association Other > Part I Summary 1 Briefly describe the organization's mission or most significant activities: Providing leadership development, scholarships, and advocacy to prepare new leaders. Activities & Governance 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b) 72 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) $\overline{22}$ 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** Prior Year 97,256,947. 97,217,874 Contributions and grants (Part VIII, line 1h) 76,300.114,450. Program service revenue (Part VIII, line 2g) 98,643 760,673. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,976. 25,127. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 98,157,197. 97,413,793. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 42,205,594. 7,982,346. 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) 11,155,420. 6,876,781. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)
927,676. 7,015,480. 10,339,964. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 63,700,978. 21,874,607. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 34,456,219. 75,539,186. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 123,348,684. 86,074,777. 20 Total assets (Part X, line 16) 2,189,550 3,093,471. Total liabilities (Part X, line 26) 120,255,213. 83,885,227. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign CFO and COO Aisha T. Brown, Here Type or print name and title Preparer's signature PTIN Print/Type preparer's name 03/14/24 if self-employed ₱00639819 Lori A. Collingsworth Paid PLLC Firm's EIN ▶ 58-2676261 Firm's name ▶ Rogers & Company Preparer Firm's address 8300 Boone Boulevard, Suite 600 Use Only Phone no. (703) 893-0300 Vienna, VA 22182 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Check i Schedule O contains a reaponse or note to any line in this Part III I direly describe the equatation mission: The mission of the Thurgood Marshall College Fund is three-fold: Partner with our member-schools to increase access, retention and graduation rates of students attending their schools, identify and prepare students attending member-schools who have significant Dot the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900 E2? Dot the organization undertake any significant changes in how it conducts, any program services? □ Yes Solo or 900 E2? Dot the organization services on Schedule O. Describe the organization's program service accomplishments for each of its tire largest program services, as measured by expenses. Section 501(60) and 501(60) againstations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its tire largest program services, as measured by expenses. Section 501(60) and 501(60) againstations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service propred. 40 (cost =) [convects 4 42, 205, 594. relating grants if 42, 205, 594.) (Recents 2) Schollarships and grants: The Schollarship Program provides merit—based schollarships to students seeking filancial assistance to complete their education. TMCF schollarships are awarded annually to students meeting the TMCF eligibility criteria. Awards are made each sensester based on a verification process designed to ensure that students are meeting high expectations and have an unmer financial need. The TMCF Internship Program is managed by the talent acquisition division and seeks students who attend member-schools and maintain a minimum GPA of 3.0. Members of the division serve as liaisons and provides support to students throughout the internship program. See Schedul	Par	t III Statement of Program Service Accomplishments
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proform 990 or 990 CF2 if Yes, 'describe these new services on Schedule D. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
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H "Yes" describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) reganizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Coate) ((expenses 42,205,594. notation parameters 42,205,594.) (expenses 5. Scholarships and grants: The Scholarship Program provides merit-based scholarships to students seeking financial assistance to complete their education. TMCF scholarships are awarded annually to students meeting the TMCF eligibility criteria. Awards are made each semester based on a verification process designed to ensure that students are meeting high expectations and have an unnet financial need. The TMCF Internship Program is managed by the talent acquisition division and seeks students who attend member-schools and maintain a minimum GPA of 3.0. Members of the division serve as liaisons and provide support to students throughout the internship program. See Schedule O for continuation 4b (Coate) (Expenses 13,901,003. includes granted s) (Exenue's 114,450.) (Exenue's 114,450.) (Expenses 13,901,003. includes granted s) (Expenses 114,450.) (Expenses 11		
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 56,106,676.		
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 56,106,676.		
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 56,106,676.	4 -1	Other many and income (Deposition on Calcadula O.)
4e Total program service expenses ► 56,106,676.	4 0	
	40	EC 100 CEC
	70	

			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
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	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		х
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 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···		
	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,"			7.7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	х	
	, , , , , , , , , , , , , , , , , , ,			

Part IV	Checklist	of Requi	red Schedul	es (continued)
Partiv	Checklist	oi Requi	rea Scheau	es (continuea

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	١		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? 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	214		
	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			
	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%			
	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		Х
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			٠,,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00	х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	Α	
34	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
· a	Check if Schedule O contains a response or note to any line in this Part V			Х
	Shook is Solidadio Solitatino a response of note to any line in this rate v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 178		- 55	
	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	

Thurgood Marshall College Fund
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		70			
	filed for the calendar year ending with or within the year covered by this return	2a	72		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			2-		Х
	, , , , , , , , , , , , , , , , , , , ,			3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a			SD		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		X
h	If "Yes," enter the name of the foreign country	accou	iity:	Ta		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			۱
	to file Form 8282?		 I	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		- V
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
0				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Didd			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	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	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	$\textbf{Section 501(c)(21) organizations.} \ \textbf{Did the trust, any disqualified person, or mine operator engage in}$					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	2								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2	2								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	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						
	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							
	Other officers or key employees of the organization	15b	X							
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.5.5								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	and the same of th	16b								
Sec	tion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AZ, CA, NY									
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 only	ı) avail	ahle						
.5	for public inspection. Indicate how you made these available. Check all that apply.	وا ال	, avail	abic						
	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, a	nd fina	ncial							
19	statements available to the public during the tax year.	nu IIIIa	iiciai							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	Jason M. Hundley, VP of Finance and Operations – (202) 507-485	1								
	901 F Street, NW, 700, Washington, DC 20004-1436	_								

Form 990 (2021)

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

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

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

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

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

See the instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week	Η.	Lei aii	uau	recto	i/ ii us	lee)	from	from related	other
	(list any hours for	ndividual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 Or (stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	educ		` 1099-NEC)	,	and related
	below	/id ual	nstitutional trustee	er	Key employee	est co lo yee	Jer J			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) Dr. Harry L. Williams	40.00									
President & CEO				Х				679,110.	0.	26,907.
(2) David Kyle Sheppard	40.00									
Chief Legal Officer & Chief of Staff				Х				251,514.	0.	8,250.
(3) Amy Goldstein	40.00									
VP Org Advancement/Capacity Building						Х		221,381.	0.	27,500.
(4) Aisha T. Brown	40.00									
Chief Finance & Operations Officer				Х				237,787.	0.	8,710.
(5) Ja'Ron Kenneth Smith	40.00									
Executive Director, CAO						Х		244,423.	0.	0.
(6) Andrea Horton	40.00									
Chief Marketing Officer				Х				222,310.	0.	19,500.
(7) George Spencer	40.00									
Chief Development Officer				Х				217,168.	0.	21,000.
(8) Eric D. Hart	40.00							404 655		4 = 000
Chief Programs Officer	4.0.00			Х				191,677.	0.	17,000.
(9) Jason Hundley	40.00							1.5.5.0.5.1		40.000
VP of Finance and Operations	4.0.00					Х		166,961.	0.	10,972.
(10) Betsy Burton-Strunk	40.00							154 204		40.005
Vice President of Development	4.0.00					Х		164,381.	0.	10,895.
(11) Sean D, Burns	40.00							111 000		==0
Assistant VP Government Relations	1 00					Х		144,998.	0.	750.
(12) Gary Bettman	1.00									•
Director	1 00	Х						0.	0.	0.
(13) Pierre Breber	1.00									•
Director	1 00	Х						0.	0.	0.
(14) Theodore Colbert III	1.00									•
Director	1 00	Х						0.	0.	0.
(15) Robert Engel	1.00									•
Director	1 00	Х						0.	0.	0.
(16) Sandra Hurse	1.00									•
Director	1 00	Х						0.	0.	0.
(17) Collis Jones	1.00									•
Director		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	pioy	ees	, am	<u>น กา</u> วา	gne	si C	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box offic	Position (do not check more than or box, unless person is both officer and a director/truste		more than one erson is both an director/trustee)		h an tee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC/	Estimated amount of other compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations
(18) Gregory Jones	1.00							_	_	_
Director		Х						0.	0.	0.
(19) Lane McBride Director	1.00	x						0.	0.	0.
(20) Maria Melendez	1.00									
Director		Х						0.	0.	0.
(21) Charles Merinoff	1.00									
Chair		Х						0.	0.	0.
(22) Michelle Nettles	1.00									
Director		Х						0.	0.	0.
(23) Racquel Oden	1.00									
Director		Х						0.	0.	0.
(24) David Osswald	1.00									
Director		Х						0.	0.	0.
(25) Melonie Parker	1.00							_	_	_
Director		Х						0.	0.	0.
(26) Joshua Petty	1.00									
Director		Х						0.	0.	0.
1b Subtotal								2,741,710.	0.	151,484.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	2,741,710.	0.	151,484.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	oove	e) wł	no re	eceived more than \$100	0,000 of reportable	0.0
compensation from the organization										22
										Yes No

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ACUE(Association of College and University 745 Fifth Avenue #500, New York, NY 10151	Full Course Cohort/ Educational Consulti	567,500.
Minorities in Media Connect LLC 1623 9th Avenue North, Nashville, TN 37208	RISE marketing services	126,000.

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

See Part VII, Section A Continuation sheets

Form **990** (2021)

	<u>d Marsha.</u>	LΤ	Co	<u> 7 T C</u>	Leç	jе	Ŀ٦	und	41-175	0692
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	<u> </u>		(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
Traine and the	hours	l (cl		all t			ılv)	compensation	compensation	amount of
	per	(0.	T			I	1	from	from related	other
	week					ee/		the	organizations	compensation
	(list any	ctor				n plo		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ted er		(W-2/1099-MISC)		organization
	related	stee o	nstee.			ensa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	titutio	Officer	, emp	hest	Former			
	line)	PI	lns	JJ 0	Ke	Hig	For			
(27) Tony Rogers	1.00									
Director		Х						0.	0.	0.
(28) Chris Scalia	1.00									
Director		Х						0.	0.	0.
(29) Kent Smith, Jr.	1.00									
Director		х						0.	0.	0.
(30) Paul Sweeney, Jr., Esq.	1.00	-								
Director	1.00	Х						0.	0.	0.
(31) Toni Townes-Whitley	1.00	 ^`	\vdash	\vdash		\vdash				
Director	1.00	Х						0.	0.	0.
	1.00	^						0.	0.	0.
(32) Kevin Walling	1.00	٦,								_
Director	1 00	Х						0.	0.	0.
(33) Tatia Williams	1.00									
Director		Х						0.	0.	0.
				Н						
			_	Н		_				
		l								
			\vdash	Н		\vdash				
		ł								
				Н						
		ł								
Total to Part VII, Section A, line 1c										

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
					Tariotion revenue	business revenue	sections 512 - 514
ıts ıts	1 a	Federated campaigns 1a					
irar		Membership dues 1b	56,125.				
Ę,		Fundraising events 1c	2,686,108.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d	, ,				
s, G		Government grants (contributions)	1,361,182.				
ö		All other contributions, gifts, grants, and	, ,				
but		similar amounts not included above 1f	93,153,532.				
وَظِ	c	Noncash contributions included in lines 1a-1f	48,123.				
a Co		Total. Add lines 1a-1f		97,256,947.			
			Business Code	, ,			
o l	2 a	Registration fees	900099	114,450.	114,450.		
Ş	b			, -	, -		
Program Service Revenue	c						
E S							
Pg	-						
Pr	f	All other program service revenue					
	g	-	•	114,450.			
	3	Investment income (including dividends, interes		, -			
	_	other similar amounts)		775,160.			775,160.
	4	Income from investment of tax-exempt bond pr		, -			, -
	5	Royalties	· · · · · · · · · · · · · · · · · · ·				
	Ū	(i) Real	(ii) Personal				
	6 a	Gross rents 6a	.,				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 43,709,447.	.,				
	h	Less: cost or other basis					
e	_	and sales expenses 7b 43,723,934.					
ther Revenue		Gain or (loss) 7c -14,487.					
Re		Net gain or (loss)		-14,487.			-14,487.
ē		Gross income from fundraising events (not		,			,
₹	•	including \$ 2,686,108. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	364,000.				
	b	Less: direct expenses 8b	364,000.				
		Net income or (loss) from fundraising events)	0.			
		Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
<u>"</u>		, ,	Business Code				
Miscellaneous Revenue	11 a	CC Rewards and rebates	900099	25,127.			25,127.
ane	b	,					
le Sel	c	;					
Ais	c	All other revenue					
_		Total. Add lines 11a-11d		25,127.			
	12	Total revenue. See instructions		98,157,197.	114,450.	0.	785,800.

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).

	On 30 T(c)(3) and 30 T(c)(4) Organizations must con	•			
	Check if Schedule O contains a respor		this Part IX	721	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		•
	and domestic governments. See Part IV, line 21	32,570,237.	32,570,237.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	9,635,357.	9,635,357.		
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,				
Ū	trustees, and key employees	1,900,933.	1,138,925.	761,962.	46.
6	Compensation not included above to disqualified	2,500,500	2,200,5200	70275020	
Ü	persons (as defined under section 4958(f)(1)) and				
	navagna described in section 4000/a\/0\/D\				
7		7,684,938.	4,604,354.	3,080,396.	188.
7 8	Other salaries and wages Pension plan accruals and contributions (include	,,004,550•	4,004,004 .	3,000,350.	100•
Ø	·	150,198.	89,989.	60,205.	Л
•	section 401(k) and 403(b) employer contributions)	933,430.	559,256.	374,152.	22.
9	Other employee benefits	485,921.	291,135.	194,774.	12.
10	Payroll taxes	403,921.	291,133.	194,774.	14.
11	Fees for services (nonemployees):				
	Management				
	Legal	34,034.		24 024	
	Accounting	34,034.		34,034.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	152 200		152 200	
f	Investment management fees	153,200.		153,200.	
g	Other. (If line 11g amount exceeds 10% of line 25,	4 012 100	0 000 500	560 000	020 560
	column (A), amount, list line 11g expenses on Sch O.)	4,213,108.	2,820,502.	560,038.	832,568.
12	Advertising and promotion	289,109.	189,897.	81,787.	17,425.
13	Office expenses	847,140.	485,242.	348,998.	12,900.
14	Information technology	1,002,456.	595,298.	388,990.	18,168.
15	Royalties	200	01 024	004 060	
16	Occupancy	376,096.	81,234.	294,862.	10.660
17	Travel	756,864.	703,328.	33,868.	19,668.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 105 110	0.040.005	140 400	
19	Conferences, conventions, and meetings	2,185,110.	2,013,395.	149,128.	22,587.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	FA AFA	10 500	45 000	
23	Insurance	59,953.	12,720.	47,233.	
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.)	222 - 22	245		4 222
а	Subscriptions and dues	399,797.	315,607.	80,102.	4,088.
b	Employee recruitment	23,097.	200.	22,897.	
С					
d					
е	All other expenses				
25	Total functional expenses . Add lines 1 through 24e	63,700,978.	56,106,676.	6,666,626.	927,676.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (0004)

Form 990 (2021)
Part X Balance Sheet

Ра	πχ	Balance Sheet							
		Check if Schedule O contains a response or	r note to	an	e in this Part X				
							(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing					26,041,249.	1	61,384,565
	2	Savings and temporary cash investments					2,483,189.	2	3,158,875
	3	Pledges and grants receivable, net					10,286,146.	3	8,511,510
	4	Accounts receivable, net					34,772.	4	34,772
	5	Loans and other receivables from any curre							
		trustee, key employee, creator or founder, s							
		controlled entity or family member of any of	these p	erso				5	
	6	Loans and other receivables from other disc	qualified	per	s (as defined				
		under section 4958(f)(1)), and persons desc	ribed in	sec	4958(c)(3)(B)		1,125,000.	6	25,000
ţ	7	Notes and loans receivable, net						7	
Assets	8	Inventories for sale or use						8	
₹	9						421,016.	9	565,598
	10a	Land, buildings, and equipment: cost or oth	ner						
		basis. Complete Part VI of Schedule D	10	Оа	0.				
	b	Less: accumulated depreciation	10	Ob	0.	•	5,268.	10c	0
	11	Investments - publicly traded securities				L	45,448,846.	11	49,439,178
	12	Investments - other securities. See Part IV, I	line 11 .			L	226,073.	12	225,968
	13	Investments - program-related. See Part IV,	line 11			L		13	
	14	Intangible assets				L		14	
	15	Other assets. See Part IV, line 11				L	3,218.	15	3,218
	16	Total assets. Add lines 1 through 15 (must	equal li	ne 3			86,074,777.	16	123,348,684
	17	Accounts payable and accrued expenses					492,016.	17	2,535,117
	18	Grants payable					18		
	19	Deferred revenue					467,552.	19	258,674
	20	Tax-exempt bond liabilities			L		20		
	21	Escrow or custodial account liability. Compl	lete Par	t IV	chedule D	L		21	
es	22	Loans and other payables to any current or	former	offic	lirector,				
┋		trustee, key employee, creator or founder, s	substant	ial c	ibutor, or 35%				
Liabilities		controlled entity or family member of any of						22	
_	23	Secured mortgages and notes payable to un				\perp	005 056	23	
	24	Unsecured notes and loans payable to unre				_	925,976.	24	0
	25	Other liabilities (including federal income tax							
		parties, and other liabilities not included on	lines 17	-24)	mplete Part X		204 006		200 600
		of Schedule D				\vdash	304,006.		299,680
	26	Total liabilities. Add lines 17 through 25					2,189,550.	26	3,093,471
Ş		Organizations that follow FASB ASC 958,	, check	her	Δ.				
ĕ		and complete lines 27, 28, 32, and 33.					E2 116 202		64 770 630
ala	27					\vdash	52,116,292. 31,768,935.	27	64,770,630 55,484,583
<u> </u>	28	Net assets with donor restrictions					31,700,333.	28	33,404,303
ᆵ		Organizations that do not follow FASB AS	SC 958,	cne	nere 🕨 📖				
ō		and complete lines 29 through 33.						00	
ets	29	Capital stock or trust principal, or current fu						29	
SS	30	Paid-in or capital surplus, or land, building, o				\vdash		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate				\vdash	83,885,227.	31	120,255,213
Ž	32	Total net assets or fund balances				\vdash	86,074,777.	32	
	33	Total liabilities and net assets/fund balances	s				00,014,111.	33	123,348,684

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	98,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,7		
3	Revenue less expenses. Subtract line 2 from line 1	3	34,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83,8		
5	Net unrealized gains (losses) on investments	5	1,9	59,9	14.
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	_	46,1	47.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	120,2	55,2	13.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
	· · · · · · · · · · · · · · · · · · ·			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 Schedul	e O.	_		
2a			28		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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 separat				
	consolidated basis, or both:	,			
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			T
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Thurgood Marshall College Fund 41-1750692 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 97,217,874 21,693,033. 24,879,611 23,044,196 97,256,947 264,091,661. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... 21,693,033. 24,879,611. 23,044,196. 97,217,874 97,256,947, 264,091,661. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 57,149,733. 206,941,928. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 21,693,033. 24,879,611. 23,044,196. 97,217,874. 97,256,947 264,091,661. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 94,077. 67,098. 65,747. 98,333. 775,160. 1,100,415. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 265,192,076. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 2,148,352. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 78.03 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 86.52 15 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization _______ 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990) 2021

more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
16	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(h) 0010	(a) 2010	(4) 2020	(a) 2021	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
106	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
Ľ	Unrelated business taxable income (less section 511 taxes) from businesses						
	on quired ofter June 20 1075						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
42	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's f	irat accord third	fourth or fifth toy	Voor oo o costion	[F01/a)/(2) arganizat	<u> </u>
14	First 5 years. If the Form 990 is for the	•			•	. , . ,	lion,
50	check this box and stop here ction C. Computation of Publi						<u></u>
	Public support percentage for 2021 (li	• •		oolumn (f)\		15	
						16	<u>%</u>
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b below, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a bove? c A 35% controlled entity of a person described on line 11a or 11b bove?! C A 35% controlled entity of a person described on line 11a or 11b bove?! C A 35% controlled entity of a person described on line 11a or 11b bove?! C A 35% controlled entity of a person described on line 11a or 11b bove?! 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 reajonity of the organization officers, effectively operated, supervised, or controlled the organizations activities if the organization and more than one supported organizations, describe how the powers to appoint and/or remove offices, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers than one supported organization(s) that operated, supervised, or controlled the supporting organization. 1 Part VI how provinding such benefit carried out in purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 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 directors or trustees of ach of the organization's directors, and the supported or	Pai	t IV Supporting Organizations _(continued)			
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3 Parent of Supported Organizations Answer lines 2s and 3h holow	ာ	•	20		
3 Parent of Supported Organizations. Answer lines 3a and 3b below. 2 Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
 a 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 	а		20		
	h		Ja		
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.	b		3h		

Га	Trype in Non-Functionally integrated 309(a)(3) Support	iliy Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Fai	Type in Non-Functionally integrated 509	(a)(b) Supporting Orga	(Continu	<u>ued) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	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	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Thurgood Marshall College Fund

Schedule A (Form 990) 2021

41-1750692 Page 8

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2021)

	Thurgood Marshall College Fund	41-1750692
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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	
•	ition is covered by the General Rule or a Special Rule. 601(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
General Rule		
General Nuie		
-	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota n any one contributor. Complete Parts I and II. See instructions for determining a contribu	· · · · · · · · · · · · · · · · · · ·
Special Rules		
sections 509 contributor, c	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on 00-EZ, line 1. Complete Parts I and II.	, and that received from any one
contributor, o	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro during the year, total contributions of more than \$1,000 exclusively for religious, charitable, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts mn (b) instead of the contributor name and address), II, and III.	scientific,
year, contribu is checked, e purpose. Dor	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received froutions exclusively for religious, charitable, etc., purposes, but no such contributions totaled enter here the total contributions that were received during the year for an exclusively religion of the parts unless the General Rule applies to this organization because ritable, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., it received <i>nonexclusively</i>
answer "No" on Part I	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990- e filing requirements of Schedule B (Form 990).	

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

Name of organization Employer identification number

Thurgood Marshall College Fund

41-1750692

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>40,690,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 4,954,809.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	\$ 3,500,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 2,443,214.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Thurgood Marshall College Fund

41-1750692

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

Employer identification number

Name of organization

Thurgood Marshall College Fund 41-1750692 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Thurgood Marshall College Fund

Employer identification number 41-1750692

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		ilililai Fulius OF <i>i</i>	nocounts.Complete if the	3
	g, Michty in	(a) Donor advised	funds	(b) Funds and other accour	nts
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	writing that the assets held	d in donor advised fu	nds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	└─ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gran	nt funds can be used	only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confe	erring	
	impermissible private benefit?				└── No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes'	on Form 990, Part I	/, line 7.	
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a hist	orically important land area	
	Protection of natural habitat		Preservation of a cer	tified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	tion in the form of a c		
	day of the tax year.			Held at the End of the	Tax Year
	Total number of conservation easements				
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str			2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a	a historic structure		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or te	erminated by the orga	inization during the tax	
	year >				
4	Number of states where property subject to conservation ea	· —			
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				└─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conservation	tion easements during the y	ear
					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enfo	orcing conservation e	asements during the year	
_	\$				
8	Does each conservation easement reported on line 2(d) above				<u> </u>
_	and section 170(h)(4)(B)(ii)?				└── No
9	In Part XIII, describe how the organization reports conservati		· ·		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's f	financial statements t	hat describes the	
Do	organization's accounting for conservation easements. rt III Organizations Maintaining Collections or	f Art Historiaal Tra	auros or Othor	Similar Assats	
Га	Complete if the organization answered "Yes" on Form	-	asures, or Other	Sillillai Assets.	
ıa	If the organization elected, as permitted under FASB ASC 95				
	of art, historical treasures, or other similar assets held for put			ance of public	
	service, provide in Part XIII the text of the footnote to its finar			aa ahaat wada af	
D	If the organization elected, as permitted under FASB ASC 95	•			
	art, historical treasures, or other similar assets held for public	e exhibition, education, or	research in furtheran	ce of public service,	
	provide the following amounts relating to these items:			• •	
	(i) Revenue included on Form 990, Part VIII, line 1			· · · · · · · · · · · · · · · · · · ·	
_					
2	If the organization received or held works of art, historical tre		_	, provide	
_	the following amounts required to be reported under FASB A	-		▶ ↑	
	Revenue included on Form 990, Part VIII, line 1			• \$	
n	ACCOTE INCILIDAD IN FORM UULI PORT X				

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

Pai	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Oth	er Simila	ar Assets	continued)
3	Using the organization's acquisition, accession	on, and other record	s, 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	ollections and explain	n how they further th	ne organization's ex	empt purpo	se in Part >	KIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arran					, Part IV, lir	ne 9, or	
	reported an amount on Form 990, Par		-					
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
						P	Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance				1f			
2a	Did the organization include an amount on Fo				ility?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	II		<u></u>	
Pai	t V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back ((e) Four year	s back
1a	Beginning of year balance	250,000.	250,000.	250,000.	2	50,000.	250	0,000.
b	Contributions	1,500,000.	0.	0.		0.		0.
С	Net investment earnings, gains, and losses	50,192.	0.	0.		0.		0.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	1,800,192.	250,000.	250,000.	2	50,000.	250	0,000.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	i)) held as:				
а	Board designated or quasi-endowment	.0000	%					
b	Permanent endowment ▶ 97.2118	%	_					
С	Term endowment ▶ 2.7881	 %						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organiz	ation		
	by:						Yes	
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "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) A	Accumulate	d (d) Book val	ue
		basis (investr	nent) basis ((other) de	preciation			
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other							
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		•		0.

Part VII	Investments	- Other Securities.	

Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11b. 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 end-of-year mark	et value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	et 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" o			
(a) D	escription	(b) Bool	k value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		(b) Bool	k value
(1) Federal income taxes			
(2) Deferred rent			9,267
(3) Due to affiliate		22	20,413
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	▶ 29	9,680
2 Liability for uncertain tax positions. In Part XIII. provide t			

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... X

	mhuunaad Manahall Gallana	na		41	1750600
	dule D (Form 990) 2021 Thurgood Marshall College				1750692 Page 4
Pai	T XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		tn Revenue per H	etur	n.
1				1	107,504,403
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	
	Net unrealized gains (losses) on investments	2a	1.960.019.		
b	Donated services and use of facilities		1,960,019. 7,176,382.	-	
C			.,,	-	
	Other (Describe in Part XIII.)		364,005.	-	
				2e	9,500,406
3	Add lines 2a through 2d Subtract line 2e from line 1			3	98,003,997
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				30,000,000
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	153,200.		
		-	133/1001	-	
	,			4c	153,200
_	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)				98,157,197
5 Pai	rt XII Reconciliation of Expenses per Audited Financial Statem			Reti	
· u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		itii Experiece per	11011	
_	Total expenses and losses per audited financial statements			1	71,134,417
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			_ '	71,151,11
2	, ,	2a	7,176,382.		
	Donated services and use of facilities		7,170,302.	-	
	Prior year adjustments			-	
C	***************************************		410,257.	-	
	Other (Describe in Part XIII.)				7,586,639
	Add lines 2a through 2d			2e	63,547,778
3	Subtract line 2e from line 1			3	03,341,110
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	152 200		
	Investment expenses not included on Form 990, Part VIII, line 7b		153,200.	-	
	Other (Describe in Part XIII.)				152 200
	Add lines 4a and 4b			4c	153,200
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	63,700,978
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		•	4; Par	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional inf	ormation.		
Paı	rt V, line 4:				
TMC	CF's endowment funds are intended to be us	ed fo	or future so	ho1	arships.
Paı	rt X, Line 2:				
The	e Organization performed an evaluation of	uncei	rtain tax po	sit	ions for
the	e years ended December 31, 2021 and 2020,	and d	determined t	hat	there were
no	matters that would require recognition in	the	consolidate	d f	inancial
	atements or that may have any effect on it				

Part XI, Line 2d - Other Adjustments:

Special event expenses

364,000.

OFC consolidated income

Schedule D (Form 990) 2021 Thurgood Marshall College Fund Part XIII Supplemental Information (continued)	41-1750692 Page 5
Total to Schedule D, Part XI, Line 2d	364,005.
Part XII, Line 2d - Other Adjustments:	
Special event expenses	364,000.
OFC consolidated expenses	110.
Allowance for uncollectible pledges	46,147.
Total to Schedule D, Part XII, Line 2d	410,257.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Schedule G (Form 990) 2021

Name of the organization Employer identification number Thurgood Marshall College Fund 41-1750692 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events 34th Gala None (add col. (a) through (virtual) col. (c)) (event type) (event type) (total number) 3,050,108. 3,050,108. 1 Gross receipts 2,686,108 2,686,108. 2 Less: Contributions 364,000. 364,000. 3 Gross income (line 1 minus line 2) 12,500. 12,500. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 351,500. 351,500. 8 Entertainment 9 Other direct expenses 364,000. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Schedule G (Form 990) 2021

Sch	ledule G (Form 990) 2021 Inurgood Marshall College Fund 41-1	L/50692	∠ Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12		103	110
	Indicate the percentage of gaming activity conducted in:	ا مدا	0.4
	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:		
	Name		
	Address		
15a	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		
	of gaming revenue retained by the third party \$\bigs\square\$		
	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	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		
	retain the state gaming license?	L Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year 🕨 \$		
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
-			

Schedule G	i (Form 990)	Thurgood	Marshall	College	Fund	41-1750692 Page 4
Part IV	(Form 990) Supplemental Infor	mation (continue	ed)			<u> </u>

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Thurgood	Marshall	College Fun	đ				Employer identification number $41-1750692$
Part I General Information on Grants a		00110g0 1 u.i					11 1700031
Does the organization maintain records to	to substantiate th	ne amount of the grants	or assistance, the	grantees' eligibili	ty for the grants or as	sistance, and the selec	ction
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to	_				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than S	\$5,000. Part II ca	n be duplicated if addit	onal space is need	ded.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Alabama A&M University							Grow with Google HBCU
105 Patton Hall							Career Readiness Program
Normal, AL 35762	63-6001097	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grant
Alabama A&M University							2021-2022 Apple New
105 Patton Hall							Silicon Initiative (NSI)
Normal, AL 35762	63-6001097	501(c)(3) or 115	416,667.	0.	N/A	N/A	Grant
Alcorn State University							Grow with Google HBCU
1000 ASU Drive							Career Readiness Program
Lorman, MS 39096	64-6000013	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grant
			_ , , , , , ,				
Allen University							Grow with Google HBCU
1530 Harden Street							Career Readiness Program
Columbia, SC 29204	57-0341191	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grant
Bethune-Cookman University							Grow with Google HBCU
640 Dr Mary Mcleod Bethune Blvd				_			Career Readiness Program
Daytona Beach, FL 32114-3099	59-0704726	501(c)(3)	20,000.	0.	N/A	N/A	Grant
Cheyney University of PA							Grow with Google HBCU
837 University Circle P.O. Box 200							Career Readiness Program

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

3 Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

23-2478688 501(c)(3) or 115

Schedule I (Form 990) 2021

27.

0.

Grant

20,000.

Cheney, PA 19319-0200

		College Fun					1-1750692 Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organizations	and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fayetteville State University 1200 Murchison Rd Fayetteville, NC 28301-4298	56-1238736	501(c)(3) or 115	86,000.	0.	N/A	N/A	TMCF Fleischer Scholars Program
Florida A&M University 1601 S Martin Luther King Jr Blvd Tallahassee, FL 32307	59-0977035	501(c)(3) or 115	5,000,000.		N/A	N/A	Google Capacity Building
Florida Memorial University 15800 NW 42nd Ave Miami Gardens, FL 33054	59-0668483	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grow with Google HBCU Career Readiness Program Grant
Howard University 2201 Georgia Avenue, NW Washington, DC 20059	53-0204707	501(c)(3)	5,000,000.	0.	N/A	N/A	Google Capacity Building Grant
Howard University 2201 Georgia Avenue, NW Washington, DC 20059	53-0204707	501(c)(3)	389,787.	0.	N/A	N/A	2021-2022 Apple New Silicon Initiative (NSI) Grant
Huston-Tillotson University 900 Chicon St Austin, TX 78702	74-1180151	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grow with Google HBCU Career Readiness Program Grant
Langston University Foundation P.O. Box 725 Langston, OK 73050	11-3815948	501(c)(3)	20,000.	0.	N/A	N/A	Grow with Google HBCU Career Readiness Program Grant
Morgan State University 1700 E Cold Spring Ln Baltimore, MD 21251	52-6002033	501(c)(3) or 115	5,000,000.	0.	N/A	N/A	Google Capacity Building Grant
Morgan State University 1700 E Cold Spring Ln Baltimore, MD 21251	52-6002033	501(c)(3) or 115	511,500.	0.	N/A	N/A	2021-2022 Apple New Silicon Initiative (NSI) Grant

Schedule I (Form 990) III LI GOOG	Marsharr	Correge Full	u.			4	1-1/30092 Page 1		
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
North Carolina Agricultural and Technical State University - 1601							Google Capacity Building		
E Market St - Greensboro, NC 27411	56-6000007	501(c)(3) or 115	5,000,000.	0.	N/A	N/A	Grant		
North Carolina Central University 1801 Fayetteville St Durham, NC 27707	56-6000730	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grow with Google HBCU Career Readiness Program Grant		
Prairie View A&M University 100 University Dr Prairie View, TX 77446	74-6001078	501(c)(3) or 115	5,000,000.	0.	N/A	N/A	Google Capacity Building Grant		
Prairie View A&M University 100 University Dr Prairie View, TX 77446	74-6001078	501(c)(3) or 115	444,258.	0.	N/A	N/A	2021-2022 Apple New Silicon Initiative (NSI) Grant		
Saint Augustine's University 1315 Oakwood Ave Raleigh, NC 27610	36-3108821	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grow with Google HBCU Career Readiness Program Grant		
Savannah State University 3219 College St Savannah, GA 31404	58-6002069	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grow with Google HBCU Career Readiness Program Grant		
South Carolina State University Foundation Inc P.O. Box 7187 - Orangeburg, SC 29115-4427	23-7113930	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grow with Google HBCU Career Readiness Program Grant		
Southern University and A&M College - 801 Harding Blvd - Baton Rouge, LA 70807	72-6000817	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grow with Google HBCU Career Readiness Program Grant		
Southern University at New Orleans Foundation - 6801 Press Dr - New Orleans, LA 70126	72-0799587	501(c)(3)	40,000.	0.	N/A	N/A	Grow with Google HBCU Career Readiness Program Grant		

	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
tillman College							Grow with Google HBCU
601 Stillman Blvd uscaloosa, AL 35401	63-0315935	501(c)(3) or 115	20,000.	0.	N/A	N/A	Career Readiness Progra Grant
Garabhana Wadanadha							
exas Southern University 100 Cleburne Street							TMCF Fleischer Scholars
ouston, TX 77004	74-6001391	501(c)(3) or 115	86,000.	0.	N/A	N/A	Program
ougaloo College							Grow with Google HBCU
00 W County Line Rd							Career Readiness Progra
ougaloo, MS 39174	64-0303093	501(c)(3)	20,000.	0.	N/A	N/A	Grant
uskegee University							
200 W Montgomery Rd							Google Capacity Buildin
uskegee, AL 36088	63-0288878	501(c)(3)	5,000,000.	0.	N/A	N/A	Grant
niversity of the District of							
olumbia Foundation - 4200							Capital Builders
onnecticut Avenue NW -							Center/Clifton Scholars
ashington, DC 20008	52-1152624	501(c)(3)	105,025.	0.	N/A	N/A	Program
irginia State University							Grow with Google HBCU
Hayden St							Career Readiness Progra
etersburg, VA 23806	54-6074532	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grant
irginia State University							
Hayden St							TMCF Fleischer Scholars
etersburg, VA 23806	54-6074532	501(c)(3) or 115	151,000.	0.	N/A	N/A	Program
inston Salem State University							Grow with Google HBCU
01 S Martin Luther King Jr Drive							Career Readiness Progra
inston-Salem, NC 27110	56-6001466	501(c)(3) or 115	20,000.	0.	N/A	N/A	Grant

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
cholarships	2908	9,635,357.	0.	N/A	N/A

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

Part I, Line 2:

Scholarships are awarded per semester based on available funding. Thurgood Marshall College Fund Scholarships are not awarded directly to students. Scholarships are awarded to the student via the member college or university to which the student has been accepted. Students interested in applying for a TMCF scholarship must meet the following criteria: A citizen of the United States, full-time student pursuing a degree in any discipline at one of the TMCF "member schools", and demonstrate commitment to academic excellence.

Part IV Supplemental Information
Part II, line 1, Column (h):
Research Grants-
TMCF partners with government agencies and companies to offer capacity
building support and funding for researchers at member-schools and
elsewhere, to support research that is of mutual interest to donors and
the research community. The primary function of research and
development support is to discover and attain cutting-edge knowledge
about scientific and technological topics for the purpose of uncovering
and enabling development of valuable new products, processes and
services at our member-schools.

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Part I

Thurgood Marshall College Fund

Employer identification number 41-1750692

	account regulating compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 10 11 10 10 10 10 10 10 10 10 10 10 10			
_	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:	-		Х
a	The organization?	5a Eh		X
D	Any related organization?	5b		
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	C-		Х
a	The organization?	6a		X
D	Any related organization?	6b		
7	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	7	Х	
0	not described on lines 5 and 6? If "Yes," describe in Part III	7	77	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		22
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-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)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Dr. Harry L. Williams	(i)	425,000.	254,110.	0.	25,407.	1,500.	706,017.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) David Kyle Sheppard	(i)	215,000.	36,514.	0.	6,750.	1,500.	259,764.	0.
Chief Legal Officer & Chief of Staff	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Amy Goldstein	(i)	131,625.	89,756.	0.	26,000.	1,500.	248,881.	0.
VP Org Advancement/Capacity Building	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Aisha T. Brown	(i)	195,317.	42,470.	0.	7,210.	1,500.	246,497.	0.
Chief Finance & Operations Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Ja'Ron Kenneth Smith	(i)	225,000.	19,423.	0.	0.	0.	244,423.	0.
Executive Director, CAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Andrea Horton	(i)	183,110.	39,200.	0.	18,000.	1,500.	241,810.	0.
Chief Marketing Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) George Spencer	(i)	188,654.	28,514.	0.	19,500.	1,500.	238,168.	0.
Chief Development Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Eric D. Hart	(i)	164,231.	27,446.	0.	15,500.	1,500.	208,677.	0.
Chief Programs Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Jason Hundley	(i)	140,877.	26,084.	0.	10,222.	750.	177,933.	0.
VP of Finance and Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Betsy Burton-Strunk	(i)	140,327.	24,054.	0.	10,145.	750.	175,276.	0.
Vice President of Development	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021 Thurgood Marshall College Fund	41-1750692	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also continued the information of the	omplete this part for any additional information	ation.
Part I, Line 7:		
Bonuses received by all officers are discretionary and determined based		
upon performance.		
	_	

SCHEDULE L

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Employer identification number

Thurgood Marshall College Fund 41-1750692 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to or (i) Written (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No See Part V Part V 1,000,000. 0. Part V Х Х X Х Part See Part V V Part V 1,000,000 25,000. $\overline{\mathbf{x}}$ X X

| Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

25,000.

▶ \$

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Pers

Complete	if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's nues?
		Subst. contributor			Yes	No
Substantial	Rent		Х			
						ļ
D 111 0 1						<u> </u>
	mental Information.	one of the supportions on Cabadyla I (and	:t:\			
Provide a	aditional information for respons	onses to questions on Schedule L (see	instructions).			
Schedule L,	Part II, Loans	To and From Intere	sted Person	ıs:		
(a) Name of	Person: Substa	ntial contributor				
(1) - 1 . !	1.1					
(b) Relation	nship with Orga	nization: Substantia	al contribu	itor		
(c) Purpose	of Loan. Note	receivable consist	s of a note	icqued in		
(C) Fulpose	or hoan. Note	receivable consist.	s or a noce	: Issued III		
March 2018	to a private co	rporation, for the	repurchase	of donated		
		,				
stocks back	from the Organ	ization, over five	years, in 2	0% annual		
increments	plus accrued in	terest each year.				
Original pr	incipal amount:	1 000 000				
originar pr	incipal amount.	1,000,000				
Balance due	beginning of y	rear: 450,000				
						,
Balance due	end of year: -	0 –				
(a) Name of	Person: Substa	ntial contributor				
(a) Hame of	TOTOGII. BUDDOU	inerar concretation				
(b) Relation	nship with Orga	nization: Substantia	al contribu	ıtor		
(c) Purpose	of Loan: Note	receivable consist	s of a note	e issued in	May	
2010		for the	h£ d		_	
2019 to a p.	rivate corporat	ion, for the repurc	nase of doi	ated stocks)	
back from th	he Organization	, with \$100,000 down	n payment a	ınd four eau	ıa1	
20011 110111 0	<u> 019414010</u>	γ γ	n paymono o	and rour oge		
increments of	of \$225,000 plu	s accrued interest	each year f	or the next	:	
			-			
four years.						
Ond min = 1		1 000 000				
original pr	incipal amount:	I,000,000				
Ralance due	heginning of w	rear, 675 000				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Thurgood Marshall College Fund

Employer identification number 41-1750692

Cacheck if applicable Cach		Inurgood Mar	SHALL	correge r	una	41-	1/30	094	
Art - Works of art	Par	t I Types of Property	1 ()						
2 Art. Firstorical treasures 3 Art. Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded N Securities - Sclosely held stock 1 Securities - Partnership, LLC, or 1 trust interests N Securities - Partnership, LLC, or 1 trust interests N Securities - Miscellaneous N Oualified conservation contribution - Historic structures N Gualified conservation contribution - Other N Real estate - Residential N Real estate - Commercial R Real estate - Commercial N Real estate - Other N Real estate - Residential N Residence - Other Residential N Real estate - Residential N Residence - Other Residential N Residence - O			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of	determir		s
3 Art - Fractional interests	1	Art - Works of art							
3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 9 Securities - Partnership, LLC, or trust interests 9 Securities - Partnership, LLC, or trust interests 9 Securities - Miscellaneous 9 Coulified conservation contribution - Historics structures 9 Qualified conservation contribution - Other 9 Real estate - Residential 9 Real estate - Commercial 9 Real estate - Commercial 9 Feal estate - Commercial 9 Feal estate - Commercial 9 Feal estate - Securities - Securi	2								
4 Books and publications 5 Clothing and household goods 5 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded 8 Securities - Publicity traded 9 38,323.Fair Market Value 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Publicity traded 12 Securities - Publicity traded 13 Securities - Publicity traded 14 Securities - Publicity traded 15 Securities - Publicity traded 16 Securities - Publicity traded 17 Securities - Publicity traded 18 Securities - Publicity traded 19 Securities - Publicity traded 10 Securities - Publicity tr	3								
Boats and planes Boats	4								
Boats and planes Boats	5								
7 Boats and planes	6								
8 Intellectual property 9 Securities - Publicly traded X 9 38,323.Fair Market Value 0 Securities - Closely held stock 1 Securities - Partnership, LLC, or trust interests 2 Securities - Miscellaneous 3 Qualified conservation contribution - Historic structures 4 Qualified conservation contribution - Other 5 Real estate - Residential 6 Real estate - Commercial 7 Real estate - Coher 8 Collectibles 9 Food inventory 10 Drugs and medical supplies 1 Taxidermy 2 Historical artifacts 3 Scientific specimens 4 Archeological artifacts 5 Other	7								
Securities - Closely held stock Securities - Pathership, LLC, or trust interests Securities - Miscellaneous 3 Qualified conservation contribution - Other Historic structures 4 Qualified conservation contribution - Other 5 Real estate - Residential 6 Real estate - Commercial 7 Real estate - Commercial 8 Collectibles 9 Food inventory 10 Drugs and medical supplies 1 Taxidermy 2 Historical artifacts 3 Scientific specimens 4 Archeological artifacts 5 Other ► (AMEX gift car) X 1 9,800 Fair Market Value On Other ► ()) 8 Other ► ()) 9 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 16 If 'Yes,' describe the arrangement in Part II. 1 Does the organization hive or use third parties or related organizations to solicit, process, or sell noncash contributions? 20 Diff 'Yes,' describe in Part II. 3 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 3 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 3 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 3 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 3 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 3 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 3 If the organization hire or use third parties or related organizations to solicit, p	8								
0 Securities - Closely held stock Securities - Partnership, LLC, or trust interests 2 Securities - Miscellaneous 3 Qualified conservation contribution - Historic structures 4 Qualified conservation contribution - Other 5 Real estate - Residential	9		X	9	38,323.	Fair Marke	t Va	1ue	
1 Securities - Partnership, LLC, or trust interests 2 Securities - Miscellaneous 3 Qualified conservation contribution - Historic structures 4 Qualified conservation contribution - Other 5 Real estate - Residential 6 Real estate - Commercial 7 Real estate - Other 6 Collectibles 7 Real estate - Other 8 Real estate - Other 8 Real estate - Other 8 Real estate - Other 9 Real estate - Comercial 9 Real estate - Other 9 Real estate - Other 9 Real estate - Comercial 9 Real estate - Comercial 9 Real estate 9 Real estat	0								
2 Securities - Miscellaneous 3 Qualified conservation contribution - Historic Structures 4 Qualified conservation contribution - Other. 5 Real estate - Residential 6 Real estate - Commercial 7 Real estate - Other 8 Collectibles 9 Food inventory 10 Drugs and medical supplies 1 Taxidermy 2 Historical artifacts 3 Scientific specimens 4 Archeological artifacts 5 Other (AMEX gift car) X 1 9,800 Fair Market Value 6 Other (AMEX gift car) X 1 9,800 Fair Market Value 7 Other (AMEX gift car) X 1 9,800 Fair Market Value 8 Other (AMEX gift car) X 1 9,800 Fair Market Value 9 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 9 Number of Forms 8283 received by the organization and property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 9 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 9 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 9 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 9 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 9 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 9 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 9 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 9 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 9 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions	1								
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A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2	ΙA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	n	Schodulo	M (For	m 990	-

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

Schedule M	(Form 990) 2021	Thurgood	Marshall	College	Fund	41-1750692	Page 2
Part II	Supplementa	Information.	Provide the inforr	nation required b	y Part I, lines 30	b, 32b, and 33, and whether the organ eived, or a combination of both. Also c	nization

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

Thurgood Marshall College Fund

 $\begin{array}{c} \textbf{Employer identification number} \\ 41-1750692 \end{array}$

Form 990, Heading, Item B- Amended Return
The 990 has been amended to reflect the final numbers from the audited
financial statements completed after the original 990 was filed.
Parts of the 990 that changed from the original filing:
Parts I, III, IV, VIII, IX, X, XI and XII and Schedules A, D, I and L
Form 990, Part III, Line 1, Description of Organization Mission:
leadership potential, and create a pipeline for employers of highly
qualified member-schools, students and alumni.
Form 990, Part III, Line 4a, Scholarships and grants (continuation):
The identification process is implemented by pre-screening students for
geographic preferences, career objectives, and matching TMCF's
partners' needs. Qualified applicants demonstrate personal
effectiveness competencies such as active listening skills,
presentation skills, professionalism, dependability and reliability,
interpersonal skills and self-awareness in order to model the behavior
of a student for whom the talent acquisition division determines is the
best recruit.
TMCF Corporate Scholar Programs promote career readiness through
scholarships, leadership development, boot camps, and immersive
experiences for hand-selected student leaders attending HBCUs and PBIs.
These highly competitive and unique programs leverage the knowledge,

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

Employer identification number

Thurgood Marshall College Fund 41-1750692

experience, and network of top employers from around the country and

TMCF staff to foster a collaborative learning community. Students

develop key leadership skills, nurture their originality and receive

hands-on experience that will prepare them to be career ready as they

join the workforce.

Form 990, Part III, Line 4b, Leadership training and seminars (continuation):

This training will equip future teachers with the skills they need to successfully enter high-need schools in urban and rural communities.

Selected science, technology, engineering, and math (STEM) majors will take part in a two-week fellowship designed to expose those considering a career education to the latest theories and practices associated with exemplary science and mathematics instruction.

Part V, Lines 2a & b, Part VII, Part IX Compensation & Benefits Reporting:

TMCF has a professional employer organization (PEO) arrangement with

Insperity. Insperity files all required federal employment tax
returns.

Form 990, Part VI, Section B, line 11b:

The Federal form 990 is prepared by an independent public accounting firm.

The draft form 990 is initially reviewed by the Audit Committee and is made available to the entire Board of Directors before filing with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

Name of the organization
Thurgood Marshall College Fund

Employer identification number
41-1750692

related to the conduct of its Board of Directors, officers, and other employees. Therefore, employees must never use their positions with TMCF, or any of its clients, for private gain, to advance personal interests, or to obtain favors or benefits for themselves, members of their families or any other individuals, corporations or business entities. TMCF adheres to the highest legal and ethical standards applicable in our business. TMCF's business is conducted in strict observance of both the letter and spirit of all applicable laws and the integrity of each employee is of utmost importance. Employees of TMCF shall conduct their personal affairs such that their duties and responsibilities to TMCF are not jeopardized and/or legal questions do not arise with respect to their association or work with TMCF.

Form 990, Part VI, Section B, Line 15:

TMCF uses independent board approval, comparability data, and contemporaneous substantiation of the deliberation and decision when determining compensation of the top management officials as well as key employees.

Form 990, Part VI, Section C, Line 19:

TMCF does not make public governing documents or the conflict of interest policy. The financials statements are posted to the website.

Form 990, Part XI, line 9, Changes in Net Assets:

Uncollectible pledges

-46,147.

Form 990, Part XII, Line 2c:

TMCF's Finance Committee is responsible for oversight of the audit,

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Thurgood Marshall College Fund

Employer identification number 41-1750692

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)				Direct o	ontrolling ntity	9
TM2 Search, LLC - 36-4827319	Education search/							
901 F Street, NW Suite 700		leadership development				Thurgood Man		
Washington, DC 20004-1436	services	Delaware		0. 2	22,352.0	College Fund	f	
Part II Identification of Related Tax-Exempt Orgorganizations during the tax year.	anizations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) Direct controlling entity		g) 512(b)(13) rolled ity?
		, , , , , , , , , , , , , , , , , , ,		501(c)(3))		•	Yes	No

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

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	()	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l	b)(13) rolled tity?
		country)		,				Yes	No
Opportunity Funding Corporation, Inc			Thurgood						
52-1429761, 901 F Street, NW, Suite 700,			Marshall						
Washington, DC 20004-1436	Business plan funding	DC	College Fund,	C CORP	5.	225,968.	100.00%	Х	

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions	with one or more r	elated organizations listed in	Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
	•						
f	Dividends from related organization(s)				1f		Х
g					1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organic	ization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related organi				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on wh						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1)							
(2)							
(3)							
(4)							
(5)							
<u>(6)</u>						_	
	3 11-17-21	55		Schedule I	D (Ear	000	2021

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

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

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners s 501(c)(orgs.? Yes N	Share of total income	Share of end-of-year assets	Disprotion allocat Yes	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi partne Yes N	or Percentage in ownership o
of entity		(state or foreign country)	excluded from tax under sections 512-514)	orgs.? Yes N	yy total income	end-of-year assets	Yes	No	of Schedule K-1 (Form 1065)	yes N	o ownership
		country)	sections 512-514)	Yes N	No income	assets	Yes	No	(Form 1065)	Yes N	0
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