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# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

		of the Treasury nue Service	▶ Information about Form 990-EZ and its instructions is	at www.irs.gov/for	rm990.	Inspection
_			ar year, or tax year beginning July 1 , 5	2014, and ending	June	30 , 20 15
_	Check if ap	1	C Name of organization		D Employer	identification number
	Address c	change	Montgomery Area Science Fair Association			13-4262893
	Name cha	-	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone	
	Initial retu	ım	18062 Cactus Ct.			
		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Ex	cemption
_	Amended Applicatio	return on pending	Gaithersburg, MD 20877-3801		Number	-
_		ting Method	✓ Cash Accrual Other (specify) ►	н	Check ▶ □	If the organization is not
	Vebsite	•				ittach Schedule B
JT	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3)	a)(1) or 527	(Form 990, 9	90-EZ, or 990-PF)
_		organization		<del></del>		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,00	00 or more, or if tota	l assets	
(Pa	rt II, col	lumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	\$
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Ba	lances (see the	instruction	ns for Part I)
		Check if	the organization used Schedule O to respond to any ques	tion in this Part I	<u>.</u>	<u> </u>
-	1	Contribution	ons, gifts, grants, and similar amounts received		1	35,268
	2	Program se	ervice revenue including government fees and contracts .		2	3,890
	3	Membersh	ip dues and assessments		3	0
	4	Investment	tincome		4	90
	5a	Gross amo	ount from sale of assets other than inventory	5a	0	
	b		or other basis and sales expenses	5b	o	
	С		ss) from sale of assets other than inventory (Subtract line 5b f	<u>5c</u>	0	
	6	_	d fundraising events			
a	а	<b>.</b>	ome from gaming (attach Schedule G if greater than			
Revenue			me from fundraising events (not including \$	of contribution	0	
eve	b		ns 🎉			
ď			aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000)	er		
	_			6b 6c	0	2
	d		t expenses from gaming and fundraising events e or (loss) from gaming and fundraising events (add lines 6		0 htract	
	"	line 6c) .	e or (1033) from garring and randraising events (add into 0		· · 6d	0
	7a	•	s of inventory, less returns and allowances	7a	250	<u> </u>
	Ь,		of goods sold	.7b	0	
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7		7c	250
	8		nue (describe in Schedule O)		8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c; and 8, 10	7	. > 9	39,498
_	10	Grants and	similar amounts paid (list in Schedule O)		. 10	<del></del>
	11		aid to or for members		11	21,645
S	12	Salaries, of	ther compensation, and employee benefits . 🤌 🏃 .		12	0
Expenses	13	Profession	al fees and other payments to independent contractors	<del></del>	13	3,643
g	14	Occupancy	y, rent, utilities, and maintenance		14	4,821
ũ	15	Printing, pi	ublications, postage, and shipping		15	2,584
	16		enses (describe in Schedule O)		. 16	100
_	17	Total expe	enses. Add lines 10 through 16			
ts	18		(action) <b>)</b> (cecanal and the transfer of		18	
Se	19		or fund balances at beginning of year (from line 27, colum		The same of the sa	······
As			r figure reported on prior year's return)		<u> </u>	<del></del>
Net Assets	20		nges in net assets or fund balances (explain in Schedule O).		<del></del>	<del></del>
	21		or fund balances at end of year. Combine lines 18 through 20		<u>▶ 21</u>	
For	Paper	work Reduct	ion Act Notice, see the separate instructions.	Cat No 10642I		Form <b>990-EZ</b> (2014)

orm	990-EZ (2014)			•		Page 2
Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part II		<u> </u>
				(A) Beginning of year	L.	(B) End of year
22	Cash, savings, and investments			90,165		96,948
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			90,165	-	96,9 <u>48</u>
26 27	Total liabilities (describe in Schedule 0) .  Net assets or fund balances (line 27 of column			90,165	26	00.040
	t III Statement of Program Service Accor				21	96,948
· qı	Check if the organization used Schedul					Expenses
Wha	t is the organization's primary exempt purpose?	<u> </u>	., q.,	· ••• • • • • • • • • • • • • • • • • •		quired for section
	cribe the organization's program service accomp	lichments for each o	f its three largest n	rogram services		(c)(3) and 501(c)(4) anizations, optional for
	neasured by expenses. In a clear and concise					ers)
	ons benefited, and other relevant information for e		·			
28	Conduct science fair, rent facilities for fair, refreshr	nents for judges, prize	s for student winners	, Over 500		
	registered fair student participants and 200 judges	from community are h	osted at the event.		}	
		t includes foreign gra			288	23,110
29	Send winners to complete in international fair. Winn	ers travel to fair. Expe	enses for winners and	d two		
	chaperones					
	/Oto the company	t makedaa farasaa ara	nto chook hara		20.	
30	(Grants \$ ) If this amoun				298	7,412
JŲ						
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here .	🕨 🗀	30a	a
31	Other program services (describe in Schedule O)					
		t includes foreign gra	ints, check here .	▶ □	318	3
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	
Par		- • - •			nstru	ctions for Part IV)
	Check if the organization used Schedul	e O to respond to ar			<del>., .</del>	<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation		other compensation
			(ii flot paid, effer -0-)	deferred compensation	+	
	Burgett (President)					•
	2 Porterfield Way, Germantown, MD 20874 stopher G. Cochran (Treasurer)	10	0	<del></del>	0	0
	2 Cactus Ct., Gaithersburg, MD 20877	2	0		0	n
	Afoakwah (Secretary)	<del> </del>			1	
	Rippley St., Apt 804, Silver Spring, MD 20910	  2	0		0	0
		<del></del>				
				<del></del>	+	
		+			+	
		-			$\top$	
		1	I	l	- 1	

Part	unstructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
	instructions for Part V) Oneon it the organization used Schedule O to respond to any question in this	, art	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>√</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Ţ
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>✓</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	12:31	<u></u>	<u> </u>
b	Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	- %	✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved	. va()		Č,
39	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9		åt.	, š + »
a	Gross receipts, included on line 9, for public use of club facilities		333	* 3
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		7	,
704	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	- 1	(b)	(B)
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	L.J.		اد د
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>\</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	oj;	ν <b>4</b> ξ%.	, , ,
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	- Constant	1 2	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>✓</b>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
_	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	√ V
	If "Yes," enter the name of the foreign country:	A 4 13	1.3	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	> <sup>3</sup>		(Arri
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		, 1	<b>▶</b> □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	*,	· ·
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>✓</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		**	يذ
	explanation in Schedule O	44d	<u> </u>	<b>√</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>  √</b>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	·:	*	1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	AFL		
	Form 990-EZ (see instructions)	45b	Ь	i_ <b>V</b> _

	- (2014)						·	Tri
	d the organization engage, directly or in candidates for public office? If "Yes," o						Yes	No
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sch	s must answer que			mplete the	tables f	or lin	es
	Office if the organization used oci	icadic O to respond	to any question in	tino i dit vi	<del> </del>	· · · · ·	Yes	No
	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Part		section 501(h) elect					1
48 ls t	the organization a school as described in	n section 170(b)(1)(A)(i	ii)? If "Yes," complete	Schedule E		48		<b>1</b>
<b>49a</b> Did	d the organization make any transfers to	o an exempt non-cha	arıtable related organ	nization?		49a		<b>√</b>
b If "	Yes," was the related organization a se	ection 527 organization	on?			49b		
<b>50</b> Co	emplete this table for the organization's	five highest compen	nsated employees (o	ther than offi	cers, directo	ors, truste	es an	id key
em	ployees) who each received more than	\$100,000 of comper	nsation from the org	anization. If t	here is none	e, enter "N	lone "	,
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	benefit plans,	to employee	(e) Estimate other con		
				- 13				
<b>51</b> Co	tal number of other employees paid over emplete this table for the organization' 00,000 of compensation from the orga	s five highest comp	ensated independer	nt contractor	s who each	received	more	thar
	(a) Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)	Compensati	on	
						<del>.</del>		
<b></b>			-					
			-					
			-		, , , , , , , , , , , , , , , , , , ,			
						- <u>-</u>		
<b>52</b> Did	tal number of other independent contra d the organization complete Schedu mpleted Schedule A			janizations r		a .▶∐ Yes	. 🗆	No
	ties of perjury, I declare that I have examined this i , and complete Declaration of preparet (other than	return, including eccompar n officer) is based on all info	nying schedules and stater ormation of which prepare	ments, and to the r has any knowle				
Sign	Soldande Wofficer	lh		<b>Q</b>	1415			
Here	Christopher G. Cochran, Treasurer Type or print name and title	r						
Paid Prepare	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	ıf PTIN		
Use On				Fire	m's EIN ▶			
USC UIII	Firm's address ▶			Ph	one no			
May the IF	RS discuss this return with the prepare	shown above? See	instructions			► \ Yes		No

## SCHEDULE A (Form 990 or 990-EZ)

# **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.

2014 ▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization					Employer identification	number
Monte	gomery Area Science Fair Association						62893
Par							ns.
The c	organization is not a private founda		•		-	•	
1	A church, convention of churc			bed in <b>se</b>	ection 17	'0(b)(1)(A)(i).	
2	A school described in section						
3	A hospital or a cooperative ho						CON Catalana
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)	_				al unit described in
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete:	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization at	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exceptio ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An organization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	i <b>on 509(a)(3).</b> Check
а	☐ Type I A supporting organize the supported organization(sorganization. You must contain the support of the s	s) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organic control or management of the organization(s). You must co	e supporting org	janization vested in th				
С	Type III functionally integra its supported organization(s)	ated. A supportin	ng organization opera				y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organize functionally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	-	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?		(vi) Amount of other support (see instructions)
			(See man denoma)	Yes	No	†	
(A)	<del> </del>						
(B)							
(C)							
(D)							
(E)							
				M 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	US: YOUR OF		
Total	<u> </u>		Marie III TOTAL		. 1		

Part							
	(Complete only if you checked the				_	•	ality under
Cooti	Part III. If the organization fails to	o quality unde	er the tests its	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(=) 2010	(b) 2011	(a) 2012	(4) 2012	(e) 2014	(f) Total
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(i) iolai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
4	Total. Add lines 1 through 3		1. 348				
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)						
6	Public support. Subtract line 5 from line 4.		\$ - : :: ·	(i, i, x 3@)	<b>3</b> ≥ 1, − ± 1, 5 ;		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties 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.)						
11	Total support. Add lines 7 through 10		1.1748.51.8	[::] %,D,:	1.0		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere	<u></u>				
	on C. Computation of Public Suppo			1 001 (6)		14	%
14 15 16a	Public support percentage for 2014 (line Public support percentage from 2013 Sc 331/3% support test—2014. If the organic	hedule A, Part	II, line 14 .			14   15   73% or more. c	%
	box and <b>stop here</b> . The organization qua						. ▶ 🗆
b	331/3% support test—2013. If the organ check this box and stop here. The organ					e 15 is 33 <sup>1</sup> / <sub>3</sub> % 	or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts-	and-circumsta	inces" test, ch	eck this box ar	nd <b>stop here.</b> E	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization or supported organization	tion meets the neets the "fact 	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and <b>st</b> on qualifies as a	op here. a publicly . ► □
18	Private foundation. If the organization d	ıd not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support	diadi the te	310 11010 2011	on, piedeo oc			
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(2) 2011	(0) 20 12	(4) = 0 . 0	(0) =0 1	
•	received. (Do not include any "unusual grants.")	41,765	44,737	34,738	38,378	35,268	194,886
2	Gross receipts from admissions, merchandise	41,703	44,/3/	34,736	30,376	35,208	194,000
_	sold or services performed, or facilities						
	furnished in any activity that is related to the					[	
_	organization's tax-exempt purpose	3,905	4,250	5,070	4,470	3,890	21,585
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	. 0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	8,000	8,000	8,000	24,000
6	Total. Add lines 1 through 5	45,670	48,987	47,808	50,848	47,158	240,471
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	_ 0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
-	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	O	0	o	0
С	Add lines 7a and 7b	0	0	0	.0	0	0
8	Public support (Subtract line 7c from			5			
	line 6.)		144.17				240,471
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	45,670	48,987	47,808	50,848	47,158	240,471
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	168	125	78	90	90	551
b	Unrelated business taxable income (less				- <del></del>		
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	o	о	0	o	551
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	o	o	o	o	0
12	Other income. Do not include gain or					_	
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	o	325	645	250	1,220
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	45.838	49,112	48,211	51,583	47,498	242,242
14	First five years. If the Form 990 is for t						
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo	rt Percentag	e	•			
15	Public support percentage for 2014 (line			13, column (f))		15	98.8 %
16	Public support percentage from 2013 Sc					16	98.2 %
	on D. Computation of Investment Ir						
17	Investment income percentage for 2014			y line 13, colu	mn (f))	17	1.0 %
18	Investment income percentage from 201					18	1.75 %
19a	331/3% support tests-2014. If the organ	nization did not	check the box	x on line 14, a	nd line 15 ıs m	nore than 331/39	%, and line
	17 is not more than 331/3%, check this box	and <b>stop here</b> .	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . 🟲 🗸
b	331/3% support tests-2013. If the organi						
_	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	All Supp	porting Organizations

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	, , , , , ,	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	<u></u>	
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 <b>Part VI</b> when and how the organization made the determination.	3b	Ĺ	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с	`å	
4a	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		المُشَادِّةُ المُنْ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	ĵ.	
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 <b>Part VI</b> .	9a	£ź	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		<b>\$</b>
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9с	/	*.
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	100	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ļ <u>.</u>

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.)

10b

Р	aq	е	:

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c	ļ	
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II 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 supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		غ ا
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	315	7 67	334
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2</b> b		*
3	Parent of Supported Organizations. Answer (a) and (b) below.		11.35	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		13.1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970. See ii	nstructions. All
other Type III non-functionally integrated supporting organizations must co	mpi	ete Sections A through E.	
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functional		\$ 16) 80 A May 2	a organization (ccc
instructions)	y -11	regrated Type III Supporting	y organization (see

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions	Current Year		
1_	Amounts paid to supported organizations to accomplish or			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity	_	<u> </u>	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		,	· · · · · · · · · · · · · · · · · ·
	Elifo d'arrodire dividos dy Elifo d'arrodire	(2)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			*\$
	(reasonable cause required-see instructions)	₹° j,		
3	Excess distributions carryover, if any, to 2014:	, , , , , , , , , , , , , , , , , , , ,		`, `
а		· citil i		/* * * * * * * * * * * * * * * * * * *
b	(4) 15 第2 (4) 1 (2) 1 (4)		<b>)</b>	Transfer in the
С				
d		<b>*</b> * * * * * * * * * * * * * * * * * *	1. (4)	\$ \$ \$ \$ \$ \$ \$ \$
е	From 2013	\$\$ 'c	. <b>W</b>	· '\$5 4 4
f	Total of lines 3a through e		31 / 11	<sub>-                                  </sub>
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount	13 <b>3</b> 6 3 2 2 3 3 3 3 5 5 5		
i	Carryover from 2009 not applied (see instructions)		10 pt 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	:-
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years	K.1.		(i) (ii)
b	Applied to 2014 distributable amount	N C	i sika	
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		3	
7	Excess distributions carryover to 2015 Add lines 3 <sub>j</sub> and 4c			
8	Breakdown of line 7:	<i>A</i>	i i i ya ya ya i	1
а	**		( )	14: 5
ь	}	\$ .		
	3,	<u> </u>	\$\frac{1}{2} \cdot \frac{1}{2}	
d	Excess from 2013		, · · · · · · · · · · · · · · · · · · ·	130
е	Excess from 2014		\$ 1 & & . '	· All Chi
			0-1-1-1	A (Form 000 or 000 EZ) 201/

Chedule A (Form 990 or 990-EZ) 2014				
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	t —		
art III Sec	tion B Line 12: Sold extra T-Shirts.			
		••••		
<b></b>				

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Montgomery County Area Science Fair Association	13 <u>-4262893</u>
Part One: Other Expenses Itemized:	
Line 16: General Fair supplies \$100	
T-Shirts to give Fair Participants: \$2,623	
Website and ISP : \$125	
INTEL International Science Fair Participation (for fair participants selected to move to next competition	1)
Airfare : \$1,038	
Hotel and Food : 4,534	
INTEL Fair Registration : 1,840	
	·····
Line 20:	
Bank Reconciliation: \$78	
Part three: Primary Exempt Purpose:	
Montgomery County Area Science Fair Association sponsors and organizes the Montgomery County Science	cience Fair, hosts the fairs
selects participants to move on to the INTEL International Science Fair and sponsors the participants w	ho are selected including
expenses.	
An organization that normal receives: (1) more than 33 1/3% of its supports from contributions, member	ship fees and gross receipts
from activities related to its exempts 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 business	
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III).	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
lame of the organization	Employer identification number
Montgomery County Area Science Fair Association	13-4262893
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