

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

SCANNIED DEC 0 4 2015

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Dep	artment of t	he Treasury e Service	▶ Information al		•			•	•		Inspection
Ā			ndar year, or tax year begin		July 1			nd ending		ne 30	, 20 15
В	Check if a		C Name of organization Montg		unty Public Se				ation, Inc	D Employ	er identification number
	Address o	hange	Doing business as								52-1804509
	Name cha	inge	Number and street (or P O box	r if mail is n	ot delivered to st	reet address)	Room/suite		E Telepho	one number
	Initial retu	rn k	850 Hungerford Drive				1	14	149 301-517-5099		
	Final return	/terminated	City or town, state or province	country, ar	nd ZIP or foreign	postal code		-			
	Amended	return	Rockville MD 20850-1718							G Gross re	eceipts \$ 1,348,652
	Applicatio	n pending	F Name and address of principal	officer					H(a) Is this a g	roup return for	subordinates ⁹ Yes No
	_								H(b) Are all	subordinate	es included? 🔲 Yes 🗹 No
<u></u>	Tax-exem	pt status	✓ 501(c)(3)	1(c) () ◀ (insert no.)	4947(a)(1	1) or [<u></u>	If "N	lo," attach	a list, (see instructions)
J	Website [,]	► www	v mcpsfoundation org						H(c) Group	exemption	number 🕨
K		ganization [Corporation Trust As	sociation [Other ▶		L Yea	of formation	1988	M State	of legal domicile MD
P	art I	Summa	ary								
	1	•	scribe the organization's r		_						
ဥ	l l		ducational Foundation is to	-						-	
Е	1		dents to maximize their kno	-			-	-			
Governance	4		s box ▶ ☐ if the organizat				or dis	sposed of r	more thar	1 25¦% of	its net assets.
Ĝ	l l		of voting members of the o							3	21
≪ ⊗	l l		of independent voting mer			• .		-		4	21
itie	l l		nber of individuals employ			14 (Part V	, line	2a) .		5	2
Activities &			nber of volunteers (estimat			WED.				6	
⋖	1		elated business revenue fr				ای۔			7a	
_	b	Net unrela	ated business taxable inco	me from			181		<u> </u>	7b	
				ြုစ္တု	NOV I 6	2015	9	-	Prior Ye		Current Year
Ę	1		ions and grants (Part VIII,	1 1		•	33	· ·		1,158,529	1,203,452
Revenue			service revenue (Part VIII,		ONDE:	1117	7785	· .			70.040
æ			nt income (Part VIII, colum					· ·		68,998	72,248
	1		enue (Part VIII, column (A)							673,306	
	 		nue-add lines 8 through	****			A), IIN	e 12)		1,900,833	1,384,623
	1		id similar amounts paid (P							1,281,859	1,234,303
	1	-	oald to or for members (Pa			-		·		101 221	110.105
ses	1		other compensation, employ				ines o)-10) 		101,321	110,105
Expenses	1		nal fundraising fees (Part I					• •	·	· [4:	- W. J. W. W. W.
찣	1		draising expenses (Part IX,					<u>'`</u> -		31,872	83,580
	1	-	enses (Part IX, column (A)			-	 30 25)			1,415,052	1,427,988
	1	-	enses. Add lines 13–17 (m less expenses. Subtract lii			ווו ,(רא) ווווווו	16 23)	'		485,781	(43,365)
_ 9		revenue i	less expenses. Subtract in	10 1101	11 11116 12 .	: : :		Bed	inning of Cu		End of Year
Net Assets or Fund Balances	20 T	Total asse	ets (Part X, line 16)							5,388,086	5,182,444
Asse	21 1		lities (Part X, line 26)					•		1,371,389	1,209,112
E SE	22		s or fund balances. Subtra				• •			4,016,697	3,973,332
_	art II		ure Block	JOE III O Z	1 110111 11110 20			• •		.,,	0,110,000
		 -	y, I declare that I have examined	thus-return	including accom	panying sch	edules	and statemer	nts, and to t	he best of r	my knowledge, and belief, it is
tru	e, correct,	and comple	ete Declaration of preparer (other	than office	r) is based on all	information	of whic	h preparer ha	s any knowl	edge.	
		AU.	AMA DE SAMOON	J.H.	<i>-</i>					11/13/2	V15
Sig	ın	Signa	iture of officer	J. May					Da	te	~~~
He		Vhi	Frazido Paria	with.	executive	SCICPA	APT.	,			
		Type	or print name and title	milly.	* ** 1 [C						
D-	 .i.dl		e preparer's name	Prepa	rer's signature	-		Date		Check	PTIN
Pa										self-em	— 1
	eparer		ame ▶						Firn	n's EIN ▶	
US	e Only	Firm's ad								ne no	

Cat No 11282Y

Yes No Form **990** (2014)

Part		nent of Program Servi			
	_	_	ce Accomplishments a response or note to any line in thi	s Part III	Г
1		ribe the organization's m		31 ditiii	
	-	<u> </u>	y Public Schools Educational Foundation	on is to actively support Montgome	ery County Public
		- 	provide equitable opportunities for MCF		
	and commu	nity engagement in suppor	t of successful student outcomes		
	Did the are	mundian undarbala anu d	and the second s	a voer which were not listed on t	· · · · · · · · · · · · · · · · · · ·
2	•	· · · · · · · · · · · · · · · · · ·	significant program services during the	e year which were not listed on t	ւne · □Yes ☑No
	•	scribe these new services			103 - 100
3	-		cting, or make significant changes i	n how it conducts, any progra	am
	services? .				. ☐ Yes 🗹 No
		scribe these changes on			
	expenses. S	section 501(c)(3) and 501	service accomplishments for each or (c)(4) organizations are required to reny, for each program service reported.	port the amount of grants and a	
4a	(Code:) (Expenses \$	545,000 including grants of \$	545,000) (Revenue \$	
40	Grants throu	gh Howard Hughes Medic re used to promote K-12 to	al Institute support and promote science	e edcation in Montgomery County	
		,			
		,			
4b	(Code:) (Expenses \$	113,481 including grants of \$	113,481) (Revenue \$)
4b	(Code:		• •	113,481) (Revenue \$)
4b	(Code:) (Expenses \$	• •	113,481) (Revenue \$)
4b	(Code:) (Expenses \$	• •	113,481) (Revenue \$)
4b	(Code:) (Expenses \$	• •	113,481) (Revenue \$)
4b	(Code:) (Expenses \$	• •	113,481) (Revenue \$)
4b	(Code:) (Expenses \$	• •	113,481) (Revenue \$)
4b	(Code:) (Expenses \$	• •	113,481) (Revenue \$)
4b	(Code:) (Expenses \$	• •	113,481) (Revenue \$)
4b	(Code:) (Expenses \$	• •	113,481) (Revenue \$)
4b	(Code:) (Expenses \$	• •	113,481) (Revenue \$)

 4d
 Other program services (Describe in Schedule O.)

 (Expenses \$ including grants of \$) (Revenue \$)

 4e
 Total program service expenses ▶

Form 99	0 (2014)		F	age 3
Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
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		,
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		~
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		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	9		* J****
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		
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	~	
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		V
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate formers investments unliked at \$100,000 or more? If "You," complete School United States, and IV	4.45		,
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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	14b		,
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		~
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		~
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		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	0 (2014)			Page 4
Part	Checklist of Required Schedules (continued)		г.;	· · · ·
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
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	1	
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	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		٧
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	= !	·
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		·
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		V
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
	Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	V
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		~
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		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	,	
		Forn	n 990	(2014)

b E	Check if Schedule O contains a response or note to any line in this Part V			
b E			Yes	No
b E	nter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			1, -
	nter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4.	-	. .
c D	tid the organization comply with backup withholding rules for reportable payments to vendors and	-		٠,
	eportable gaming (gambling) winnings to prize winners?	1c	Ż	
	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3	,	
	tatements, filed for the calendar year ending with or within the year covered by this return 2a	, 3	٠.] _ ;
	at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		"
	lote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		6 313 A	
	old the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a A	t any time during the calendar year, did the organization have an interest in, or a signature or other authority	ĺ '		
0	ver, a financial account in a foreign country (such as a bank account, securities account, or other financial			l .
a	ccount)?	4a		~
	"Yes," enter the name of the foreign country: ▶	.		'
S	ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1	
•	FBAR)			
	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
	old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C If	"Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	loes the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		,
0	rganization solicit any contributions that were not tax deductible as charitable contributions?	6a		-
		6b		1
	Ifts were not tax deductible?	0.0		
7 O	old the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	,		
	nd services provided to the payor?	7a		1
	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c D	old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	equired to file Form 8282?	7c		1
	"Yes," indicate the number of Forms 8282 filed during the year			,
e D	old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f D	old the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g If	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h _{If}	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			,
	ponsoring organization have excess business holdings at any time during the year?	8		~
	ponsoring organizations maintaining donor advised funds.	_		
	old the sponsoring organization make any taxable distributions under section 4966?	9a		V
	old the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
	Section 501(c)(7) organizations. Enter:			1.5
	nitiation fees and capital contributions included on Part VIII, line 12	1	,	'
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	ł		-
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		· ,	- '
aG	Gross income from members or shareholders	1		
	gainst amounts due or received from them.)			١
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
12a S	"Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
als	s the organization licensed to issue qualified health plans in more than one state?	13a		~
N	lote. See the instructions for additional information the organization must report on Schedule O.	-		
b E	nter the amount of reserves the organization is required to maintain by the states in which	1		
	he organization is licensed to issue qualified health plans			
	Inter the amount of reserves on hand			_
14a E	old the organization receive any payments for indoor tanning services during the tax year?	14a	L	~
b If	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O.	See in	struct	ions.
Sect	Check if Schedule O contains a response or note to any line in this Part VI ion A. Governing Body and Management		• •		. 🗸
Secti	ion 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 2	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business in any other officer, director, trustee, or key employee?	elationship with	2		/
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4	L	~
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5	ļ	~
6 7a	Did the organization have members or stockholders?		7a		V
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	,
а	The governing body?		8a	•	
b	Each committee with authority to act on behalf of the governing body?		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	Ì	,
Secti	on B. Policies (This Section B requests information about policies not required by the			ode)	
0000	on B. I didied (This decilon B requests information about policies not required by the	J III CITICI TICYCI	100 0	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		'
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12a 12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done.	oolicy? If "Yes,"	12c		
13	Did the organization have a written whistleblower policy?		13	~	
14	Did the organization have a written document retention and destruction policy?		14	~	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	· 聖子 4月分)	1. F	
a	The organization's CEO, Executive Director, or top management official		15a	~	
b	Other officers or key employees of the organization		15b	- 2.	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?		16a		•
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	to evaluate its o safeguard the	16b		
	on C. Disclosure				_
17 18	List the states with which a copy of this Form 990 is required to be filed Maryland Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply		n 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in School Describe in School Owner) of the financial statements available to the public during the tax year.		terest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization Gary Buckley, 45 West Gude Drive, Suite 3200, Rockville MD 20850 - 301-279-3652	n's books and re	cords	>	

form !		

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

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

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

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

Check this box if neither the organization	nor any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
		•		(0	C)	_				
(A)	(B)	(44.5			ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per week (list any	—		_	_	or/trus		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)Melvyn Leshinsky	3									
Chairperson & Treasurer		'	١.	~						
(2) The Honorable Patricia O'Neill	3									
Vice Chairperson		V		~						
(3) Thomas Pumphrey	3	ļ	Γ							
Secretary		1	_	~	<u> </u>	<u> </u>				
(4) The Honorable Esther P Gelman	3									
Organizing Chair		V		~						
(5) Debbie Driesman							ł			
Director		~	<u> </u>				ļ			
(6) Gonzalo Laje, MD		•								
Directot		~	ļ	<u> </u>	<u> </u>	<u> </u>				
(7) The Honorable Aruna Miller								•		
Director		~	<u> </u>		_					
(8) Jennifer Nordheimer			ļ					,		
Director		-	_				<u> </u>			
(9) Sheri Parker										
Director		~	_			-				
(10)Rob Smith							l		ĺ	
Director		~			_	<u> </u>	<u> </u>			
(11)Linda Plummer										
Director		<u> </u>	ļ					 		
(12)The Honorable Rebecca Smondrowski					1					
Director Cabball Bb B		~	<u> </u>	_	 	 	├-			 .
(13) Robb Sobhani, Ph D		,								
Director (14) Diek Southard		_		-	_	-				
(14) Rick Southard		,								
Director	. 1		l		l	Ш.				

	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	neck s pe d a d	rson	than on the thick the thic	an lee)	(D) Reportable compensation from	(E) Reporta compensation related	n from	n from amount other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-	ions	compensa from th organizat and relat organizati	e Ion ed
(15)Kı	m Watson		,										
	olanda Johnson Pruitt, J D.	24	~							1.	10 105		
	nry Bowers										10,105		
Direct	<u> </u>		~										
	nomas Choate								<u> </u>				
Direct	or ennie Abramson												
Direct			·										
(20) St	even Cohen				-								
Direct			~										
(21)Je Direct	ffery C Gonyo		,										
(22)													
(23)						_							_
(24)													
(25)							-						
41-	Cub Astal										0,105		
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)						•	>			0,105	···	
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received mo			of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s								loyee, or high			Ye 3	s No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortat	ole d	com	per	satio						
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or in			Į ŲM
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization Repyear.												tax
	(A) Name and business add	ress							(B) Description of se	ervices	((C) Compensation	
									-	-			
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ve) who			

Form **990** (2014)

	90 (201 ₋	· · · · · · · · · · · · · · · · · · ·	enue					Page 9
الملتحم	النبعد	Check if Schedule C		sponse or note to	any line in this	Part VIII		
***					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s 1a	10,726				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					
Am	С	Fundraising events .						
Giff	d	Related organizations						
ns,	е	Government grants (cor					4	É
utio	f	All other contributions, g and similar amounts not inc		1 102 724				
di i	_	Noncash contributions include		1,192,726				
Contributions, and Other Sım	g	Total. Add lines 1a-1		•	1,203,452		* _	
		Total. Add lines 1a-1	1	Business Code	1,200,102		 	
Program Service Revenue	2a						'	
Rev	 b							
ice	С							
Sen	d							
Ē	е							
ogra	f	All other program ser					<u></u>	
<u>~</u>	g	Total. Add lines 2a-2					· · · · · · · · · · · · · · · · · · ·	
	3	Investment income and other similar amo			72 240			72,248
		Income from investmen	· ·	ì	72,248			72,240
	4 5		•					
	5	Royalties	(i) Real	(II) Personal				
	6a	Gross rents		- ` 				
	b	Less: rental expenses					1	
	C	Rental income or (loss)						
	d	Net rental income or	(loss)	•				
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss) .		· · · · •			<u> </u>	
Φ		0						
nu.	Ва	Gross income from fi events (not including \$	undraising					
ě		of contributions report	ed on line 1c)					
Ę.	ļ	See Part IV, line 18 .		a				
Other Revenue	ь	Less: direct expense		6				
0		Net income or (loss)						
		Gross income from g						
		See Part IV, line 19 .		a				
	b	Less: direct expense	s	b	a a ar n n			-
	С	Net income or (loss)	-				ļ <u>.</u>	
	10a		•					
		returns and allowanc		a				
		Less: cost of goods		b		-		-
	C	Net income or (loss)		ventory Business Code				
			Develine.	900099	108,923		1 -	108,923
	11a	Net Unrealized Gain		700099	100,723		 	100,720
	b					-		
	d	All other revenue						
	e	Total. Add lines 11a-		•	108,923			
	12	Total revenue See		•	1 348 652			181,171

	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon		e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,120,822	1,120,822		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	113,481	113,481	*********	• • • • • • • • • • • • • • • • • • • •
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
4	Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members .			` '	, ,
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	110,105		110,105	
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c	Management				
d e f	Lobbying				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,467		6467	
12 13	Advertising and promotion	2,795 4,128		2795 4,128	
14 15	Information technology	25,155		25,155	
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19 20	Conferences, conventions, and meetings Interest	1,235 702		1,235 702	
21 22	Payments to affiliates	13,271		13,271	
23 24	Insurance				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	State Charitable Registration Escheat Refund	300 29,527		300 29,527	
b C	Escheat Neimin	27,321		27,021	
d	All adhan ann an anns				
e	All other expenses	1 407 000	1 224 202	193,685	
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	1,427,988	1,234,303	173,085	
	from a combined educational campaign and fundraising solicitation. Check here				

33

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 1 112,477 38.935 Savings and temporary cash investments 2 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 Assets 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 13,271 39,813 10c 26,544 11 Investments—publicly traded securities 11 5,235,796 12 Investments—other securities See Part IV, line 11 12 5,116,965 13 Investments—program-related. See Part IV, line 11... 13 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11 5,388,086 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 5,182,444 Accounts payable and accrued expenses 17 17 18 1,350,499 18 1,202,968 19 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 20,890 23 23 Secured mortgages and notes payable to unrelated third parties . . . 6,144 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25__. 1,371,389 26 26 1.209.122 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 2,892,813 27 2,934,311 27 28 302,022 28 217,159 821,862 29 Permanently restricted net assets . . . 821,862 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds .

4,016,697

5,388,086 **34**

33

3.973,332

5,182,444 Form **990** (2014)

Total liabilities and net assets/fund balances . .

_	4	
Page	1	2

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,38	4,623
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,988
3	Revenue less expenses. Subtract line 2 from line 1	3			3,365 <u>)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,01	6,697
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		3,97	3,332
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.		- a.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	pilea or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b		
D	Were the organization's financial statements audited by an independent accountant?		20	•	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both.	eu on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiaht	i i		
С	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex		20	-	
	Schedule O.	(piairi iri			
0-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
3a	the Single Audit Act and OMB Circular A-133?		3a		~
_	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	erao the	Ja		_
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
	required addit of addits, explain why in conedule o and describe any steps taken to undergo such a			ກ 990	(2014)
			1 011	550	(2014)

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

2015

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

1 [2 [3 [ganization is not a private founda	ation because it i			te this p	art.) See instruction	ons.			
1 [2 [3 [A church, convention of church		at /Car limaa 4 Abrailiah							
2 [3 [· -		-					
3 [I A copool decombed in caction									
	☐ A school described in section☐ A hospital or a cooperative ho		•							
	🗍 A medical research organizati	on operated in co					(iii). Enter the			
	hospital's name, city, and stat									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 [🗌 A federal, state, or local gover	nment or govern	mental unit described	d in secti o	on 170(b))(1)(A)(v).				
7 [An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	the general public			
8 [\square A community trust described i	in 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 a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exceptio ncome (l	ns, and (2) no more less section 511 ta	than 331/3% of its			
10 [\square An organization organized and	d operated exclus	sively to test for public	c safety.	See sect	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	ion 509(a)(3). Check			
а	Type I. A supporting organization (sorganization. You must compared to the supported organization. You must companization.	s) the power to re	gularly appoint or ele							
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the control of the control	e supporting org	anization vested in th							
C	Type III functionally integral its supported organization(s)						y integrated with,			
d	☐ Type III non-functionally in	tegrated. A supp	oorting organization o	perated i	n connec	tion with its support	ed organization(s)			
	that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and				
е	Check this box if the organiz functionally integrated, or Ty						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 (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
_				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
		The England	Sala Marea	1 minute (m.)	48 B					

Part II

							i age =
Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
_	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support			. —			
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,000,367	951,173	1,158,529	1,203,452		4,313,521
2	Tax revenues levied for the				1		
	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	1,000,367	951,173	1,158,529	1,203,452		4,313,521
5	The portion of total contributions by				, ,		
	each person (other than a	- ,	•		*	* -	
	governmental unit or publicly	• , ,	-14 to 14	1		,	
	supported organization) included on					- ,	
	line 1 that exceeds 2% of the amount	S				,	
_	shown on line 11, column (f)	ŧ	¥ /	p. ~ *		*	2,881,765
6	Public support. Subtract line 5 from line 4.	'		* 1	4 3 4 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,431,756
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,000,367	951,173		1,203,452	(6) 2013	4,313,521
		1,000,307	751,175	1,130,327	1,203,432		4,515,521
8	Gross income from interest, dividends, payments received on securities loans,					ĺ	
	rents, royalties and income from similar]					
	sources	9,912	331,458	742,304	181,171		1,264,845
9	Net income from unrelated business		301,133				.,
·	activities, whether or not the business						
	is regularly carried on		ĺ				
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		*	 -		, ,	5,578,366
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for th	ie organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor	t Percentage					
14	Public support percentage for 2015 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	52 %
15	Public support percentage from 2014 Sch					15	46 %
16a	331/3% support test-2015. If the organiz						
	box and stop here. The organization qual	•		-			
b	331/3% support test-2014. If the organ					15 is 33 ¹ / ₃ %	or more,
	check this box and stop here. The organi	zation qualifies	s as a publicly	supported org	anızatıon .		. ▶ 🗆
17a	10%-facts-and-circumstances test - 20)15. If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization mee	ets the "facts-a	and-circumstai	nces" test, che	eck this box an	d stop here. E	xplain in
	Part VI how the organization meets the "fa			t. The organiza	ation qualifies	as a publicly su	
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m				ne organizatio	n qualities as a	publicly
4.5	supported organization						. ▶ ∐
18	Private foundation. If the organization did	a not check a t	oox on line 13,	16a, 16b, 17a	i, or 1/b, checl	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.)

Secti	on A. Public Support			···············			
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees			İ		i i	
_	received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					1	
	furnished in any activity that is related to the			1	1		
	organization's tax-exempt purpose			<u></u>			
3	Gross receipts from activities that are not an					}	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid	ŀ		ł	1	}	
	to or expended on its behalf						
5	The value of services or facilities	1		İ			
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				<u> </u>		
b	Amounts included on lines 2 and 3				ļ		
	received from other than disqualified				1]	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	·		<u> </u>		ļ	 	
C	Add lines 7a and 7b	_ vfc_e^* v . 2/2	775 2000	1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 जुला सक्तास्त्रास्त्रास्त्रा	17 F 400 (47)	
8		表示。		The state of the s	A MARINE		
Section	on B. Total Support	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	110十巻に共列を	1. 3.02 大國大國共和國	一番で、例といい 日本の	名:"李中华·托里山	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(u) 2011	(0) 2012	(0) 2010	(4) 2014	(6) 2010	(i) Total
10a	Gross income from interest, dividends,		-			 	
	payments received on securities loans, rents,						
	royalties and income from similar sources				1		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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	1	1			1	
12	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			<u> </u>	İ		
14	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he			<u></u>	<u></u>	<u> </u>	<u>.</u> . ▶ 🗀
<u>Section</u>	on C. Computation of Public Support						
15	Public support percentage for 2015 (line						%
16	Public support percentage from 2014 Sci				<u> </u>	16	<u>%</u>
	on D. Computation of Investment In			u lino 40!	mn (f)	1471	0/
17	Investment income percentage for 2015 (17	%
18	Investment income percentage from 2014 331/3% support tests—2015. If the organ					18 ore than 331/2%	
19a	17 is not more than 331/3%, check this box						
L	33 ¹ / ₃ % support tests—2014. If the organiz						
b	line 18 is not more than 33½%, check this						
20	Private foundation. If the organization di		-				_
20	Titale loungation. If the organization u	a not one on	SOX OF THE 14,	, , , , , , , , , , , , , , , ,	J. JOOK II IIS DOX	2.13 300 HISHUU	– 🗀

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Secti	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete F ion A. All Supporting Organizations	art v	•)	
3601	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 Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	<u>-</u>	
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		
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.	3b		
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 Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	4b	-	-
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.	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 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).	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 (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	5c		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	8		
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 .	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	- ,	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
ь	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)

Part	V 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)	11a		-
h	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1.10	l	
OCCI	on b. Type I oupporting 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	- ·	-	- '
	describe how the powers to appoint and/or remove 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		j
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		•
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	- 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	,
3	By reason of the relationship described 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 Part VI the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations		L	
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI how you supported a government entity).			
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			,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	, ; he	۰	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	· '	
b	Did the activities described 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <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 Part VI the role played by the organization in this regard.	3b_	_	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization of the containing o			
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) 7 Other expenses (see instructions)	6		
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):		,	λ.
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):	Ŀ		
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 instructions).	y-ın	tegrated Type III supportii	ng organization (see

Part		s) Supporting Organi	zations (continuea)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purp		······	
3_	nizations			
5_	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.			
6_				
	Total annual distributions. Add lines 1 through 6.	t		
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10				
10	Line 8 amount divided by Line 9 amount		(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:		· · · · · · · · · · · · · · · · · · ·	
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			·
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if	į		
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Part VI

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

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 52-1804509 Montgomery County Public Schools Educational Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements . . . 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Part	Organizations Maintaining	Collections of A	Art, Historical T	reasures, or Ot	her Similar Ass	ets (cont	inue	d)
3	Using the organization's acquisition, collection items (check all that apply):		ner records, chec	k any of the follow	ving that are a sig	gnificant u	se of	its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams			
b	☐ Scholarly research		e 🗌 Other					
С	☐ Preservation for future generations	3						
4	Provide a description of the organizat XIII.	tion's collections a	nd explain how th	ney further the org	anization's exemp	ot purpose	in P	'art
5	During the year, did the organization assets to be sold to raise funds rather					_		
Part			ined as part of the	organization's co		☐ Yes		<u> </u>
rait	Complete if the organization 990, Part X, line 21.	•	on Form 990, F	Part IV, line 9, or	reported an amo	ount on F	orm	
1a	Is the organization an agent, trustee, included on Form 990, Part X?					_		_
	If "Yes," explain the arrangement in Pa					∐ Yes	□ 1	40
р	ii tes, explaintile arrangement in F	art Alli ariu comple	ite the following to	ible.	Am	iount		
С	Beginning balance			10				—
ď	Additions during the year							_
e	Distributions during the year							—
f	Ending balance							_
2a	Did the organization include an amoun					☐ Yes	П	No
b	If "Yes," explain the arrangement in Pr	·			•		\Box	
Part		-						_
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars bac	:k
1a	Beginning of year balance	1,087,091	994,277	879,045	878,859		882,9	199
b	Contributions	0	0	0	0			0
C	Net investment earnings, gains, and							_
	losses	0	157,814	72,232	186		8	861
d	Grants or scholarships	6,000	20,000	2,000	0		5,0	000
е	Other expenditures for facilities and							
	programs	0	0	0	0			0
f	Administrative expenses	0	0	0	0			0
g	End of year balance	1,081,091	1,087,091	994,277	879,045		878,8	59
2	Provide the estimated percentage of t	he current year end	d balance (line 1g	, column (a)) held a	as:			
а	Board designated or quasi-endowmer	nt ► 23.98	1%					
b	Permanent endowment ► 76	.02 %						
C	Temporarily restricted endowment ▶	%						
_	The percentages on lines 2a, 2b, and	· ·						
3a	Are there endowment funds not in the	possession of the	e organization tha	it are held and ad	ministered for the			
	organization by:					Ye	_	0
	(i) unrelated organizations					3a(i)		<u>_</u>
	(ii) related organizations					3a(ii)		_
_	If "Yes" on line 3a(ii), are the related of					3b		—
4	Describe in Part XIII the intended uses		n s endowment iu	inus.	· · · · · · · · · · · · · · · · · · ·			—
Part			on Form 000 F	ort IV line 11e	Saa Farm 000 F	ort V line	. 10	
	Complete if the organization							
	Description of property	(a) Cost or oth (investme	1 ' '	her) de	Accumulated preciation	(d) Book va		
1a	Land							_
b	Buildings							_
C	Leasehold improvements							
d	Equipment		39	1,813	3231	26,5	44	
е	Other				•			
Γotal.	Add lines 1a through 1e. (Column (d) m	oust equal Form 99	0. Part X. column	(B), line 10c.)	•			

Part VII`	Investments – Other Securities. Complete if the organization answered '	"Yes" on For	m 990 Part IV lin	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)	103 011 011	(b) Book value	(c) Meti	nod of valuation. -of-year market value
(1) Financial	derivatives				
	eld equity interests	: : : : t			
• •	ntgomery County Investment Pool		382,396	382,396	
(A) Comm	- · ·	Ī	4,734,569	4,734,569	
(B)		Ī			
(C)					
(D)		{			
(E)		[
(F)					
(G)					
(H)					
	n) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related. Complete if the organization answered	"Ves" on Fori	m 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	Tes Official	(b) Book value		hod of valuation
	(a) Description of investment		(b) Book value	1.7	-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)			·		
(6)					
_(7)					
(8)				<u> </u>	
(9)	A must as val Form 000 Port V and (P) line 12)				
Part IX	o) must equal Form 990, Part X, col. (B) line 13) Other Assets.				
Partix	Complete if the organization answered	"Yes" on Fori	m 990 Part IV lin	e 11d. See Form	990. Part X. line 15.
	(a) Descrip		111 000, 1 411 14, 1111	0 114. 000 1 0111	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			"		
Part X	mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered			e 11e or 11f. See	e Form 990, Part X,
	line 25.				
1.		(b) Book value		_	,
(1) Federal ır	come taxes			ı	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					ş .
(8)					
(9)) must soud Form 000 Port V and /P) has 05 \ h			•	A.
	o) must equal Form 990, Part X, col. (B) line 25) ▶ uncertain tax positions. In Part XIII, provide the to	ext of the feeter	ote to the organization	n'e financial etatomo	ents that reports the
	s liability for uncertain tax positions under FIN 48				
J. J	a manage of the second	,			·

_			
Ρ.	ลด	æ	6

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,275,700
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,384,623
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	7 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,384,623
Part		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,398,461
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	1,398,461
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	184.00	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	THE PARTY OF	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		1 398,461
	XIII Supplemental Information.		, 10 .
Orovia	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	Part V. line 4	Part X. line

Part V - Line 4: The Foundation's Endowment funds are to be used to award four-year scholarships in the name of Wilma Watkins Ulmer to

deserving graduating Gaithersburg High School students and an individual scholarship in the name of Hazel M Bratt to graduating senior whose college major is language studies.

Schedule D (Fo		Page 5
Part XIII [:]	Supplemental Information (continued)	
•		
	······································	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Montgomery County Public Schools Educational Foundation, Inc.

Part

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

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

8
Form 990
₽
► Attach
_

2013	Open to Public Inspection

52-1804509

OMB No 1545-0047

Employer identification number ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

%□ ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? General Information on Grants and Assistance

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

	, J. 10 10 10 10 10 10 10 10 10 10 10 10 10	is citizen in the second	an 40,000. at	יי ספון בס מפטווס	the control of the co	שלמכי וש ווככתכת.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Montgomery County Public Sch							
	52-6000989		6,805		Book		Computer Education
(2) Montgomery County Public Sch							
	52-6000989		42,775		Book		School Base Projects
(3) Montgomery County Public Sch							
	52-6000989		1,178,347		Book		Science/Gen Education
(4)						•	
(5)							
(9)							
ω (Δ)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	n 501(c)(3) and go	Vernment organiza	tions listed in the li	ine 1 table			
	ol garitzarioris iiste	a mi die mie i dabie			•		

Schedule I (Form 990) (2013)

Cat No 50055P

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

Schedule I (Form 990) (2013)

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

	Part III can be duplicated if additional space is needed.	space is needed	7.			
	(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 non-cash assistance
1 Tuition/	1 Tuition/Scholarships	63	118 736			
2Clothin	2Clothing, School Supplies for Needy Children	20	3,161			
3Back to	3Back to School Give Back Campaign	14105	141,050			
4						
က						
9						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, column	(b), and any other additi	onal information.

reports that detail their accomplishments and how the fund are to be expended. Upon completion of the project, the same reporting is required from the receipient of small grants Grants for Science and General Education are awarded and budgeted with objectives and goals. Program directors and coordinators are required to submit progam and financial that are issued to schools to supplement the schools cirriculum

Students awared tuition scholarships for more than one year must comply with grade point average requirements that must be proven to continue funding

Disburesments to needy children for school supplies, clothing must be approved on a case by case and an annual reporting of use of the funds is required

Students receive backpacks filled with school supplies, distributions were made to students at their schools. Priorily for distribution was assigned base on percentage of enrolled students. who are adversely impacted by proverty

SCHÈDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

52-1804509 Montgomery County Public Schools Educational Foundation, Inc. **Questions Regarding Compensation** No Yes 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. Housing allowance or residence for personal use ☐ First-class or charter travel ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account 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 1b رند 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 in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract ☐ Compensation committee ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? . . . 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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 are not listed on Form 990, Part VII.

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

Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 390, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC compensation	or eac	(B) Breakdown of	ed Individual must equal the total amount of Form 990 (B) Breakdown of W-2 and/or 1099-MISC compensation	Sunt of Form 990, Pa	rt VII, Section A, line	a, applicable colum	n (D) and (E) amount	(E) Comparation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(b) Nontaxable benefits	(E) (t)—(D) (B)(t)—(D)	or Column (B) reported as deferred on prior Form 990
Yolanda Pruitt- Executive	(3)	110,105					110,105	
1 Director	E							
	ε							
2	€							
	ε							
r	(ii)							
	ε							
4	<u>E</u>							
	Ξ							
S	(ii)							
	8							
9	(ii)							
	(3)							
7	€							
	8							
8	€							
	8	,						
6	Ξ							
	≘							
10	Ξ							
	E							
	€							
	≘ ! -							
12	€							
	ε							
13	(ii)							
	ε							
14	(E)							
	Ξ							•
15	Ξ							
	8	-						
16	€			,				
							Sch	Schedule J (Form 990) 2015

1	١	7	
	1	Φ	
		ä	
	ſ	ï	

	<u>_</u>
	mati
ŀ	nfor
	恒
	neu
I	pler
	Sup
	art III

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-E2)

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.

2015

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Montgomery County Public Schools Educational Foundation, Inc.

Employer identification number 52-1804509

Form 990 - Part VI - Line 8b -

The Board Officers comprised a committee that discussed the requirements of the position and developed an advertisement. The COO investigated through the evaulation of 990's the range of salaries for executive director positions, compiled the findings and reported the findings to the Board. the Board agreed that a salary should be commensurate with the individual's experience.

Form 990 - Part VI - Line 19:

The organization is required to file financial information including this form 990 to register with the State of Maryland as a charitble organization. The state makes available to the public all filed documentation upon request. The Foundation will make available any governance documents to the public upon request.

Form 990 - Part VI - Line 11A.

IRS form 990 and accompanying schedules are reviewed by the Foundation's Executive Director prior to submission

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Page Employer identification number
Take of the organization	