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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Internal Revenue Service 6/30/2015 For the 2014 calendar year, or tax year beginning 7/1/2014 and ending D Employer identification number C Name of organization The Education Foundation of Baltimore County Public Check if applicable Doing business as Address change Number and street (or P O box if mail is not delivered to street address) Room/suite 52-1819200 Name change lBida 'E' E Telephone number 6901 N Charles St ZIP code Initial return City or town 410-887-6198 MD 21204 Towson Final return/terminated Foreign postal code Foreign country name Foreign province/state/county 616,832 G Gross receipts \$ Amended return Yes X No F Name and address of principal officer Application pending H(a) is this a group return for subordinates? Timmy F Ruppersberger, President 105 W. Chesapeake Ave. Suite B1 H(b) Are all subordinates included? If "No." attach a list (see instructions) 4947(a)(1) or Tax-exempt status X 501(c)(3) ) < (insert no ) Website: ▶ http://www.EducationFoundationBCPS org H(c) Group exemption number X Corporation K Form of organization Trust Association Other ▶ L Year of formation M State of legal domicile 1992 MD Part I Summary Briefly describe the organization's mission or most significant activities. To provide an opportunity for community and Activities & Governance corporate charitable giving in support of education in Baltimore County If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) . 4 25 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . 5 0 6 10 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 96,429 Contributions and grants (Part VIII, line 1h). 275,596 Program service revenue (Part VIII, line 2g) 0 9 95,265 57,435 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 98.020 135,588 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 468,881 289,452 252,335 238,541 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . 0 0 16a Professional fundraising fees (Part IX, column (A), line\_11e)-The said for **机构设度的对于中央** Total fundraising expenses (Part IX, column (D); line 25); Other expenses (Part IX, column (A), lines 11a-11d;-11f-24e) Q 12,979 42,928 17 Total expenses. Add lines 13–17 (must equal Part IX, column (A) line 25) 281,469 265,314 Revenue less expenses Subtract line 18 from line 12 2015 203,567 7,983 End of Year **Beginning of Current Year** 944,926 20 Total assets (Part X, line 16) . 994,074 21 Total liabilities (Part X, line 26) . . . 22 Net assets or fund balances. Subtract line 21 from line 20 944,926 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign officer Here Timmy F Ruppersberger **President** Type or print name and title Preparer's signature Print/Type preparer's name Check **Paid** self-employed SELF-PREPARED RETURN Preparer Firm's EIN Firm's name **Use Only** Firm's address Phone no X Yes May the IRS discuss this return with the preparer shown above? (see instructions).

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

	1 The Education Foundation of Baltimore County Public Schools, Inc.	52-1819200	Page Z
Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III.		. 🖂
1	Briefly describe the organization's mission.		
•	to support enrichment of the Baltimore County Public Schools		
2	Did the organization undertake any significant program services during the year which were not listed	on	
_	the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O	[_] 163	
_			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		X No
	services?	Yes	NO NO
_	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program se		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants a	ing allocations to other	ners,
	the total expenses, and revenue, if any, for each program service reported		
			<del></del>
4a	(Code ) (Expenses \$ 34,392 including grants of \$ ) (Reve	enue \$	)
	Instructional initiative grants to baltimore County public schools		
4b	(Code: ) (Expenses \$ 26,496 including grants of \$ ) (Reve	enue \$	<del></del>
	Awards and scholarship programs for baltimore County students		
	•••••		
			<b></b>
4c	(Code ) (Expenses \$ 177,653 including grants of \$ ) (Reve		
70			/
	Education Supplies, equipment & Services provided to schools		
	•		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
40	Total program service expenses > 238 541		

**Checklist of Required Schedules** Part IV 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 Х Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 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. Х 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 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 Х 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 . . . Х 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 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . Х b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Х c 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Х 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 14a 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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . . . 15 Χ 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 . . . . . . . . . . . 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 Х 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) The Education Foundation of Baltimore County Public Schools, Inc Checklist of Required Schedules (continued) Part IV Yes No

		$\overline{}$		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		x
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		ļ	
	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		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		х
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):	it of	, **	6
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
-	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	· · · · · · · · · · · · · · · · · · ·	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
	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		36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
20	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	х	
	10 Note. 7 iii 1 onn 000 mera are required to complete obligadie O			(2014)
				··-/

7 01111 000 (2011)

Par	Check if Schedule O contains a response or note to any line in this Part V		[	
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	2b		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	20_	-	
2-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del>-^-</del> -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		_
<b>→</b> α	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
_	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		×
	and services provided to the payor?	7a 7b	ļ	-
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		<del>                                     </del>
С	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			<del>  ^`</del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? .	8		
9	Sponsoring organizations maintaining donor advised funds.	ļ	ļ	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter		}	İ
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	1		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ŀ	i .

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

Seci	ion A. Governing Body and Wanagement			т—	
			~	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	<u> 1a</u>	25		1
	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		i		1
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent		25	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or unc	er the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or compan		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization		. 5		X
6	Did the organization have members or stockholders?		6	1	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint		1	
	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers	1.0	†	<del>  ^`</del>
	stockholders, or persons other than the governing body?	C10,	7b		x
0	· · · · · · · · · · · · · · · · · · ·	kon during	1,2	<del> </del>	<del>  ^</del>
8	Did the organization contemporaneously document the meetings held or written actions underta the year by the following:	iken dunng			
•			8a	X	
a	The governing body?	•	8b		-
р	Each committee with authority to act on behalf of the governing body?		OD	<u> </u>	$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				١,,
<u> </u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9	<u>,                                     </u>	<u>  x</u>
Sect	ion B. Policies (This Section B requests information about policies not required by the I	nternai Revenue	Coae		T
40			[40	Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a	₩—	X
b	If "Yes," did the organization have written policies and procedures governing the activities of su			1	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10t	-	ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filing the form?	11a	X.	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				لــــــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		128		X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		7 12k	<u> </u>	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"			
	describe in Schedule O how this was done		120	<u> </u>	<u> </u>
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and ap	proval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	on and decision?		<u> </u>	
а	The organization's CEO, Executive Director, or top management official.		15a		X
b	Other officers or key employees of the organization		15t		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	angement			
	with a taxable entity during the year?		168		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to s				
	the organization's exempt status with respect to such arrangements?	<del>-</del>	161		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed MD	<del></del>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 50	1(c)(3)	s only	· )
. •	available for public inspection. Indicate how you made these available Check all that apply.	220 . (000001100	. (3)(0)	- Jiny	,
		plain in Schedule	O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	•	•	y an	d
1.5	financial statements available to the public during the tax year.	is, commet or intere	or bour	y, all	
20	State the name, address, and telephone number of the person who possesses the organization	's hooks and recor	de 🟲	i	
20					
	Patrick Fannon, CPA 6901 Charles Street , Towson, MD 21204	410-007-019	٠		
	Odd i Chanes Stiect, TOWSON, MD 21204				

orm_990 (2014)	The Education Foundation of Baltimore County Public Schools, Inc. 52-181	19200	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated		
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
la Camplata	this table for all persons required to be listed. Benef componentian for the calendar year anding with ar with	hin the	_

- 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than officer employee)		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) David Uhlfelder	2 00		-				-			
Director	10.00	1								
(2) Steven Navarro				_						
	0 00	4							,	
Oirector (3) Douglas Eder				_	<del> </del>			. –		
Discostan	0 00	4								
(4) Stacy Walsh		<del></del>		$\vdash$						
Director	0 00	4		ŀ						
(5) Richard Huffman III	1 00									
Director	0 00	4								
(6) Joy Howard	1 00									
Director	0 00	Х		1						
(7) Philip Martien										
Director	0 00									
(8) William Caltrider	1.00									
Director	0 00	X	ļ		_	)			_	
(9) Jımmy Lien	1 00									
Director	0 00	Х								
(10) Jamie Bakert	1 00									
Director	0 00	X								
(11) Joe Harsel	1 00									
Director	0.00									
(12) Gary Berger	1 00	4								
Director	0.00					Ш				
(13) Tim Bojanowski	1.00	1							ļ	
Director	0 00			<u> </u>		L				
(14) Christine Crawford	1 00									
Director	0 00	<u> </u>					L			<u></u>

Page 8

Part VII Section A. Offi	cers, Directors, Ti	rustees, Key Er	nplo	<u>yee</u> :	<u>s, a</u>	nd	High	<u>est</u>	Compensated	Employees (co	<u>ntınu</u> e	ea)	
•					-	C) ition							
· (A)						(D)	(E)	1	(F)				
Name and title		Average hours per					ıs bott or/trust		Reportable compensation	Reportable compensation		stimated	-
		week (list any	-		_	7	n I	ee)	from	from related	"	other	
		hours for related	흑	nstitu	Officer	Key employee	mple	Former	the	organizations (W-2/1099-MISC)		pensati	on
		organizations	dual	tion	"	du	st co	박	organization (W-2/1099-MISC)	(44-2/1099-141130)	org	anızatıc	
		below dotted line)	T tg	al tr		oye	dwo					d relate	
		inie,	Individual trustee or director	Institutional trustee		"	ensa				""	2111201101	13
				0			Highest compensated employee						
(15) David Garbarino		1 00	$\vdash$								<u> </u>		
		0 00	1										
(16) Edwin Hale			_						•				
		0 00	1										
(17) Jennifer Mıller	•												
		0.00	X										
(18) Christopher Ruby		1.00											
<u> </u>		0.00	X	L									
(19) Tricia Thomas		1 00	1										
Director		0 00	_		<u></u>	ļ							
(20) George Moniodis		1 00	1										
Director		10 00		<u> </u>		_		<u> </u>			<u> </u>		
(21) Donald Arnold		1 00	1										
Asst Treasurer		0.00	+	<u> </u>	_	-							
(22) Dennis Robinson, Esq			1	İ									
			_	-		-	ļ	<b>_</b>					
(23) Paula Reed			4		l ,		ŀ						
Secretary		0 00	_	<del> </del>	Х	-		_			-		
(24) Timmy Ruppersberger			1		х								
Vice president			_	$\vdash$	<del>  ^</del>								
(25) Alvin Katz, CPA Director			1	ľ	x						İ		
1b Sub-total			•	1			L	<b>→</b>	0	C			
c Total from continuation s									0		+		(
d Total (add lines 1b and 1	•							•	0	•			(
2 Total number of individuals							ho re	ceiv	ed more than \$	100,000 of			
reportable compensation for	•				0					•			
												Yes	No
3 Did the organization list an	y former officer, di	rector, or truste	e, ke	y en	nplo	yee	e, or h	nigh	est compensate	ed			_
employee on line 1a? If "Y	es," complete Sche	edule J for such	indiv	ıdua	al .		•				3		Χ
4 For any individual listed on	line 1a, is the sum	of reportable c	ompe	ensa	atior	n an	d oth	er d	compensation fr	om			
the organization and relate													
individual										•	4		Χ
5 Did any person listed on lir	ne 1a receive or ac	crue compensa	tion f	rom	any	v un	relate	ed c	organization or ii	ndıvidual			
for services rendered to the											5		X
Section B. Independent Contr													
1 Complete this table for you	r five highest comp	pensated indepe	ender	nt co	ontra	acto	rs th	at re	eceived more th	an \$100,000 of			
compensation from the org	ganization. Report	compensation fo	or the	cal	end	ar y	ear e	endi	ng with or within	the organization	on's ta	x	
year													
	(A)								(B)		_ (C		
	Name and business add	dress						ـــ	Description of ser	rvices	Compe	isation	
None								├					
								$\vdash$					9
								$\vdash$					
								$\vdash$					—
2 Total number of independe	ent contractors (inc	luding but not be	mited	tot	hos	e lie	sted :	abo	ve) who receive	d			
more than \$100 000 of cor						, 5 113	1		-c, mo receive	~			

Par		Check if Schedule O contain	is a response 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
ध इ	1a	, 0	1a	+				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	. <u>  1b</u>	1				
s, G Ame	С	Fundraising events .	. <u>1c</u>	+				
Contributions, Gifts, and Other Similar An	d	Related organizations .	1d		l			
Sim.	е	Government grants (contributio		0				]
utio	f	All other contributions, gifts, gra						
d ti		similar amounts not included at						
Cor	g	Noncash contributions included in	lines 1a-1f <sup>-</sup> \$	0	00.400			
	n	Total. Add lines 1a-1f	<u> </u>	Business Code	96,429			<del> </del> -
nu.	2a				0		-	
Program Service Revenue	b				0			
	c				0			1
	d				0			
S E	e				0			
gra	f	All other program service reven			0			
P.	g	Total. Add lines 2a-2f		•	0			
	3	Investment income (including d	ıvıdends, ınteres	st, and			•	
		other similar amounts)		▶	27,760			
	4	Income from investment of tax-	exempt bond pro	oceeds.	0			
	5	Royalties	<u> </u>	. •	0			
			(ı) Real	(II) Personal				
	6a	Gross rents .						
	b	Less: rental expenses .						
	С	Rental income or (loss) .	C	) 0				ļ
	d	Net rental income or (loss)		<b>&gt;</b>	0			<u> </u>
	7a	Gross amount from sales of	(ı) Securities	(ii) Other				
		assets other than inventory	255,319	0				
	b	Less: cost or other basis	005.044					İ
		and sales expenses .	225,644 29,675					1
	ן ה	Gain or (loss)	29,075	<u> </u>	20.675			1
	d	Net gain or (loss) .	٠		29,675			<del>                                     </del>
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	e 1c)	237,324				
the	b	Less direct expenses	<b>b</b>	101,736				
0	С	Net income or (loss) from fundr	aising events	. •	135,588			
	9a	Gross income from gaming act						1
		See Part IV, line 19				i		1
		Less. direct expenses		0			-	-
		Net income or (loss) from gami	ng activities .	· · · •	0			1
	10a	Gross sales of inventory, less			ļ			
	١.	returns and allowances						
		Less. cost of goods sold						- <del> </del>
	<u> </u>	Net income or (loss) from sales	s of inventory.		0			<del> </del>
	4-	Miscellaneous Revenue		Business Code				
	11a			<del>  </del>	0			<del> </del>
	b			<b></b>	0			<del> </del>
	C	All alban managers		<del></del>	0			-
	d	All other revenue			0			<del>                                     </del>
	12	Total. Add lines 11a-11d Total revenue. See instruction			289,452	0		
	12	i otal revenue. See mstruction	ა	🕶	203,402	U	, ,	, (

Form **990** (2014)

	on 501(c)(3) and 501(c)(4) organizations must complete al	Il columns All other	organizations mus	t complete column	(A)
0000	Check if Schedule O contains a response or note			t complete column	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21.	238,541	238,541		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign		··· ·· ·		<u> </u>
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16.	o	}		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				- "
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17 .	0			<u> </u>
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			- <u></u>
13	Office expenses	12,646		12,646	
14	Information technology	. 0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	4,204		4,204	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			<del> </del>
19	Conferences, conventions, and meetings.	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	744		744	
24	Other expenses Itemize expenses not covered	1			
	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.)	2.404		2.404	
a	Administrative supplies	3,424		3,424	
b	State registration & Filing fee	200		200	
C	Postage and printing	13,329		13,329	
d	Marketing and telecomm	8,381 0		8,381	· -
	All other expenses  Total functional expenses. Add lines 1 through 24e	281,469	220 544	42.020	
25 26	Joint costs. Complete this line only if the	201,409	238,541	42,928	0
40	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet
--------	---------------

		Check if Schedule O contains a response or note to any line in this Pa	irt X <u></u> .		_ <u>.</u>
		·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	306,351	1	264,899
	2	Savings and temporary cash investments	19,701	2	13,172
	3	Pledges and grants receivable, net	8,000		0
	4	Accounts receivable, net	0,000	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	ļ		
		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			
ţ		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a				
		other basis Complete Part VI of Schedule D   10a	ol		
	b	Less accumulated depreciation 10b	0 0	10c	0
	11	Investments—publicly traded securities	660,022	11	666,855
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	994,074		944,926
	17	Accounts payable and accrued expenses	334,014	17	577,520
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D.		21	
'n	22	Loans and other payables to current and former officers, directors,			
Liabilities	22	trustees, key employees, highest compensated employees, and			
Ħ		disqualified persons. Complete Part II of Schedule L		22	
ia		· · · · · · · · · · · · · · · · · · ·	0		
_	23	Secured mortgages and notes payable to unrelated third parties .	0		0
	24	Unsecured notes and loans payable to unrelated third parties.		24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete		25	
		Part X of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25		20	0
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	i		
aŭ	27	Unrestricted net assets	149,323	27	106,610
Bal	28	Temporarily restricted net assets	783,866		776,931
豆	29	Permanently restricted net assets	60,885		61,385
٦		Organizations that do not follow SFAS 117 (ASC958), check here		-	, , , , , , , , , , , , , , , , , , ,
Net Assets or Fund Balances		complete lines 30 through 34.			
ě	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	994,074	33	944,926
	34	Total liabilities and net assets/fund balances	994,074	34	944,926

Form	990 (2014) The Education Foundation of Baltimore County Public Schools, Inc	52	-1819200	Pag	ge <b>12</b>
Par	t 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		289	,452
2	Total expenses (must equal Part IX, column (A), line 25)	2		281	,469
3	Revenue less expenses Subtract line 2 from line 1	3		7	,983
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		994	,074
5	Net unrealized gains (losses) on investments	5	<u></u>	-57	,131
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,	1			
	column (B))	10	_	944	,926
Par	t XII Financial Statements and Reporting			1	
	Check if Schedule O contains a response or note to any line in this Part XII		•	ļ	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			高	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			22	Sie.
	Schedule O.		1,1	100 P	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			, , L	*
	reviewed on a separate basis, consolidated basis, or both		•	整.	7
	Separate basis Consolidated basis Both consolidated and separate basis		77a **		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	المـــــنف
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	•	1	<u> </u>	* \$ . *
	separate basis, consolidated basis, or both:		¥.	<b>1</b> 36	1
	X Separate basis Consolidated basis Both consolidated and separate basis			5	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	ı of	- 144	3	W.
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		·   20	<del>- ^ (</del>	A
	Schedule O	.1		ا من منوم	1
20					لكثا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		25		Х
<b>L</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		. 3a		<del>  ^-</del>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		

Form **990** (2014)

# **Continuation Sheet for Form 990**

Page 1 of 1

Name of the Organization

Employer identification number

The Education Foundation of Baltimore County Public Schools, Inc 52-1819200

Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest

Compensated Emp	Compensated Employees									
(A)	(B)	<u> </u>			C)			(D)	(E)	(F)
Name and title	Average	-				that ap		Reportable	Reportable	Estimated
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(26) Robert Barrett Community Outreach officer	5 00 0 00				х					
(27) Patrick Fannon	5 00		<u> </u>							
Controller	40 00				х					
(28) Debbie Phelps	40 00									
Executive Director	0 00		<u> </u>	ļ	Х	<u> </u>	<u> </u>			
(29)										
(30)										
(31)			:							
(32)										
(33)										
(34)										
(35)										
(36)										
(37)										
(38)		_								
(39)										
(40)			_							
(41)						-			_	
(42)						_	_			
(43)		_								
(44)			_	<u> </u>						
(45)										
(46)		-								

### 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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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	on number
	Education Foundation of Baltimore						19200
Par							
The 1	organization is not a private founda  A church, convention of church			-	•	•	
2	A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E.)				
3	A hospital or a cooperative hos	spital service orgar	nization described ın s	ection 17	'0(b)(1)(A	)(iii).	
4	A medical research organization hospital's name, city, and state		unction with a hospita	l describe	ed in <b>secti</b>	on 170(b)(1)(A)(iii)	). Enter the
5	An organization operated for the section 170(b)(1)(A)(iv). (Con		ege or university owne	d or opera	ated by a	governmental unit o	described in
6	A federal, state, or local govern	nment or governme	ental unit described in	section 1	170(b)(1)(	A)(v).	
7	An organization that normally r described in section 170(b)(1)			from a go	vernmenta	al unit or from the g	eneral public
8	A community trust described in	n section 170(b)(1	)(A)(vi). (Complete Pa	ırt II.)			
9	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt funct income and unrela	ions—subject to certa ated business taxable	in excepti income (I	ons, and o	(2) no more than 33 on 511 tax) from but	3 1/3% of its
10	An organization organized and		•	• •		•	
11	X An organization organized and	operated exclusive	ely for the benefit of, t	o perform	the functi	ons of, or to carry o	
	of one or more publicly suppor Check the box in lines 11a thro	ted organizations of ough 11d that desc	ribes the type of supp	orting org	or <b>section</b> anization	and complete lines	11e, 11f, and 11g
а	Type I. A supporting organithe supported organization( organization You must co	s) the power to reg	jularly appoint or elect				
b	Type II. A supporting organ control or management of the organization(s) You must o	he supporting orga	nization vested in the				
С	[[] = [] a [] a	rated. A supporting	organization operate	d in conne	ection with	n, and functionally in	ntegrated with,
d	Type III non-functionally in that is not functionally integral.	ntegrated. A support of the communication of the co	orting organization operation generally must s	erated in d atisfy a di	connection stribution	n with its supported requirement and ar	
е	requirement (see instruction Check this box if the organization)						Type III
-	functionally integrated, or Tr					sa Type I, Type II,	rype III
f	Enter the number of supported	•					1
g	Provide the following information						T
	(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	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			- ·	Yes	No		
(A)							
	more County Public Schools	52-6000886	2	Х			
(B)							
(C)							
(D)						·	
(E)							
T. 1							
Tota	ı <b>l</b>			·	ll	0	0

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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						0
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	<b>(f)</b> Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10				<u> </u>		0
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the or organization, check this box and stop here	·	second, third, fourt	h, or fifth tax year	as a section 501(c)	12 (3)	<b>&gt;</b>
Sec	ction C. Computation of Public Sup	port Percenta	age			<del></del>	
15	Public support percentage for 2014 (line 6, c Public support percentage from 2013 Sched	ule A, Part II, line	14			15	0.00% 0 00%
	and stop here. The organization qualifies as	a publicly suppor	ted organization		•		<b>▶</b> □
	box and stop here. The organization qualifie	es as a publicly su	oported organization	on	•		▶□
	1 10%-facts-and-circumstances test—2014. Is 10% or more, and if the organization meet Part VI how the organization meets the "fact organization	ts the "facts-and-c s-and-circumstand	rcumstances" test ces" test The orga	, check this box ar nization qualifies a	nd <b>stop here</b> . Expl is a publi <b>cly</b> suppo	ain in rted	<b>▶</b> □
t	10%-facts-and-circumstances test—2013. 15 is 10% or more, and if the organization means the "fact supported organization meets the "fact supported organization".	neets the "facts-an	d-circumstances" f	est, check this box	x and stop here. E		<b>▶</b> □
18	Private foundation. If the organization did rinstructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	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)

Sec	ction A، Public Support						
Cale	endar 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						
	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an				<del></del> .		
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						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
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from			<b>龙水洲的</b>		TO SHAPE	<del></del>
•	line 6)				* 2 March 1		0
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0		1	1 '		0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business					-	
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
-	loss from the sale of capital assets					i l	
	(Explain in Part VI )						0
13	Total support. (Add lines 9, 10c, 11,						<u>_</u> _
	and 12)	0	l o	l o	ol o	o	0
14	First five years. If the Form 990 is for the or	<u> </u>	<del></del>	·	<del>'</del>		
• •	organization, check this box and stop here			,		(0)	▶□
Sei	ction C. Computation of Public Su	nnort Percent	age				
15	Public support percentage for 2014 (line 8, o			(f))		15	0 00%
16	Public support percentage from 2013 Sched	` '		(1))		16	0 00%
	ction D. Computation of Investmer						0 00 70
17	Investment income percentage for 2014 (line			column (fl)		17	0.00%
18	Investment income percentage for 2013 S			(1))	•	18	0.00%
	33 1/3% support tests—2014. If the organic			4, and line 15 is m	ore than 33 1/3%		0 0070
. 50	not more than 33 1/3%, check this box and					17 13	▶ [
b	33 1/3% support tests—2013. If the organiz				-	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this					•	▶ _

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

**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.)

<u>sect</u>	ion 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	Х	
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		X
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	X	
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			$oxed{oxed}$
	organization made the determination.	3b	Х	<u> </u>
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	X	ļ.,
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		X
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		
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 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		ļ
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	5a		X
<b>h</b>	was accomplished (such as by amendment to the organizing document)  Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		^
D	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	-		-
U	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.	6		X
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		Х
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		Х
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		Х
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 Part VI.	9b		X
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	L		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с	ļ	X
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			1
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			<u> </u>
	organizations)? If "Yes," answer (b) below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ļ		<u> </u>
	determine whether the organization had excess business holdings )	10b	i	X

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

trustees of each of the supported organizations? Provide details in Part VI.

За

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Schedule A (Form 990 or 990-EZ) 2014 The Education Foundation of Baltimore County F	ublic	Schools, Inc 52-1	819200 Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing tr	ust on Nov 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must c	ompl	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	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	l		
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	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI).	Ь.		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	l a l	ام	0

6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
Check here if the current year is the organization's first as a non-functional	ally-i	ntegrated Type III suppo	orting organization (see
instructions).			

1

2

3

4

5

Section C - Distributable Amount

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

2 Enter 85% of line 1

1 Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

**Current Year** 

0

chedule	A (Form 990 or 990-EZ) 2014 The E	ducation Foundation of E	Saltimore County Public	Schools Inc. 52	2-1819200 Page <b>7</b>
Part \					-1010200 Fage 1
	n D - Distributions	micgrated ooolayloy	oupporting organiza	tiono (cominaca)	Current Year
	Amounts paid to supported organ	uzations to accomplish e	xempt numoses		<u> </u>
	Amounts paid to perform activity			ed	
	organizations, in excess of incom				
	Administrative expenses paid to a		oses of supported organ	izations	
	Amounts paid to acquire exempt-		ooo or oupported organ.		
	Qualified set-aside amounts (prio			-	
	Other distributions (describe in Pa		· · · · · · · · · · · · · · · · · · ·		
	Total annual distributions. Add				0
	Distributions to attentive supporte		the organization is resp	oonsive	
•	(provide details in Part VI). See ii	-	<b>3</b>		
9	Distributable amount for 2014 fro				0
	Line 8 amount divided by Line 9 a				0 000
			(i)	(ii)	(iii)
Se	ction E - Distribution Allocation	s (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 fro	m Section C, line 6			0
2	Underdistributions, if any, for yea	rs prior to 2014			
	(reasonable cause required-see i	nstructions)			
3	Excess distributions carryover, if				
а					
b		-			
С	,				
d					
е	From 2013 .				
f	Total of lines 3a through e		0		
g	Applied to underdistributions of p	rior years		0	
h	Applied to 2014 distributable amo	ount			0
i	Carryover from 2009 not applied	(see instructions)			
j	Remainder Subtract lines 3g, 3h	, and 3ı from 3f.	0		
4	Distributions for 2014 from Section	on .			
	D, line 7:	\$ 0			
а	Applied to underdistributions of p	rior years		0	
b	Applied to 2014 distributable amo	ount			0
С	Remainder Subtract lines 4a and	d 4b from 4	0		
5	Remaining underdistributions for	years prior to 2014, if			
	any Subtract lines 3g and 4a from	m line 2 (if amount			
	greater than zero, see instruction	s)		0	
6	Remaining underdistributions for	2014 Subtract lines 3h			
	and 4b from line 1 (if amount gre-	ater than zero, see			
	instructions)				0
7	Excess distributions carryover	to 2015. Add lines 3j			
	and 4c		0		
8	Breakdown of line 7.				
а					
b					

0

С

d Excess from 2013

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 The Education Foundation of Baltimore County Public Schools, Inc 52-1819200 Page 8
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).
Part IV Section A Line 3b The aupported organization is the Baltimore County Public
Schools which is a government entrity public schools system funded entirely by State and
local tax revenues and federal grants.
Part IV Section A Line 3c The Baltimore County Public Schools sole function is the
education of children in Baltimore County
Part IV Section E Line 1c The foundation supported the government public school system
thorugh support for educational initiatives through grants, direct support of schools
programs, and scholarships for the school system's students
Part IV Section E Line 2a The foundation supports the public school system thorugh grants
and scholarships which further the educational purposes of the school system
Part IV Section E Line 2b The supported organization is a public school system that is
mandated by state law to provide for public education ffor the children of Baltimore
County, Maryland

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

2014

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

The E	Education Foundation of Baltimore County Pu	iblic Schools, Inc.	52-1819200
Part	Organizations Maintaining Dono	or Advised Funds or Other Similar F	
		ered "Yes" to Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and d		
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor		
	used only for charitable purposes and not for		
	purpose conferring impermissible private be	netit?	Yes No
Par			
		ered "Yes" to Form 990, Part IV, line 7	·
1	Purpose(s) of conservation easements held	·	
	Preservation of land for public use (e g , recr	eation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	ution in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation ear		<b>2b</b>
С	Number of conservation easements on a ce		
d	Number of conservation easements include	, , ,	
	historic structure listed in the National Regis		<u>2d</u>
3	Number of conservation easements modifie	d, transferred, released, extinguished, or t	erminated by the organization
	during the tax year	and a second to leasted	
4	Number of states where property subject to Does the organization have a written policy		uon handling of
5	violations, and enforcement of the conserva		Yes No
6	Staff and volunteer hours devoted to monitor		
·	b	milg, mopocarig, and omercing concervant	on cacomonic aamig and year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements during the year
	▶ \$		
8	Does each conservation easement reported	I on line 2(d) above satisfy the requiremen	ts of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes . No
9	In Part XIII, describe how the organization r	•	·
	balance sheet, and include, if applicable, th		financial statements that describes
	the organization's accounting for conservati	on easements	O41
Par		ections of Art, Historical Treasures,	
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other si		
	of public service, provide, in Part XIII, the te		
b	If the organization elected, as permitted und	ner SFAS 116 (ASC 958), to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other si		cation, or research in furtherance
	of public service, provide the following amo	_	▶ ¢
	(i) Revenue included in Form 990, Part VIII		
•	(ii) Assets included in Form 990, Part X If the organization received or held works or		
2	following amounts required to be reported u		
_			
a h	Revenue included in Form 990, Part VIII, lir Assets included in Form 990, Part X		<b>▶ \$</b>
	I will work the control of t		

	ule D (Form 990) 2014 The Education Fou						52-18			Page 2
Part	<u> </u>								ued)	
3	Using the organization's acquisition, a		er records	s, check a	ny of the foll	owing	that are a signıf	icant		
	use of its collection items (check all th	at apply):		i						
а	Public exhibition		d [	Loan	or exchange	progra	ams			
b	Scholarly research		е 🔙	Other	<b>-</b>	<b></b>		<b></b>	<b>-</b>	
С	Preservation for future generation	ons								
4	Provide a description of the organizati	on's collections ar	ıd explaın	how they	further the o	organiz	ation's exempt	purpose II	1	
5	During the year, did the organization s	solicit or receive do	nations o	f art, histo	orical treasur	es, or	other sımılar			_
	assets to be sold to raise funds rather	than to be mainta	ined as pa	art of the	organizatıon'	's colle	ction? .	Y	es	No
Part							-			
	Complete if the organization	answered "Yes"	to Form	990, Parl	t IV, line 9,	or rep	orted an amou	int on Fo	rm	
	990, Part X, line 21									
1a	Is the organization an agent, trustee, or	custodian or other	intermed	ary for co	ntributions o	r other	assets not			
	included on Form 990, Part X?							Ye	es	No
þ	If "Yes," explain the arrangement in Pa	art XIII and comple	te the foll	lowing tab	ile.					
								Amount		
c	Beginning balance .	•		• •		1				0
d	Additions during the year	• • •		•		1				
e f	Distributions during the year . Ending balance					1				
	•			•	•		f			0
2a	Did the organization include an amour						•	Y€	es 🔀	No
b	If "Yes," explain the arrangement in Pa	art XIII Check her	e if the ex	planation	has been pr	ovided	in Part XIII .			
Part	V Endowment Funds.									
	Complete if the organization	answered "Yes"	to Form !	990, Par	t IV, line 10					
		(a) Current year	(b) Prid		(c) Two years		(d) Three years ba	ck <b>(e)</b> Fo	our years	back
1a	Beginning of year balance .	84,949		73,599		5,628	68,4	01	6	2,442
b	Contributions	500		3,000		2,000				1,000
С	Net investment earnings, gains,									
	and losses	47		11,200		7,571	-1,5			9,377
d	Grants or scholarships	2,300		2,850		1,600	1,2	.00		4,418
е	Other expenditures for facilities									
	and programs									
7 ~	Administrative expenses End of year balance	92.106	_	94 040		72.500	05.0	20		10.404
9 2	Provide the estimated percentage of the	83,196		84,949		73,599	65,6	28		8,401
a	Board designated or quasi-endowmen	•	u balance %	(iiiie ig,	Column (a))	neiu as	•			
b	Permanent endowment	74%	29							
C		▶ 26%								
_	The percentages in lines 2a, 2b, and 2		0%							
3a	Are there endowment funds not in the			tion that a	re held and	admini	stered for the			
	organization by		· ·						Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		Χ
b	If "Yes" to 3a(II), are the related organ	izations listed as r	equired or	n Schedul	le R?			3b		
4	Describe in Part XIII the intended uses		n's endov	wment fun	ıds					
Part										
	Complete if the organization	answered "Yes"	to Form !	990, Part	t IV, line 11	a. See	Form 990, Pa	art X, line	10	
	Description of property	(a) Cost or ot			st or other		) Accumulated	(d) B	ook valu	е
		(investr		basis	s (other)		depreciation			
1a	Land		0		0	<u></u>				0
b	Buildings	·	0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment	<del></del>	0		0		0			0
<u>e</u>	Other	must equal Form	000 Port	V column	0 (P) /mo 10		0			0
i Otal	. Add lines to unough te. (Column (a)	musi eyuai FUIM	ssu, rail	A, COIUINI	<u>г (D), IIII е 10</u>	<i>u j</i>		_		0

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12 (4) Description of security or discounty or control or end-of-year market value of control or end-of-year value of control or end-of-year value of control or end-of-year value of control or end-of-year value of control or end-of-year value of control or end-of-year value of control or end-of-year value of control or end-of-year value of control or end-of-year value of control or end-of-year value of control or end-of	Part VII	Investments—Other Securitie			000 5 171 10
Cost or end-of-year market value			swered "Yes" to Form 990		
(2) Closely-held equity interests 0 0 (3) Other (4) (5) Closely (5) Closely (6) (6) (7) (9) Closely (7	(a)		(b) Book value	, ,	
(2) Closely-held equity interests 0 0 (3) Other (4) (5) Closely (5) Closely (6) (6) (7) (9) Closely (7	(1) Financial	denvatives	0		
(A)   (B)   (C)			0		
(A)   (B)   (C)		• •			
(5)   (7)   (8)   (9)					<u></u>
(C)					
(5)   (6)   (7)   (8)   (9)   (9)   (9)   (9)   (9)   (10)   (			·		
(SQ) (SQ) (SQ) (SQ) (SQ) (SQ) (A)  Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Coat or end-of-year market value (f) (a) (b) (c) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(D)				
(S)  Total (Course (b) must equal Form 990, Pert X, cot (B) line 12)  Out (Course (b) must equal Form 990, Pert X, cot (B) line 12)  (a) Description of investment  (b) Book value  (c) Method of valuation Cost or end-of-year market value  (c)  (d)  (e)  (f)  (g)  (g)  (g)  (g)  (g)  (g)  (g	(Ē)				
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(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1		(b) Book value		<del> </del>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			<u> </u>	1	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		micorno taxao	1	ĺ	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Parl X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				]	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  ■ Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(8) (9) Total. (Column (b) must equal Form 990, Part X, ∞l (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)			1	
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				-	
			<u> </u>	o organization's formaid statement	a that conside the

Sched	ule D (Form 990) 2014 The Education Foundation of Baltimore County Public Schools, Inc.	52-1819200	Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1	470,611
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	3	
b	Donated services and use of facilities	3	
С	Recoveries of prior year grants	7	
d	Other (Describe in Part XIII )	]	
е	Add lines 2a through 2d	2e	79,423
3	Subtract line 2e from line 1	3	391,188
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	]	
b	Other (Describe in Part XIII )	3	
С	Add lines 4a and 4b.	4c	-1 <u>01,736</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	289,452
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	519,761
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	3	
b	Prior year adjustments	7	
С	Other losses	7	
d	Other (Describe in Part XIII.)	<u> </u>	
е	Add lines 2a through 2d	2e	238,292
3	Subtract line 2e from line 1	3	281,469
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	1 1	
b	Other (Describe in Part XIII )	1	
C	Add lines 4a and 4b	4c	0
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	281,469
Par	t XIII Supplemental Information.		
Prov	ide 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
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf		
Part	XII Line 2d Expense of fundraising event offset against revenue		
11417	All Elio 24 Expense of fandralong over choose against revenue		
Part	V Line 4 Endowments funds are invested to generate funds for the relay elementary		
31211	·		
lıbrar	ry and two scholarships.		
20030			

Schedule D (Form	990) 2014	The Education Foundation of Baltimore County Public Schools, Inc.	52-1819200	Page 5
Part XIII	Supple	mental Information (continued)		
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#### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

The E	ducation Foundation of Baltimore Co					52-18°	
Par	Fundraising Activities. Co	•	-		ered "Yes" to Form	n 990, Part IV, lın	e 17.
	Form 990-EZ tilers are not				vine activities. Char	all that apply	
1 a	Indicate whether the organization ra	aised funds thic			of non-government		
_	X Internet and email solicitations		=		of government gran	Ŧ	
b					-	to .	
C	X Phone solicitations		g X S	peciai iuriu	Iraising events		
d	X In-person solicitations						
2a	Did the organization have a written key employees listed in Form 990,	Part VII) or enti	ty in conne	ection with	professional fundra	aising services?	Yes X No
b	If "Yes," list the ten highest paid inc		•	aisers) pur	suant to agreemen	ts under which the	fundraiser is
	to be compensated at least \$5,000	by the organiza	แดก				
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		CCI (I)	
1			1.55				
					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5		-			0	0	0
6							
7					0	0	0
					0	0	0
					0	0	0
9					0	0	0
10					0	0	0
Total		· •		. ▶	0	0	0
3 MD	List all states in which the organiza registration or licensing.	-					
MD					<b></b>		
				<b></b>			

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List

		events with gross rece	ipis greater than \$5,00	····		
		•	(a) Event #1 tate of Schools Ever	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	237,324		0	237,324
2	2	Less: Contributions Gross income (line 1			0	0
		minus line 2)	237,324		0	237,324
	4	Cash prizes			0	0
	5	Noncash prizes			0	_ 0
Oirect Expenses	6	Rent/facility costs	8,000		0	8,000
t Exp	7	Food and beverages	51,718		0	51,718
Dire	8	Entertainment			0	0
	9	Other direct expenses .	42,018		0	42,018
	10 11	Direct expense summary. Ad Net income summary. Subtra				( 101,736) 135,588
Pa	ırt III		the organization answe	red "Yes" to Form 99	0, Part IV, line 19, or re	eported more
		than \$15,000 on Form	990-EZ, line 6a	<del></del>	<u></u>	Γ
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue		3 T 3 T		0
es	2	Cash prizes				0
xpens	3	Noncash prizes				0
Direct Expenses	4	Rent/facility costs .				o
<u> </u>	5	Other direct expenses				0
	6	Volunteer labor	Yes %	Yes %	Yes % No	
	7	Direct expense summary. Ac	dd lines 2 through 5 ın col	lumn (d)	<b>.</b>	( 0)
	8	Net gaming income summar	y Subtract line 7 from lin	e 1, column (d)	<b>.</b>	0
9	) E	inter the state(s) in which the o	organization conducts gar	ning activities:		
	a Is	s the organization licensed to c "No," explain:	conduct gaming activities	in each of these states?	?	. Yes No
		Vere any of the organization's (	gaming licenses revoked	, suspended or terminat	ted during the tax year?	Yes No
	וו מ 	"Yes," explain				

Sched	ule G (Form 990 or 990-EZ) 2014. The Education Foundation of Baltimore County Public Schools, Inc	52-1819200 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	13a %
	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	3
	Name ▶	
	Address	·
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$0 and the	
_	amount of gaming revenue retained by the third party ► \$0  If "Yes," enter name and address of the third party.	
С	if res, entername and address of the third party	
	Name ▶	
	Address •	
16	Gaming manager information:	
	Name ▶	·····
	Gaming manager compensation ► \$0	
	Description of services provided •	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	0
Par		(III) and (v), and
• •		

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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OMB No 1545-0047	2014	Open to Public	Inspection	ication number
				<b>Employer identification number</b>

The	The Education Foundation of Baltimore County Public Schools, Inc	52-1819200
Pai	Part   General Information on Grants and Assistance	
-	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?	X Yes No
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Par	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,	ation 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	ied

19   19   19   19   19   19   19   19	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		220,491				various school based educational projects
•   •   •   •   •   •   •   •   •   •								
•   •   •   •   •   •   •   •   •   •								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  Enter total number of other organizations listed in the line 1 table  Enter total number of other organizations listed in the line 1 table								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  Enter total number of other organizations listed in the line 1 table								
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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  Enter total number of other organizations listed in the line 1 table    Page 12   Page 12   Page 13   Page 14   Page 14   Page 14   Page 14   Page 14   Page 15								
Enter total number of other organizations listed in the line 1 table  Enter total number of other organizations listed in the line 1 table								
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Enter total number of other organizations listed in the line 1 table	Enter total number of section	n 501(c)(3) and	government organı	zations listed in the lin	e 1 table			0
	Enter total number of other of	organizations list	ted in the line 1 tab				•	_

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

Schedule I (Form 990) (2014)

Page 2

The Education Foundation of Baltimore County Public Schools, Inc

Schedule I (Form 990) (2014)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part I Line 2 Funds are only disbusred upon written request including detailed invoices and reports of the use of the funds (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance 2 ~ n ဖ

#### **SCHEDULE 0** (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.

▶ Attach to Form 990 or 990-EZ.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

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

Open to Public Inspection Employer identification number

The Education Foundation of Baltimore County Public Schools, Inc	52-1819200
Form 990, Part IV, Section B, Line 11.b The 990 is reviewed with the treasuer and other	
executive officers. It is presented at a Board of Directors meeting and all directors are	
offered copies of the return for review.	
Form 990, Part VI, Section C, Line 19: The Foundation web site indicates that governing	
document and financil statements are available for review upon request. The 990 Return is also	)
available upon request as well as being published on the State of Maryland Secretary of	
State's, approved charities web site	
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Schedule O (Form 990 or 990-EZ) (2014)	
Name of the organization	Employer identification number
The Education Foundation of Baltimore County Public Schools, Inc	52-1819200
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