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Paid

Preparer Use Only Firm's name

' Firm's address ➤

Check if applicable Address change Name change	Return of Organization Exempt From Inc Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce P Do not enter social security numbers on this form as it may be Information about Form 990 and its instructions is at www.irs.	pt private foundations	, <u>2015</u>
For the 2015 call Check if applicable Address change Name change	► Do not enter social security numbers on this form as it may be		The second secon
For the 2015 call Check if applicable Address change Name change	· · · · · · · · · · · · · · · · · · ·	: made public	Open to Public
For the 2015 call Check if applicable Address change Name change	Internation about Form \$30 and its instructions is at www is.		Inspection
Check if applicable Address change Name change	ndar year, or tax year beginning July 1 , 2015, and ending		, 20 16
Address change Name change	C Name of organization. Montgomery County Public Schools Educational Foun		er identification number
Name change	Doing business as		52-1804509 ⁻
_	Number and street for P.O. box if mail is not deavered to street address) Room/su-	te E Telepho	one number
4-4		149	301-517-5099
Indiai fetum	City or town, state or province country, and ZIP or foreign postal code	····	307-317-2077
Final return/terminated	Rockville MD 20850	G Grass re	ara n'e 2
Amended return	F Name and address of parcipa, officer		SECURITATION YES EN
_ Application pending	r rang and address of the Chie of Ce:		singuaged? Tyes EN
			s induged? Tek. iz N a (st. (see instructions)
Tax-exempt status:	☑ 501(c)(3)		
	://www.mcpsfoundation.jorg	H(c) Group exemption	
	Corporation ↑ Trust	on 1988 M State	of legal domicie MU
			O+
	scribe the organization's mission or most significant activities: The mi		
Schools	ducational Foundation is to actively support MCPS strategic initiatives eff		
MCP5 st	dents to maximize their knowledge and skills, and community engagement		
Schools MCPS st Check the state of the stat	is box ▶ [_ if the organization discontinued its operations or disposed of	f more than 25% of	its net assets
3 Number	of voting members of the governing body (Part VI, line 1a)	3	
4 Number	of independent voting members of the governing body (Part VI, line 1b)	4 .	
5 Total nur	nber of individuals employed in calendar year 2015 (Part V, line 2a)	5	
6 Total nui	nber of volunteers (estimate if necessary)	6	
7a Total uni	elated business revenue from Part VIII, column (C), line 12	7a	
b Net unre	ated business taxable income from Form 990-T, line 34	7b	
)	Prior Year	Current Year
8 Contribu	ions and grants (Part VIII, line 1h)	1 203,452	1,613,9
9 Program	service revenue (Part VIII, line 2g)	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
) }	nt income (Part VIII, column (A), lines 3, 4, and 7d)	72,248	73,3
11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	108 923	(1100
ì	· · · · · · · · · · · · · · · · · · ·	1 384 623.	1 577 1
• *****	nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
1	d similar amounts paid (Part IX, column (A), lines 1-3)	1 234,303	1 291,4
!	paid to or for members (Part IX, column (A) line 4)		
15 Salaries,	ther compensation, employee benefits (Part IX, column (A), lines 5–10)	110,105	1277
)	nal fundraising fees (Part IX, column (A), fine 11e)		
b Total fun	traising expenses (Part IX, column (D), line 25)		
11 Other ex	enses (Part IX, column (A), lines 11a-11d, 11f-24e).	83,580	65,0
	enses Add lines 13–17 (must equal Part IX, column (A)), line 25)	1,427,9881	1,484,2
	ess expenses. Subtract line 18 from line 12"	(43 365)	92 9
20 Total ass	· · · · · · · · · · · · · · · · · · ·	ginning of Current Year	End of Year
20 Total ass	is (Part X, line 16) NGV 1-7 2:10	5,182 444,	5.399 2
č'	rties (Part X, line 26)	1 209,112	1,332,9
	s or fund balances. Subtract line 21Lfrom-line 20	3,973,332	4,066 2
Signat	ire Block		
nder penalties of perur	, I declare that I have examined this return including accompanying schedules and statem	ents, and to the best of m	w knowledge, and belief,
	ie. Declaration of preparer (other than officer) is based on all information of which preparer of		(1)
- A	TVI WITHIN		13116
gn Sygra	ure of officer	Date	
	KUN LESTINSKY TARASUAS.	····	1
ere la l'VI		,	1

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

For Paperwork Reduction Act Notice, see the separate instructions

Fim s EIN >

Check I if

C31 No 112524

__ Yes __ No Form 990 (2015)

Form 99	90 (2016) Page 2
Part	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:
	The mission of the Montgomery County Public Schools Educational Foundation is to actively support Montgomery County Public
	Schools strategic initiatives, efforts to provide equitable opportunities for MCPS students to maximize their knowledge and skills, and
	community engagement in support of successful student outcomes
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 545,000 including grants of \$ 545,000) (Revenue \$)
	Grants through Howard Hughes Medical Institute supports & promotes science education in Montgomery County Pulbic Schools.
	Promotes K-12 teacher professional development & instructional materials that support primiarily in grades 6-12. This partnership with Montgomery College hires and trains biotechnology students to work in our DNA resource center. In addition, a partnership
	with Morgan State University allows for a sumer camp for middle and high school students.
	This morgan state of the say allows for a surfice camp for mindle and man sortion state into

	······································
	(Code:) (Expenses \$ 17,308.62 including grants of \$ 17,308.62) (Revenue \$)
	Academic scholarships and awards for students
	<u></u>
	······································
	······································
	(Code:) (Expenses \$ 408,842.26 including grants of \$ 408,942.26) (Revenue \$)
-	Grants awarded to faculty of the school system in support of educational programs within the school system.
•	
•	
-	
•	
-	
•	
•	
•	
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e '	Total program service expenses ▶

Part	V Checklist of Required Schedules		1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	~	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	 	~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			,
6	Part III	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	٧	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	/	
	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	~	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	7	
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		7
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
_	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		~
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		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
_				

Part	Checklist of Required Schedules (continued)			T
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
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	,	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
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		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Schedule L, Part IV	28a 28b		~
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
	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		/
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		7
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		V
	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,			
38	Part VI	37	~	
		Forn	990	(2016)

Form **990** (2015)

Offin 3	30 (2013)			agu
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	·-	<u>. [</u>
			Yes	No
1a		」 ′、⁻	1 :	
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_	'	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and]:	, .
٥.	reportable gaming (gambling) winnings to prize winners?	10	10	<u> </u>
2a				-
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15 to bloom to a control of the calendar year ending with or within the year covered by this return 2a	٠		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		├—
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	ĺ	_
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	├	-
743	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a	İ	1
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		,-	ء بر ر
	(FBAR).	1		Ĭ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		~
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 and services provided to the payor?	<u> </u>		
	and believed to the payor.	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/B		
С	required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ĺ	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	71		·
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		·
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	1	•
9	Sponsoring organizations maintaining donor advised funds.	[.]	-7	
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>
10	Section 501(c)(7) organizations. Enter:		-	
a	Initiation fees and capital contributions included on Part VIII, line 12		1	-
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-		٠.
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		- 1	
_	Gross income from members or shareholders	}	ł	
	against amounts due or received from them.)	1 1	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- 1	~
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124	\dashv	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	•
	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.	-~-	-+	<u>-</u>
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		- 1	
C	Enter the amount of reserves on hand		j	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		/
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	$\neg \uparrow$	

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	and	for a	- "No
T Zil	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🔽
Sect	tion A. Governing Body and Management			<u></u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	_	1.	
	If there are material differences in voting rights among members of the governing body, or	١,,	1	1.
	if the governing body delegated broad authority to an executive committee or similar	-	,	, (
	committee, explain in Schedule O.	1.,	1	1 -
þ		4	1	1.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		•
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	V
6	Did the organization have members or stockholders?	6		V
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7 <u>a</u>	 	1
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ښد، ب
_		00	٠,	_ ~ ·
a	The governing body?	8a 8b	1	┼
9 9	Each committee with authority to act on behalf of the governing body?	65	 	┼─
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	าue C)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	 	~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	V	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by	7		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			2
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		~
	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 arrangement with a taxable entity during the year?	16a		,
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		-
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Maryland			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(2)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	•	

	-
Pane	-/

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	on c	ompe	ensa	ated any currer	t officer, directo	r, or trustee.
				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per	office				or/trus		compensation	compensation from	
	week (list any hours for	Individual trustee or director	l _s	9	6	a £	Fo	from the	related organizations	other compensation
	related	dre	Ē	Officer	Key employee	plos	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	함	ğ	ľ	킇	8 6		(W-2/1099-MISC)		organization and related
	line)	trus	1 5		yee	1 3	ĺ	Ì		organizations
		lee	Institutional trustee			Highest compensated employee				
	ļ		"	_		8	ļ	 	<u> </u>	
(1) Melvyn Leshinsky										
Chairperson & Treasurer	3	~	ļ	~	Ì	Ì	{	o	o	0
(2) Patricia B O'Nelll										
Vice Chairperson	3	~		~	L_	L			o	0
(3) Thomas Pumphrey										
Secretary	3	~		~	Ĺ			0	0	0
(4) Jack R. Smith, Ph D.										
Superintendent of Schools		~		1			Ĺ	0	_ 0	0
(5) Debbie Driesman							-			
Director		~			L			0	0	0
(6) The Honorable Aruna Miller]		
Director		~						0	0	0
(7) Jennifer Nordheimer							[
Director		~					<u> </u>	0	0	0
(8) Pennie Abramson	<u> </u>					}				
Director		~						0	0	0
(9) Thomas Choate	<u> </u>					,				l.
Director		'						0	0	0
(10) Steven B Cohen					['					
Director		~						0	0	0
(11) Jeffery C Gonyo										
Director		~						0	0	0
(12)Paul Leleck		_						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Director		~						0	0	0
(13) Sheri Parker										
Director		~						0	o	0
(14)Lında M. Plummer			1							
Director		~						0	o	0

Par	Section A. Officers, Directors, Trus	tees, Key E	mpio	yee:			igne	St C	ompensated E	mployees (co	วกนก	uea)		
	(B) Average hours per	rage box, unless person is sper officer and a director/						(D) Reportable compensation	(E) Reportable compensation from		am	(F) imated ount of		
		week (list any hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization: (W-2/1099-Mis		comp fro orga and	other densation on the inization related nizations	
	ob Smith		,						0		0			0
Direct	ebecca Smondrowski	 	<u> </u>	-	-	-			ļ — — "	 	-			_ _
Direct		 	1		}]	0		o			0
	Rob Sobhani	 -		-	-	_			 		_			
Direct		†	1	ļ,	Į) o	,	0			0
(18) Ri	ck Southard										\neg			
Direct	or		1						0		0			0
(19) Yo	olanda Johnson Pruitt, J D				Γ.									
Direct		32	~	L.,		<u> </u>		<u> </u>	0	110,	425			0
(20) Kı	m Watson							}						
Direct	or	ļ	~					<u> </u>	0		0			0
(21)								[- 1			
(22)											+			
(23)								_			\dashv			
120)		 									1			
(24)		<u> </u>									\dashv			
						!								
(25)														
	Out total	L	l						0	110	425			
1b	Sub-total			•	•		•	♪	0	110,4	0			0
c d		vii, sectio		•	•	• •	•	•	0	110,4				0
_ u	Total number of individuals (including but								L) of		_
_	reportable compensation from the organi		10 111	030	, jist	-	ADOVE	,, •••	no received me	ore man proc	,,,,,,,,	<i>,</i> 0.		
													Yes	No
3	Did the organization list any former of							mp	loyee, or high	est compens	atec	d		
	employee on line 1a? If "Yes," complete 3											3		<u> </u>
4	For any individual listed on line 1a, is the												,	
	organization and related organizations individual	greater tha	an \$1	50,0	000	e ii	res	5, "	complete Sch	eaule J for	Sucr	1 1	•	ٔ ہے
_	Did any person listed on line 1a receive o					fror			rolated organiz	otion or indiv	idus	4		_
5	for services rendered to the organization?									ation of indiv	iuua	" ₅		J
Section	on B. Independent Contractors					-								<u> </u>
1	Complete this table for your five highest compensation from the organization. Rep													:
	year.													
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation	
						_								_
														
	· 													
2	Total number of independent contracto							the	ose listed abo	ve) who				
	received more than \$100,000 of compens	auon from t	ile or	jani	Zall	UN P				<u>, </u>				

Par	t VIII							
		Check if Schedule O contains	a res	ponse or note t				<u> </u>
*	المورية موريد	The state of the s			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
::: ::5	35 °23' .≟, 1			型的とこでは となった Constanting		exempt function revenue	business revenue	excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a	9,557		+		
tributions, Giffs, Grants Other Similar Amounts	b	• •	1b			· 38.5~]	1
S, G	C	Fundraising events	1c			The Target	14.7%	1.
Giffe, Ilar An	d	Related organizations	1d			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 mm 12 mm	1 000
S, E	e	Government grants (contributions)	1e					
o is	f	All other contributions, gifts, grants,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
音		and similar amounts not included above	1f	1,604,373	-	Sec. 48		Y -2 & 1, 1
Contributions, and Other Sim	g	Noncash contributions included in lines 1a	1-1f: \$			الله ومنوالها المائلة br>المائلة المائلة		1,
S	h				1,613,930		Figures 1	17. 13. 11.
9				Business Code	, + 2 - 2		5 1.5	
Jen J	2a					1		1
æ	b	***************************************				 	 	
<u>8</u>	C					 	 	
ē	d					<u> </u>		
S	e					<u> </u>	 	
Program Service Revenue	f	All other program service revenu	je .					
2	g			•			3-25 00	- 10 - 20
	3	Investment income (including						T
	1			▶	73,311	1		73,311
	4	Income from investment of tax-exer	mot bo	ond proceeds ▶			 	
	5	Royalties		•		 		
	-	(i) Real		(ii) Personal	 	+ Và,	\$ 50 ah	1, i, .
	6a	Gross rents				The water of the said	THE STATE OF THE S	1
	Ь	Less: rental expenses				n pagagan		
	c	Rental income or (loss)		·	7 4 5 4 5		- *** ()	1 34
	d	Net rental income or (loss) .			- '	25. 27.	4 - 1245 - 5 %	, ,,,
	7a	Gross amount from sales of (i) Securit	ies l	(ii) Other		* * ******** *******	THE PROPERTY.	
	'	assets other than inventory		·	** ** = _			·
	ь	Less: cost or other basis				- 7	Sign regions	-
		and sales expenses .]	}	***	# 354 CT 12		
	c	Gain or (loss)			و رغم ـ	1 1 1 1 1 1 1 1 1 1 1 1 1	market, and a second	, , ,
	d	Net gain or (loss)	1	>			# 1.2% 43	-
	ľ	iver gam or (ioss)	٠.,			1-1-6		
ne	8a	Gross income from fundraising			, ,	1. S S		
~		events (not including \$			all a later of			
lev.	1	of contributions reported on line 1	-i-		444			1 2 2 2
F		See Part IV, line 18	. a			4		The state of the s
Other Revel	ь	Less: direct expenses	. b	————	" "" "" " " " " " " " " " " " " " " "		经上海方面	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0	c	Net income or (loss) from fundra	. – [events	• •		1. \$8 JOSE 7. P. 1. 53. 1.	
		Gross income from gaming activity		STORIES . P	4.5 48		Sin Since	11.4
		See Part IV, line 19	- 1	İ		* ***	Market 1	The same of the state of
ł	b	Less: direct expenses	. b		military is			
1	C	Net income or (loss) from gaming	· - L	/ities ▶	100.00	. The wind the bolines of	क्यों मेरे जिल्ले देश हैं	A MA
	10a	Gross sales of inventory, I		/IIC3 P			2 2 2	
	.04	returns and allowances	- 1	1	ميٽيت. مورنت			7.5
- 1	_		· a		- J	F > in the last rest		
i	b	Less: cost of goods sold	. b∐ vfinvo	nton		10 14G	ಎಲ್ ಎ 'ಆಡಿಕ್ ಎ್ಸ್ ಮೊ	. , 5.5.
}	С	Net income or (loss) from sales of Miscellaneous Revenue	n inve					
}	44 -			Business Code	, , , , , , , , , , , , , , , , , , ,			
ļ	11a	Net Unrealized Gain	}	900099	(110,095)	L 	ļ <u>. </u>	(110,095)
j	b		}					ļ
j	C	All all an unit	J.					
	d	All other revenue	. [
- 1	e	Total. Add lines 11a-11d		🟲 📙	(110,095)	,		
	12	Total revenue. See instructions.		▶ [1,577,146			(36,784)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A).
--	---

0000	711 301 (c)(d) and 301 (c)(4) digatilizations induction				
	Check if Schedule O contains a respo		line in this Part IX		
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,274,15	1,274,158		Co.
2	Grants and other assistance to domestic individuals. See Part IV, line 22	17,30	17,309		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				3-
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			1. 1. 1. 1.	,
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	110,425 17,279		110,425 17,279	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		ļ	<u></u> _	
10	Payroll taxes			ļ	
11	Fees for services (non-employees):		ļ.		
a b	Management		 		
C	Accounting		 	<u> </u>	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	7,271		7,271	
12	Advertising and promotion	971	 	971	
13	Office expenses	2,772		2,772	
14	Information technology	32,404		32,404	
15 16	Royalties	<u> </u>			
17	Occupancy	 -			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	363		363	
21	Payments to affiliates	40.074		42.074	
22 23	Depreciation, depletion, and amortization . Insurance	13,271 7,704		13,271 7,704	
24 24	Other expenses. Itemize expenses not covered	V NEWSCHAFF OF STREET)-6, '
24	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.)				
а	Annual State Charitable Registration	300	THE PLANTS OF LIGHTS AND	300	
b					
С					
d					· · · · · · · · · · · · · · · · · · ·
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,484,227	1,291,467	192,760	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

	Part X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		[
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	38,935	1	345,349
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	615
	5	Loans and other receivables from current and former officers, directors,			
	İ	trustees, key employees, and highest compensated employees.		٠.	
	1	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
]	other basis. Complete Part VI of Schedule D 10a 26,544			
	ь	Less: accumulated depreciation 10b 13,271	26,544	10c	13,271
	11	Investments—publicly traded securities	·····	11	
	12	Investments - other securities. See Part IV, line 11	5,116,965	12	5,039,972
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,182,444	16	5,399,207
_	17	Accounts payable and accrued expenses		17	
	18	Grants payable	1,202,968	18	1,332,956
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ö	22	Loans and other payables to current and former officers, directors,			
Llabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	·
==	23	Secured mortgages and notes payable to unrelated third parties	6,144		
	24	Unsecured notes and loans payable to unrelated third parties	···	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
i	26	Total liabilities. Add lines 17 through 25	1,209,112		1,332,956
-	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			.,,,,,,,,
es		complete lines 27 through 29, and lines 33 and 34.	,	1	ı
nc	27	Unrestricted net assets	2,934,311	27	2,651,925
ala		Temporarily restricted net assets	217,159		592,464
0	ı	Permanently restricted net assets	821,862	$\overline{}$	821,862
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	-		021,002
00		Capital stock or trust principal, or current funds		30	
Set		Paid-in or capital surplus, or land, building, or equipment fund		31	
S.		Retained earnings, endowment, accumulated income, or other funds.	 +	32	
6		Total net assets or fund balances	3,973,332	33	4,066,251
2		Total liabilities and net assets/fund balances			
	<u>~~</u>	Total habilities and het assets/fund dalances	5,182,444	34	5,399,207

Form 9	90 (2016)			P	age 12
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		1,5	77,146
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,48	34,227
3	Revenue less expenses. Subtract line 2 from line 1	3		(2,919
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,9	3,332
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4,06	6,251
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🔲 Accrual 🔲 Other			Ĩ.	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın ın		` `	:
	Schedule O.				٠,
2a	The same of the sa		2a	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or	1 ' ;	,	
	reviewed on a separate basis, consolidated basis, or both:		1	,	. !
	Separate basis Consolidated basis Both consolidated and separate basis				, 5 3
b	Were the organization's financial statements audited by an independent accountant?		2b	>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	-	ι	,,
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		}	,	٠,
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov		}		
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex	olain ın	`		-
	Schedule O.			`	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	iorth in			i
	the Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	ıdıts.	3b		

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

▶ 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	
Mont	tgomery County Public Schools Edu	icational Foundat	tion, Inc.			52-1	804509	
Pai	Reason for Public Cha	rity Status (Al	I organizations mus	t comple	ete this	part.) See instructi	ons.	
	organization is not a private found							
1	<u>~</u>		•		-	•		
2	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative ho							
4	A medical research organizati						Miil Enter the	
7	hospital's name, city, and star	•	onjunction with a not	ipitai acc	511 5 00 111	300001110(0)(1)(4	Ming. Circle the	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned	or operat	ed by a governmen	ital unit described in	
6	A federal, state, or local gover	mment or govern	nmental unit describe	d in sect i	on 170(b)(1)(A)(v).		
7	An organization that normally						m the general public	
	described in section 170(b)(1)(A)(vi). (Comple	te Part II.)	-	-			
8	☐ A community trust described	ın section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ	=			erated in	conjunction with a	land-grant college	
	or university or a non-land-gra	ant college of ag	riculture (see instructi	ons). Ent	er the nar	ne, city, and state o	f the college or	
	university:						_	
10	☐ An organization that normally	receives: (1) moi	re than 331/3% of its s	upport fr	om contr	butions, membersh	ip fees, and gross	
	receipts from activities related support from gross investmen	to its exempt fu	inctions—subject to d	ertain ex	ceptions,	and (2) no more that	an 331/3% of its	
	acquired by the organization a	after June 30, 19	75. See section 509 (a)(2). (Co	molete P	art III.)	1 00311163363	
11	An organization organized and							
		•	•				my out the purposes	
	of one or more publicly support							
	Check the box in lines 12a thro							
a	Type I. A supporting organ	nization operated	d, supervised, or cont	rolled by	its suppo	rted organization(s),	, typically by giving	
	the supported organization							
	supporting organization. Y	ou must compl	ete Part IV, Sections	A and B	•			
b	Type II. A supporting orga	nization supervis	sed or controlled in co	onnection	with its	supported organizat	ion(s), by having	
	control or management of							
	organization(s). You must	complete Part	IV, Sections A and C	•				
C	☐ Type III functionally integ	rated. A suppor	ting organization ope	rated in c	onnectio	n with, and function	ally integrated with,	
	its supported organization	(s) (see instruction	ons). You must comp	lete Part	IV, Sect	ions A, D, and E.		
d	Type III non-functionally	i ntegrated. A su	pporting organization	operate	d in conn	ection with its supp	orted organization(s)	
	that is not functionally inte							
	requirement (see instructio	ns). You must c	omplete Part IV, Sec	ctions A	and D, ar	nd Part V.		
е	☐ Check this box if the organ	ization received	a written determination	on from t	he IRS th	at it is a Type I, Typ	e II, Type III	
	functionally integrated, or						,	
f	Enter the number of supported of	organizations .					[]	
_ g	Provide the following information	about the supp	orted organization(s).	·				
_	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary		
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
					,	,		
				Yes	No	ļ <u>.</u>		
A)]]		,	
						ļ		
B)								
				 				
C) 								
 D)					1			
							<u></u>	
E)						}		

Total

Par							
	(Complete only if you checked the						ualify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	ion A. Public Support				 _	r	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	}			}	ļ	1
	membership fees received. (Do not include any "unusual grants.")						
_	_	951,173	1,158,529	1,203,452	1,613,390		4,926,544
2	Tax revenues levied for the organization's benefit and either paid						1
	to or expended on its behalf					<u></u>	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	951,173	1,158,529	1,203,452	1,613,390	 	4,926,544
5	The portion of total contributions by			,	,		1
	each person (other than a	7.		;			
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount		د ۱۰ ته په	ę ·	- 1		İ
	shown on line 11, column (f)			, ,	. ,		3,079,556
6	Public support. Subtract line 5 from line 4		~~~		<u>-</u>		1,846,988
	on B. Total Support	المقدر تجديد قطا	<u>د می سیمبریا دی</u>	<u> </u>	ل <u> د هم</u>		1,040,700
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	951,173	1,158,529	1,203,452	1,613,390		4,926,544
8	Gross income from interest, dividends,						
	payments received on securities loans,	1	}	ļ	}		Ì
	rents, royalties and income from similar	1		}	ļ		ł
	sources	331,458	742,304	181,171	(36,783)		1,218,150
9	Net income from unrelated business	1	1	Į.	Ì		
	activities, whether or not the business	1					
	is regularly carried on						
10	Other income. Do not include gain or	ĺ		Į			
	loss from the sale of capital assets (Explain in Part VI.)	1		ĺ			ĺ
							6,144,694
11 12	Total support. Add lines 7 through 10 [Gross receipts from related activities, etc.	(see instruction	nel .			12	0,144,074
13	First five years. If the Form 990 is for th				or fifth tax ve		on 501(c)(3)
10	organization, check this box and stop her						.
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line 6			(, column (f))		14	50 %
15	Public support percentage from 2015 Sch	edule A. Part II	, line 14 .		[15	52 %
16a	331/3% support test-2016. If the organiz						
	box and stop here. The organization qual	-		_			_
b	331/2% support test—2015. If the organization of this box and stop here. The organization of						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, ch	eck this box a	nd stop here.	. Explain in
	Part VI how the organization meets the "forganization			_	ation qualities		
ь	10%-facts-and-circumstances test—20						
D	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m						
	supported organization				_		▶ □
18	Private foundation. If the organization did					this box and	see

	ule A (Form 990 or 990-EZ) 2016	<u></u>					Page
Pari							
	(Complete only if you checked t						nder Part II.
	If the organization fails to qualify	y under the to	ests listed be	low, please c	omplete Part	II.)	
	ion A. Public Support		T	1 1 2 22 1	1 (0.0045	4 1 0040	T (0 = 1)
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1	1	1	}	}	}
2	Gross receipts from admissions, merchandise	ļ	 	 	 	 	
-	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		1		ļ		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				<u> </u>	L	
4	Tax revenues levied for the						ł
	organization's benefit and either paid	1]	\		1	ł
	to or expended on its behalf			 		 	
5	The value of services or facilities	1			}	}	
	furnished by a governmental unit to the	1	ł	Ì	ļ		
	organization without charge		 	 	 		
6 7a	Total. Add lines 1 through 5				 	 	
, a	received from disqualified persons .	}	1	1		1	
h	Amounts included on lines 2 and 3				 	 	
~	received from other than disqualified	ļ	1	Į	1	j	
	persons that exceed the greater of \$5,000				}	}	İ
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	3.74		E Property Control	10000000000000000000000000000000000000		l
	line 6.)	- Parking		18 Page 1	الله الله الله الله الله الله الله الله		
	on B. Total Support	r	T				(A = l
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		 	 	 		
10a			J		j	j	
	payments received on securities loans, rents, royalties and income from similar sources.		j]	}		
h	Unrelated business taxable income (less				 	 	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether			,			
	or not the business is regularly carried on				<u> </u>		
12	Other income. Do not include gain or						
	loss from the sale of capital assets				!		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and stop here		
Sect	ion C. Computation of Public Support Percentage		
15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%
Secti	on D. Computation of Investment Income Percentage		
17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a	331/s% support tests-2016. If the organization did not check the box on line 14, and line 15 is mo	re than	331/3%, and line
	17 is not more than 331,8%, check this box and stop here. The organization qualifies as a publicly suppor	ted orga	anization . 🕨 📋
b	331/s% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 i	s more	than 331/3%, and
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly sup	ported	organization > [

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

and 12.)

Part IV Supporti

Supporting Organizations

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

Sec	tion 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.			
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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	. 1 .	-
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	,	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	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 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		,
b	The state of the s	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pari	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		-	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	} '		
_	below, the governing body of a supported organization?	11a	1	1
b	A family member of a person described in (a) above?	11b	-	1
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	1-
	ion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		一·	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-	[
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 : .		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	}
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		İ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2]
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	٠		1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	_		
	or management of the supporting organization was vested in the same persons that controlled or managed		~ ->	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			· .
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	}		-
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		١.
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 1	-	١.
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3_		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization stationed they how has restricted more a second of the organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ons)
•				
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		-	;
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ı	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		- 1	
	how the organization was responsive to those supported organizations, and how the organization determined		- 1	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		J	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		j	
	reasons for the organization's position that its supported organization(s) would have engaged in these		,	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		}	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	}	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	niza	tions must complete Section	ns 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	<u> </u>	
3 Other gross income (see instructions)	<u>]</u> 3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	7.00		
factors (explain in detail in Part VI):	- 9		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	l	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1	į i	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u> </u>	
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		The second	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	San San San San San San San San San San	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the s	
4 Enter greater of line 2 or line 3.	4	THE STATE OF THE S	
5 Income tax imposed in prior year	5	T. William	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		Carlot,	
emergency temporary reduction (see instructions).	6	. *>.	
7 Check here if the current year is the organization's first as a non-functionally instructions).) !N	tegrated Type III supporting	organization (see

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	poses of supported org	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions	<u> </u>		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is re	sponsive	1
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	ection E - Distribution Allocations (see instructions)	(1)	(ii) Underdistributions	(iii) Distributable
-	,	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	* · · · · · · · · · · · · · · · · · · ·		·
		124 2 2 2		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See	The second second		
-	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a	P 15.0	1 1 1 1 1 1 1		
<u>b</u>		7, 77, 27 2 2 2 2 2 2		,
c	From 2013	Control of the files	, , , , , , , , , , , , , , , , , , , 	
d	From 2014			
	From 2015	75.		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	Same Same		
h h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from	The way of the state of the sta	The state of the s	
	Section D, line 7:	The same of the sa		
а	Applied to underdistributions of prior years	7577 - 7 8757 200		 -
b	Applied to 2016 distributable amount	,	. ,	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	- 1 S#3		
6	Remaining underdistributions for 2016. Subtract lines 3h	and the	52-13	
	and 4b from line 1. For result greater than zero, explain in		of Marchine	
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.		and the same of th	
8	Breakdown of line 7:			
a	District Hill 1.	~ %;		
<u>a</u> _	Excess from 2013			
	Excess from 2014	1 -	· · · · · · · · · · · · · · · · · · ·	
<u>d</u>	Excess from 2015	_		
	Excess from 2016		·.1	

Pag	e i	ĺ

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

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

Schedule D (Form 990) and its instructions is at your irs gov/form990.

OMB No. 1545-0047

2016
Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number Montgomery County Public Schools Educational Foundation, Inc. 52-1804509 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. **b** Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X

Par	t III Organizations Maintaining	Collections of	Art, Historical	Treasures, or	Other Similar As	sets (continued)
3	Using the organization's acquisition,					
	collection items (check all that apply)			·	•	•
а	Public exhibition		d □ Loai	n or exchange pro	ograms	
b	Scholarly research					
c	Preservation for future generation	ie.		JI		
4	Provide a description of the organiza	otion's collections	and explain how	they further the o	roanization's exem	ont numose in Part
7	XIII.	tion 3 concentrations	and explain now	alcy faraller alc c	nga nzadon o exem	ipi paipose iii i aii
_	During the year, did the organization	andiant or receive	denotions of art	historical trassi	roe or other simila	12
5	assets to be sold to raise funds rathe					
			anieu as part or ti	le digariization 5	COMECMOTE	☐ Yes ☐ No
Par	t IV Escrow and Custodial Arm		" F 000	Dark N / Car O a		
	Complete if the organization	n answered "Yes	on Form 990,	Part IV, line 9, 0	or reported an am	ount on Form
	990, Part X, line 21. Is the organization an agent, trustee					
1a						
	included on Form 990, Part X?					☐ Yes ☐ No
þ	If "Yes," explain the arrangement in P	art XIII and comple	ete the following	table:		
					Ar	nount
C	Beginning balance				lc	
d	Additions during the year			[ld	
е	Distributions during the year			[le	
f	Ending balance			[1f	
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line 21, for	escrow or custod	al account liability?	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the explanation	n has been provi	ded on Part XIII .	<i>.</i>
Par						
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,131,722	1,087,091	994,27	7 879,045	878,589
b	Contributions]
С	Net investment earnings, gains, and					
	losses	(8,776)	44,631	157,81	4 72,232	186
d	Grants or scholarships	(4,1.0)		20,00		
	Other expenditures for facilities and	ļi			 	
_	programs					
f	Administrative expenses			 	+	
	End of year balance	1,122,946	1,131,722	1,087,09	1 994,277	879,045
g 2	Provide the estimated percentage of t					077,043
				g, coluitiii (ajj rielo	, as.	
a	Board designated or quasi-endowmen	.65%	⁷⁰			
b						
C	Temporarily restricted endowment ►	13.33 %	2007			
2-	The percentages on lines 2a, 2b, and Are there endowment funds not in the			at are hold and a	dministered for the	.
3a	organization by:	e possession or in	e organization th	at are nero and a	diffiliastered for the	
						Yes No
	(i) unrelated organizations					3a(i) /
	(ii) related organizations					
b	If "Yes" on line 3a(ii), are the related of					3b
4	Describe in Part XIII the intended uses		n's endowment i	unos.		
Part			Comm 000 I	Dart IV line 44a	Can Farm 000 F	Don't V. Linna 10
	Complete if the organization					
	Description of property	(a) Cost or oth			Accumulated depreciation	(d) Book value
		/miseamie			Jop. Colation	
1a	Land	·				
þ	Buildings	·				
C	Leasehold improvements					
d	Equipment			26,544	13,271	13,273
е	Other					
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	0. Part X. column	(B), line 10c)		13,273

	Complete if the organization	n answered "Yes" on Fo	orm 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or (including name of secu-	category	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives			
	held equity interests			
	ontgomery County Investment Poo	ol 	383,584 38	
(A) Comm			4,646,327 3,	
(B) M&T S	iecurities	-0	9,792 9,	192
(C) (D)			 	
(E)				
(F)			· 	
(G)	~~~*		 	
(H)	***************************************		 	· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col. (B) line	12.) >	5,039,703	
Part VIII	Investments-Program R	elated.	orm 990. Part IV. line	11c. See Form 990, Part X, line 13.
	(a) Description of investr		(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)			<u> </u>	
(2)				
(3)				
(4)				
(5)	 			<u> </u>
(6)		<u></u>	<u> </u>	
(7)			 	
(8)		 	 	
(9)	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	101 5	<u> </u>	
	b) must equal Form 990, Part X, col. (B) line	13.) >	<u> </u>	
Part IX	Other Assets.	n answered "Ves" on Fo	orm 990 Part IV line 1	11d. See Form 990, Part X, line 15.
	Complete ii tile organization	(a) Description	mir ood, r dre re, mio	(b) Book value
(1)		.,,====================================		
(2)				
(3)			 	
(4)				
(5)			 	
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Pai	rt X, col. (B) line 15.)	<u> </u>	<u> ▶ </u>
Part X		n answered "Yes" on Fo	rm 990, Part IV, line 1	1e or 11f. See Form 990, Part X,
	line 25. (a) Description of liability	(b) Book value		the state of the s
(1) Federal in				
(2)	 			
(3)				
(4)				
				
		+		
(5) (6)		}		
(5) (6)				
(5) (6) (7)			AND THE PROPERTY OF THE PROPER	
(5)				
(5) (6) (7) (8) (9) otal. (Column (b)) must equal Form 990, Part X, col. (B) line 2		13 Page 1	financial statements that reports the

Page	•

Pari				Return.	
	Complete if the organization answered "Yes" on Form 990,				1 /07 044
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1,687,241
2	Net unrealized gains (losses) on investments	2a	(110,095)	.]	
a b	Donated services and use of facilities		(110,043)		
C	Recoveres of prior year grants			1	
d	Other (Describe in Part XIII.)			.	
e	Add lines 2a through 2d			2e	1,577,146
3	Subtract line 2e from line 1			3	1,077,140
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<i>i i</i>			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,577,146
Part				r Return	
	Complete if the organization answered "Yes" on Form 990,		•		
1	Total expenses and losses per audited financial statements			1	1,484,227
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		•	
b	Prior year adjustments	2b			
С	Other losses	2c		3 ;	
d	Other (Describe in Part XIII.)	2d		١ .	
е	Add lines 2a through 2d			2e	1,484,227
3	Subtract line 2e from line 1			3	
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			
þ	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	ne 18.) .	<u>· · · · · · </u>	5	1,484,227
2; Part The Fo Ulmer	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part undation endowment funds are to be used to award scholarships. Four-year to deserving graduating Gaithersburg High School students. A one-time school student who is planning to pursue his or her education in language students.	to provid scholars olarship is	de any additional infoips are awarded in the sawarded in the name	formation. he name o	f Wilma Watkins Bratt to a Blair

Schedule D (Fo	orm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
		, and an an an an an an an an an an an an an
	uda spunsagaundara, afod "tullad" u Chartophu allad tu tuur karlavaura on koon akerl "aabha faaska daarta uu Thollag Tukla a Gru	
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	1.004-1.00	
	tod you had to de pour and a part of a compact of a compa	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection 2016

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

nery	Educational Founda	atlon, Inc.					52-1804509
Part General Information on Grants and Assistan	on Grants and	Assistance					
Does the organization maintain records to substantiate the ar the selection criteria used to award the grants or assistance?	ain records to subs award the grants o	stantiate the amou or assistance?	nt of the grants or	assistance, the gr	rantees' eligibility fo	e amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ce?	e, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring t	he use of grant fur	ds in the United	States.		
Part II Grants and Other Assistance to Domestic Or 990, Part IV, line 21, for any recipient that received	ssistance to Dou for any recipient	mestic Organize that received more	ations and Domore than \$5,000.	estic Governm Part II can be du	ents. Complete if uplicated if addition	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	vered "Yes" on Form
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 noncash assistance	(N) Purpose of grant or assistance
(1) Montgomery County Public Sch	52.4000989		8 150		Book		Committee Education
(2) Montgomery County Public Sch	52-6000989		68.740		Book		School Based Prolects
(3) Montgomery County Public Sch	52-6000989		1,205,418		Book		Science/Gen Education
(4)							
(5)							
(9)							
<i>(a</i>)							
(8)							
(6)							
(10)						de, mari	
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government or 3 Enter total number of other organizations listed in the line	n 501(c)(3) and gov organizations listed	ernment organizat	ganizations listed in the line 1 table 1 table	ine 1 table			A A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)					Page Z
Part III Grants and Other Assistance to Domestic Part III can be duplicated if additional space		als. Complete if the	organization answ	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. is needed.	Part IV, line 22.
(a) Type of grant or assistance		(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Tulllon/Scholarships	81	117,195			
2 Clothing, School supplies for needy children	200	3000			
3 Back to School Give Backpack Campaign	17930	179,300			
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, line	e 2; Part III, column	(b); and any other additi	onal information.
Grants for science and general education are awarded and budgeted with specific objectives and goals. Program directors and coordinators are required to submit program and financial	and budgeted with s	pecific objectives and g	oals. Program directo	s and coordinators are requi	red to submit program and financial
reports that detail their accomplishments and how the funds were expended. Upon completion of the project, the same reporting is required from recelpients of small grants that are	funds were expended	 Upon completion of t 	he project, the same r	eporting is required from rec	elpients of small grants that are
issued to schools to supplement the schools cirriculum.					
Students awarded tutton scholarships for more than one year must comply with grade point average requirements that must be proven to continue the funding.	ne year must comply	with grade point avera	ge requirements that r	nust be proven to continue th	ne funding.
Disbursements to needy children for school supplies, clothing m	lothing must be app	roved case by case and	an annual report of u	ust be approved case by case and an annual report of use of the funds is required	
Students received backpacks filled with school supplies and dist	s and distribution to	ribution took place during the Back to School Fair	k to School Fair		

Schedule I (Form 990) (2016)

SCHEDÙLE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Employer identification number
Montgomery County Public Schools Educational Foundation, Inc	52-1804509
Form 990 - Part VI - Line 8B -	
A committee comprised of Board Officers was formed which dicussed the requirements of the postion	and developed an advertisement. The
Chief Operating Officer investigated through the evaulation of 990 IRS forms from other organizations	the range of salaries for executive
director positions, compiled the findings and reported the findings to the Board. The Board agreed the	at a salary should be communsurate
with the individuate annual and	
with the individuals experience	
Form 990 - Part VI - Line 19 -	
The organization is required to file financial information including this form 990 to register with the Sta	ite of Maryland as a charitable
organization. The state makes available to the public all filed documentation upon request. The Foundation	dation will make available any
governance documents to the public upon request	***************************************
Form 990 - Part VI - Line 11A -	
IRS form 990 and accompying schedules are reviewed by the Foundation's Executive Director and Tre	asurer prior to submission
•	