Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2017

Departmen	t of t	the T	reasury
Internal Re	venu	e Se	rv:ce

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

Public ction

➤ Do not enter social security numbers on this form as it may be made public 506 Go to www.irs.gov/Form990 for instructions and the latest Information.	Open to
► Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe

A	For the	2017 cale	endar year, or tax year beginning	July 1		, 2017, and	ending	Jui	ne 30	, 20 18	
В	Check it	applicable	C Name of organization Montgome	ry County Public	Schools	Education	al Found	ation, Inc	D Employ	er identification n	umber
	Address	change	Doing business as							52-1804509	
_	Name ci	•	Number and street (or P O. box if m	all is not delivered to	street addr	ress) F	loom/suite		E Telepho	ne number	
	Initial ref	•	850 Hungerford Drive				14	19	ľ	301-517-5099	
_		rn/terminated		ntry, and ZIP or foreld	n postal co	ode		-			
	Amende		Rockville MD 20850	,,	,,				G Gross r	eccipte \$	
_			F Name and address of principal offic	or	• • • • • • • • • • • • • • • • • • • •			107-31-45		subordinatos? Yes	
		ion pending	t rame and address of principal offic	ы.			4			subordinates? Yes	
$\overline{}$	Tax-exe	mpt status	✓ 501(c)(3)) ◀ (insert no	.) 🗌 4947	(a)(1) o	527	H"N	lo," attach i	a list. (see Instructio	ns)
_	Website		o:\\www.mcpsfoundation.org	1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,	H(c) Group	exemption	number >	
ĸ	Form of		Corporation Trust Associa	ation Other ▶		L Year o	f formation			of legal domicile.	MD
	art I	Summ			<u> </u>						
	1		escribe the organization's miss	sion or most sign	ificant ac	tivities	The miss	sion of the	Montgon	nery County Pub	olic
به	•	-	Educational Foundation is to ac	-	-						
Activities & Governance			udents to maximize their knowle								
Ĕ	_						~				Comes
Ş	2		is box ▶☐ if the organization		•					its net assets.	
Ğ	3		of voting members of the gove	• • •		•					
80	4		of independent voting membe	•	•	•	-				
itie	5	Total nun	nber of individuals employed I	n calendar year 2	2017 (Par	rt V, line 2	a) .		5		
ţ	6	Total nun	mber of volunteers (estimate if	necessary)					6		
¥	7a	Total unre	elated business revenue from	Part VIII, column	(C), line	12			7a		
	b	Net unrel	lated business taxable income	from Form 990-	T, line 34				7b		
								Prior Ye	ar	Current Ye	ar
ا ۽	8	Contribut	tions and grants (Part VIII, line	1h)			. —		1,226,941	1	,311,9
2	9		service revenue (Part VIII, line	•			·		,,,,		
Revenue	10		nt income (Part VIII, column (A						57,992		99,85
&	11								<u>`</u>		307,15
ı			venue (Part VIII, column (A), line				_		495,256		
-	12		enue-add lines 8 through 11 (r	· · · · · · · · · · · · · · · · · · ·					1,780,189		,718,9
-	13		nd similar amounts paid (Part I						1,119,980	-	,409,9
	14		paid to or for members (Part I)				_			ļ	
S.	15		other compensation, employee	•	-	4), lines 5-	10)		156,558		149,2
Š	16a	Professio	onal fundraising fees (Part IX, c	olumn (A), line 1	1e) .		·				
Expenses	b	Total fund	draising expenses (Part IX, col	umn (D), line 25)	>						
W	17	Other exp	penses (Part IX, column (A), lin	es 11a-11d, 11f ₂	-24e)	<u></u> .			64,940		63,69
i	18	Total exp	enses. Add lines 13-17 (must	equal Part IX, co	lumn (A)	畑で25) \	ÆΠ		1,421,508	1	,622,81
	19	Revenue	less expenses. Subtract line 1	8 from line 12			/ L U	-//	358,681		96,09
88				Ĭ	2		Be	proming of Cu	ment Year	End of Ye	ar
sets o	20	Total ace	ets (Part X, line 16)		N. 8	OV. 1.5 .	2018	191	5,780,210	6	,139,42
Balsa				!	<u>m</u>	, · .	-1.9	1(01 -	1,355,278		,618,39
Net Ass Fund Ba	21		ilities (Part X, line 26)		<u></u>		-:				,521,0
	22		ts or fund balances. Subtract I	ine 21 trom line	$\frac{20}{20}$	GDEN	, UT -		1,424,932	<u> </u>	,321,0
	rt II		ture Block								
			ry, i declare that I have examined this							my knowledge and	belief, i
- true	, coneci	, and compa	ete. Declaration of preparer (other than	Politicel) is based on a		On or williar j	proparer re				
		4	LONDO AT MYTTHE	HUM					ov 14, 20)18	
Sig		1/	ature of officer //	/				Da	ite		
Her	e	Yo	landa Johnson Pruitt, Executiv	e Director							
		Туре	or print name and title								
D-:		Print/Tyj	pe preparer's name	Preparer's signature)		Date		Check	IT if PTIN	
Pai		_							self-em		
	pare		ama N	l			!	E:	n's EIN ▶		
Us	e Onl										
N. 6	. 46 - IF		ddress >	abour abour (oo instru	ictions)			one no	Yes	No
			s this return with the preparer		ee msiru	icuons) .		· · · · ·	· · ·		
For	Paperv	ork Redu	ction Act Notice, see the separa	te instructions.			Cat. No.	11282Y		Form 8	90 (20

20,774) (Revenue \$

including grants of \$

(Expenses \$

4e

Total program service expenses ▶

20,774)

'ar	Checklist of Required Schedules				
		_		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? complete Schedule A	If "Yes,"	1	,	
2	• • • • • • • • • • • • • • • • • • • •	[2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opportunities for public office? If "Yes," complete Schedule C, Part I		3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 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 membersh	nip dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Sch. Part III	[5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which have the right to provide advice on the distribution or investment of amounts in such funds or accesses, "complete Schedule D, Part I		6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve ope the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	n space,	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? complete Schedule D, Part III	If "Yes,"	8		V
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, so custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit is 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 rendowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	. 1	10	'	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, VII, VIII, IX, or X as applicable.				
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? complete Schedule D, Part VI		11a		V
b	b Dld the organization report an amount for investments—other securities in Part X, line 12 that is 5% of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	or more	11b	~	
С	c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	or more	11c		~
d	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its tot reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		~
е	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D		11e		~
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that a the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Pa		11f		•
2 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," of Schedule D, Parts XI and XII		12a	,	
b	Was the organization included in consolidated, independent audited financial statements for the tax "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is		12b	,	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		V
4 a	 a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from gran 	_	14a		
U	fundraising, business, investment, and program service activities outside the United States, or a foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	ggregate	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistant for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	nce to or	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	or other	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising ser Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17		~
8	Did the organization report more than \$15,000 total of fundralsing event gross income and contributed Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		18	,	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lin If "Yes," complete Schedule G, Part III		19		~
			E	agn.	(2017)

Part	Checklist of Required Schedules (continued)			r aye ¬
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
	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	v	
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		,
c p	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	24b		V
A	•	24c	<u> </u>	~
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		<i>'</i>
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	256		,
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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	- /	V
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		·
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		'
31	conservation contributions? If "Yes," complete Schedule M	30		~
32	Part I	31		
33	complete Schedule N, Part II	32		~
34	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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓ ✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	~	
		Form	990	(2017)

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Part				
	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 2	·		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	'		
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambiing) winnings to prize winners?	1c	~	
2 a	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 2			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country; ▶	70	\neg	
•	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		•	1
	(FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
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		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
O.	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	Va		Ť
U		6b		
7	gifts were not tax deductible?	OL		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		. [
•	and services provided to the payor?	7a	~	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	-	
•	required to file Form 8282?	7c		~
_	·	70		<u> </u>
d		7e		~
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		~
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		~
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
•		8		~
^	sponsoring organization have excess business holdings at any time during the year?	•		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		-
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		<u> </u>
10	Section 501(c)(7) organizations. Enter:	,		
a	Initiation fees and capital contributions included on Part VIII, line 12			[
b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
•	against amounts due or received from them.)			Ì
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 12b	0		<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			{
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		V
a	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>'</u>
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ė-
ม	in 165, has it lied a Form 120 to report tilese payments till 190, provide an explanation in ochedule o		990	(2017)
				~~'')

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Secti	on A. Governing Body and Management			,
	-		Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 1a 22 If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
р 2	Enter the number of voting members included in line 1a, above, who are independent . [1b 22] 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		v
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		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7Ь		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			'
a	The governing body?	8a	~	ļ
Ъ	Each committee with authority to act on behalf of the governing body?	8b	~	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
100	Did the organization have local chapters branches as affiliates?	10a	168	100
10a b	Did the organization have local chapters, branches, or affiliates?	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	~	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	. > >	
C	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	7	
14 15	Did the organization have a written document retention and destruction policy?	14	V	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			لــــا
a	The organization's CEO, Executive Director, or top management official	15a	~	~
	Other officers or key employees of the organization	15b		
ioa	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		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		: اسـ ـ ـ ـ
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Maryland Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year.			/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red Gary Buckley, 45 West Gude Drive, Suite 3200, Rockville, MD 20850 - 301-279-3652	cords	>	

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

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

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

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

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee.
				(C) Ition					
(A) Name and Title	(B) Average			neck	more	than		(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per					is both or/trust		compensation	compensation from	amount of
	week (list any hours for related organizations below dotted line)		_		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Melvyn Leshinsky										
Chairperson	3	~		~			ĺ	ĺ o	o	0
(2) Patricia O'Neili			Г		Π		_			
Vice Chairperson	3	~		~				о	0	0
(3) Paul Leleck										
Treasurer	3	~		~				o	0	0
(4) Thomas Pumphrey								Ī <u>-</u>		
Secretary	3	~		~				о	0	0
(5) Jack R Smith										
Superintendent of Schools	T	~	ľ	1				0	o	0
(6) Pennie Abramson								· · · · · · · · · · · · · · · · · · ·		
Director	T	~						0	0	0
(7) Joshua Bokee										
Director		٧						0	0	0
(8) Thomas Choate										
Director		~						0	0	0
(9) Steven B Cohen										
Director		١						0	0	0
(10) Debbie Driesman										
Director		~						0	0	0
(11) Jeffery Gonyo										
Director		1						0	0	0
(12) Victoria "Vic" Samuels										
Director		~						0	0	0
(13) Jennnifer Nordhelmer, J.D.										
Director		~			Ш			0	0	0
(14) Linda Plummer	<u> </u>									
Director		~					L	0	0	0

Part VII Section A. Officers, Directors,	Trustees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (conti	nued)		
(A) Name and title	(B) Average hours per week (list any	box, office	unies r and	Pos eck s pe	more rson irecte	than o	an (ee)	(D) Reportable compensation from	(E) Reportable compensation from related	rtable Estima		
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org and	pensation the anization telepatron telepatro	n t
(15) Paula Reed Director		,						0	0			
(16) Connie REchner Director		٧		1				0	0			
(17) Farzeneh L. Sabl, M.D. FACOG Director		V					-	0	0			0
(18) Rob Smith Director		,						o	0			0
(19) The Honorable Rebecca Smondrowski Director		V						0	0	_		0
(20) S Rob Sobhani, Ph.D. Director		~						o	0			0
(21) Kim Watson Director		v						0	0		·	0
(22) Rick Southard Director		v						0	0			0
(23) The Honorable Aruna Miller Director		V						0	0			0
(24) Yolanda Johnson Pruitt, J.D. Director	32	v						0	103,002			0
(25)												
1b Sub-total	Part VII, Section		•			. i	*	0	103,002 0			0
d Total (add lines 1b and 1c) 2 Total number of individuals (including reportable compensation from the or	g but not limited					. l bove) wi	o ho received mo	103,002 ore than \$100,00	0 of		0
3 Did the organization list any form employee on line 1a? If "Yes," comp							mp	loyee, or high	est compensate	d 3	Yes	No
4 For any individual listed on line 1a, organization and related organization individual												,
5 Did any person listed on line 1a rece for services rendered to the organiza									ation or individu			,
Section B. Independent Contractors												
 Complete this table for your five high compensation from the organization year. 												ах
(A) Name and busines	ss address							(B) Description of se	ervices	(C) Compen		
Total number of independent cont received more than \$100,000 of com							the	ose listed abo	ve) who			
						•				For	m 990	(2017)

Part	VIII	Statement of Revenue						
_		Check if Schedule O contains	a res	ponse or note to	any line in this	Part VIII	<u></u>	<u> D</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र्के री	1a	Federated campaigns	1a	13,324				
a La	ь	Membership dues	1b					
چ ک ^و	С	Fundraising events	1c	32,867				;
Contributions, Glfts, Grants and Other Similar Amounts	d	Related organizations	1d					
S.E	е	Government grants (contributions)	1e					
<u> </u>	f	All other contributions, gifts, grants,						
the th		and similar amounts not included above		1,265,784				
d i	g	Noncash contributions included in lines 1	a-1f: \$	•				
a G	h	Total. Add lines 1a-1f		▶	1,311,975			
				Business Code	_			
νеп	2a							
Re	Ь							
je	С							
Sen	d				_			
E	е							
Program Service Revenue	f	All other program service rever	ue.					
<u> </u>	g	Total. Add lines 2a-2f					· ,	
	3	Investment income (including						
		and other similar amounts) .			99,852		ļ	99,852
	4	Income from investment of tax-ex	•				<u> </u>	ļ <u> </u>
	5	Royalties		<u> </u>				
		(i) Re	ai ———	(ii) Personal			1	1
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)					-	
	_di	Net rental income or (loss)		. •			<u> </u>	
	7a	Gross amount from sales of assets other than inventory	rties	(ii) Other				
	b	Less, cost or other basis and sales expenses .						
	С	Gain or (loss) .					l	
	d			▶				
e	8a	Gross income from fundralsing						
Revenue		events (not Including \$						
ۅٛ		of contributions reported on line	1c)					
_		See Part IV, line 18	· a	•				
Other	ь	Less: direct expenses	, b				l	
U		Net income or (loss) from fund		events . >				
		Gross income from gaming acti						1
		See Part IV, line 19 .	· a					
	ь	Less: direct expenses	. b				_	
		Net income or (loss) from gami		ıvitıes . ►				
	10a	Gross sales of inventory, returns and allowances						
	ь	Less: cost of goods sold	. b		_	_		
		Net income or (loss) from sales		entory >		<u> </u>		
		Miscellaneous Revenue		Business Code				
	11a	net Unrealized Gain/Loss		900099	307,151			307,151
	b							
	C							
	d	All other revenue	•					
	е	Total. Add lines 11a-11d		>	307,151			
	12	Total revenue. See Instruction	s, ,	•	1,718,978			407,003
								Form 990 (2017)

	90 (2017)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com				lumn (A).
	Check if Schedule O contains a respons			<u> </u>	🗆
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(8) 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	1,201,581	1,201,581	4	·· <u>·</u>
2	Grants and other assistance to domestic individuals. See Part IV, line 22	208,333	208,333	_	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			.'	
4 5	Benefits paid to or for members 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)	103,002	,	103,002	0
7 8	Other salaries and wages	46,278		46,278	0
9 10 11	Other employee benefits				0
a b	Management				0
C	Accounting		-		0
d	Lobbying				0
е	Professional fundraising services. See Part IV, line 17			 	0
ť	Investment management fees				0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	11,132		11,132	0
12	Advertising and promotion	767		767	0
13	Office expenses	879		879	0
14	Information technology	46,658		46,658	0
15	Royalties				0
16	Occupancy				0
17	Travel				0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			_	0
19	Conferences, conventions, and meetings .				0
20	Interest				0
21	Payments to affiliates				0
22	Depreciation, depletion, and amortization .				0
23	Insurance	3,954		3,954	0
24	Other expenses. Itemize expenses not covered 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 Charitable Registration	300		300	0

1,622,884

1,409,914

þ

C

d

e

25

26

All other expenses
Total functional expenses. Add lines 1 through 24e

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)

212,970

0

0

0

0

33

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 180,332 1 244,752 2 3 6,660 4 4,253 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 R 8 Q Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 . 5,593,218 12 5,890,415 13 Investments -- program-related. See Part IV, line 11. 13 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets, Add lines 1 through 15 (must equal line 34) . . . 5,780,210 16 6,193,420 17 17 18 1,335,278 18 1,618,394 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, 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 . . . 23 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 25 26 Total liabilities. Add lines 17 through 25 1.618.394 1,355,278 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 2,851,365 27 2,760,543 Temporarily restricted net assets 938,621 751,705 28 29 Net Assets or Fund 821,862 29 821.862 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32

Total liabilities and net assets/fund balances . . .

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4.521.026 6,139,420

4,424,932

5,780,210 34

33

of the audit, review, or compliation of its financial statements and selection of an Independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

2c

3а

3b

Form 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Mon	Igomery County Public Schools Edu		:	_		1	104509
Pa	Reason for Public Cha	rity Status (All	organizations mus	t comple	te this p	art.) See instruction	ons.
The	organization is not a private found:						
1	A church, convention of church						
2	A school described in section						
3	A hospital or a cooperative ho						(
4	A medical research organization hospital's name, city, and state	on operated in c	onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(III). Enter the
5	An organization operated for	the honesit of a					Lat 24 Jan - 1 - 1 1
J	section 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	tal unit described in
6	A federal, state, or local gover	nment or govern	mental unit described	in secti	on 170(b)	(1)(A)(v).	
7	An organization that normally			port from	n a gover	nmental unit or fron	n the general public
	described in section 170(b)(1)						
8							
9	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:						f the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	inctions—subject to c related business taxa	ertain exi ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	in 331/3% of its
11							
12	2 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes					rry out the purposes	
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).						
	Check the box in lines 12a thro	•	• • • • •		-	•	
а	☐ Type I. A supporting organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	Jority of t		
b	_	•	•			supported organizati	lon(s), by having
	control or management of organization(s). You must	the supporting o	organization vested in	the same			
С	Type III functionally integ its supported organization						ally integrated with,
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported of	organizations .					[]
g	Provide the following Information	n about the supp	orted organization(s).				,·
	(i) Name of supported organization	(II) EIN	(lii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)				<u> </u>			
(A)							
(B)							
(C)							
(D)							
(E)	· · · · · · · · · · · · · · · · · · ·						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,158,529	1,203,452	1,613,390	1,226,941	1,311,975	6,514,287
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			7,610,675	7,220,771	1,011,770	0,014,207
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,158,529	1,203,452	1,613,390	1,226,941	1,311,975	6,514,287
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)						3,477,832
6 Sooti	Public support. Subtract line 5 from line 4			, <u>-</u>		L l	3,036,455
	on B. Total Support	(-) 004.4	0.0045	/ /) 00/0	(0 0047		
7	dar year (or fiscal year beginning in)	(a) 2014 1,158,529	(b) 2015 1,203,452	(c) 2016	(d) 2017	(e) 2018	(f) Total
8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	742,304	181,171	1,613,390	1,226,941	1,311,975	6,514,287 1,407,223
9	Net income from unrelated business activities, whether or not the business is regularly carried on	742,304	101,171	(30,763)	113,326	407,003	1,407,223
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7,921,541
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	
Secti	on C. Computation of Public Suppor			^^			
14	Public support percentage for 2018 (line 6			1, column (f))	7	14	53 %
15	Public support percentage from 2017 Sch					15	54 %
	331/3% support test—2018. If the organization qualities box and stop here. The organization qualities	ifles as a public	cly supported	organization			▶ 🗹
Ь	331/3% support test—2017. If the organization this box and stop here. The organization of						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "I organization	ets the "facts- facts-and-circu	and-circumsta ımstances" te:	inces" test, ch st. The organiz	eck this box a ation qualifies	nd stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the leets the leets the leets	e "facts-and-c s-and-circums 	ircumstances" tances" test. 1	test, check the organization	his box and son qualifies as	top here. a publicly ► □
18	Private foundation. If the organization dicinstructions						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

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

	on A. Public Support						A
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees					2	/
_	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an				4		
	unrelated trade or business under section 513		ļ				
4	Tax revenues levied for the						
	organization's benefit and either paid to		1		-/		
	or expended on its behalf						
5	The value of services or facilities					ľ	
	furnished by a governmental unit to the			/	7		
_	organization without charge						
6 7-	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
				_/			
ь	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000		<u> </u>				
	or 1% of the amount on line 13 for the year						
_						-	
С 8	Add lines 7a and 7b Public support. (Subtract line 7c from		5.	· · · · · · · · · · · · · · · · · · ·			
٥	line 6.)			, , ,		-	
Section	on B. Total Support	4 944	1				
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	/					
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						·····
C	Add lines 10a and 10b						· · · · · · · · · · · · · · · · · · ·
11	Net income from unrelated business					ı	
	activities not included in line 10b, whether					`	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets					į	
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)			الماسينية الماسينية	or fifth toy ye		501(a)(2)
14	First five years. If the Form 990 is for the organization, check this box and stop he	_	•		•		
Section	on C. Computation of Public Suppor				· · · · ·		▶ <u></u>
15	Public support percentage for 2018 (line to			3 column (fl)	· · · · · · · · · · · · · · · · · · ·	15	%
16	Public support percentage from 2017 Sch		•			16	%
	on D. Computation of Investment In			· · · · · · ·		1 1	
	Investment income percentage for 2018 (v line 13. colu	mn (f)	17	%
18	Investment income percentage from 2017	7 Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests - 2018. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17, is not more than 331/3%, check this box						
	33¹ສ% support tests – 2017. If the organiz						
	line 18 is not more than 3312%, check this i	oox and stop h	ere. The organi	zation qualifies	as a publicly su	ipported organi	
26	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌

Part IV **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.)

Section A. All Supporting Organizati	200

ect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If histonic and continuing relationship, explain.	1	Yes	No
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		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	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.	- <u>·</u> 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.	<u>.</u> 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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

Part	V Supporting Organizations (continued)				_
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?	[1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		 		١
L	below, the governing body of a supported organization?	11a	-		_
	A family member of a person described in (a) above?	11b	ļ	 	_
Section	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. on B. Type I Supporting Organizations	11c	L	<u> </u>	
00011	on b. Type i Supporting Organizations	_	Yes	No	_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	$\overline{}$	103	140	-
•	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,				į
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				.,
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year,	1			
2	Did the organization operate for the benefit of any supported organization other than the supported			l	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			-	Į
	Supervised, or controlled the supporting organization.	<u> </u>		ļ	·
Section	on C. Type II Supporting Organizations			<u> </u>	_
OCC	on o. Type it 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		103	110	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	l		}	
	or management of the supporting organization was vested in the same persons that controlled or managed]
	the supported organization(s).	1			_
Section	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		i		٠
	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				t
	organization's governing documents in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- '		-	7
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	'			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			1
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				1
	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			_
Section	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	nstru	ction	s).	
a	The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		_44		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	Yes		_
2	Activities Test. Answer (a) and (b) below.		165	140	-,
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				
	the supported organization(s) to which the organization was responsive? If Test, then in Part Vi identity 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			-	•
	that these activities constituted substantially all of its activities.	2a		1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	.			Ī
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				1
	reasons for the organization's position that its supported organization(s) would have engaged in these				י
	activities but for the organization's involvement.	2b			_
3	Parent of Supported Organizations. Answer (a) and (b) below.				t
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				į
	trustees of each of the supported organizations? Provide details in Part VI.	3a			-
Ь	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	_		

Rain V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru:	st on Nov. 20, 1970 (expla ions must complete Section	in in Part VI). See ons A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	***************************************	
5 Depreciation and depletion	5		
6 Portion of operating expenses pald or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		· pa	-
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7	<u></u>	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount		·	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	* *	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		ξ	
emergency temporary reduction (see instructions).	6	1	
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporting	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	sacco or supported orga	WINDER(OTIO	
- 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		· · · · ·	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	······································		
	lon E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, If any, to 2018			
а	From 2013			
ь	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from		İ	
	Section D, line 7: \$			
<u>a</u>	11			
<u> </u>	Applied to 2018 distributable amount Remainder, Subtract lines 4a and 4b from 4.			
<u>C</u>			, ,	
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		•	
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
8	Breakdown of line 7:			
8	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016)
d	Excess from 2017			
е	Excess from 2018			

Page	8

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

0MB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number 52-1804509 Montgomery County Public Schools Educational Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 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 conferring impermissible private benefit? ☐ Yes ☐ No 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) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ 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. Total number of conservation easements . . 2а 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 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 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)(l) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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: 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

								- 450 -
Part	Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):		ner records, chec	k any of the	follow	ring that are a	significant	use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange	progr	ams		
Ь	☐ Scholarly research							
C	☐ Preservation for future generations	5						
4	Provide a description of the organizat		ind explain how t	hey further ti	he org	anization's exe	mpt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather							s 🗆 No
Part				<u> </u>				<u>,, , , , , , , , , , , , , , , , , , ,</u>
	Complete if the organization 990, Part X, line 21.		on Form 990,	Part IV, line	9, or 1	reported an ar	nount on	Form
1a	· · · · · · · · · · · · · · · · · · ·							s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following t	able:				
	•		_			<i>F</i>	vmount	
C	Beginning balance	. <i>.</i>			1c			
d	Additions during the year	. <i>.</i>			1d			
0	Distributions during the year	<i>.</i>			1e			
t	Ending balance				1f			
2a	Did the organization include an amoun				stodial	account liabilit	y? □ Y €	s 🗌 No
b	If "Yes," explain the arrangement in Pe							
Pari							·	
	Complete if the organization	answered "Yes"	on Form 990.	Part IV. line	10.			
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance	1,254,502	1,122,946	1.13	1,722	1,807,09	21	994,277
b	Contributions							
_	Net investment earnings, gains, and							
	losses	102,042	131,556	(5	3,776)	44,63	31	187,814
d	Grants or scholarships	102,012			,,,,,	.,,.	-	20,000
e	Other expenditures for facilities and						 	
_	programs				i			
f	Administrative expenses			 	 		+	
g	End of year balance	1,356,544	1,254,502	1 12	2,946	1,131,7	22	1,807,091
2	Provide the estimated percentage of t							
a	Board designated or quasi-endowmer	•	%	y, 0010/11/11 (u))	11010 0			
ь	· · · · · · · · · · · · · · · · · · ·	.42%	.70					
c	Temporarily restricted endowment ▶							
·	The percentages on lines 2a, 2b, and		1046					
3a	Are there endowment funds not in the			at are held a	nd adr	ninistered for t	he	
-	organization by:	o possession or an	o organization an	a. a. o 110.0 a.				Yes No
	(i) unrelated organizations						3a(i)	V
	(ii) related organizations						3a(ii)	1
ь	If "Yes" on line 3a(ii), are the related of						3b	
4	Describe in Part XIII the intended uses	•	•		• • •	· · · · ·	00	
Part			ii 3 endownient i	arids.				
raru	Complete if the organization		on Form 000 I	Dort IV line	110 0	200 Form 000	Dort V I	ine 10
				or other basis			(d) Boo	
_	Description of property	(a) Cost or oth		or other basis other)		accumulated preciation	(a) 600 	K Value
1a	Land							
þ	Bulldings							
C	Leasehold improvements	•						
d	Equipment							
e	Other		1					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	00, Part X, columi	n (B), line 10c	: <u>) . </u>	<u> ▶ </u>		

	Complete if the organization ans				··· - · · · · · · · · · · · · · · · · ·
	(a) Description of security or categor (including name of security)	y 	(b) Book value		ethod of valuation.
(1) Financial					
	neld equity interests	· · · · · · ·			
	intgomery County Investment Pool			291,790	
	m Trust Securities			5,373,713	
(B) M&TS (C)	ecurities			1	-
(O) (D)				<u> </u>	
(E)					
<u>\`</u>					
(G)			·- 		
<u>\`-</u> ' (H)			5,890,415	 	
	b) must equal Form 990, Part X, col. (B) line 12.)		0,0,0,410	-	
Part VIII	Investments - Program Relate	d.	. .	J	
	Complete if the organization ans		orm 990, Part IV, lin	e 11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) M	ethod of valuation: d-of-year market value
(1)		······································			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nust equal Form 990, Part X, col. (B) line 13.)			<u> </u>	
Part IX	Other Assets.		000 Dark IV II-	. 44-1 O Fam	000 Dart V llma 45
 	Complete if the organization ans	wered "Yes" On Fo	orm 990, Part IV, IIn	e 11a. See Forr	(b) Book value
(4)		a) Description			(b) Book value
(1)		· <u>-</u>			
(2)					-
(4)			····		
(5)					
(6)					
(7)		 -			1
(8)					
(9)	· · · · · · · · · · · · · · · · · · ·		,		
Part X	mn (b) must equal Form 990, Part X, c Other Liabilities.	ol. (B) line 15.)			
	Complete If the organization ans line 25.	wered "Yes" on Fo	orm 990, Part IV, lin	e 11e or 11f. Se	ee Form 990, Part X,
	mio 20.	(b) Book value	· · · · · · · · · · · · · · · · · · ·		
1.	(a) Description of hability			•	
	(a) Description of liability come taxes	(b) Book vade			•
(1) Federal In		(b) Book value			•
(1) Federal In (2)		(b) Book value			
(1) Federal In (2) (3)		(b) Book value		,	
(1) Federal In (2) (3) (4)		(b) Book value			
(1) Federal In (2) (3) (4) (5)		(b) Book value			
(1) Federal In (2) (3) (4) (5) (6)		(b) Book value			
1. (1) Federal In (2) (3) (4) (5) (6) (7)		(b) Book value			
(1) Federal In (2) (3) (4) (5) (6) (7) (8)		(b) BOOK VALUE			
(1) Federal In (2) (3) (4) (5) (6) (7) (8) (9)		(b) Book value			

P	۵	^	۵	4

Part				Return.	
	Complete If the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	1,411,827
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a	Net unrealized gains (losses) on investments	2a	307,151	[
þ	Donated services and use of facilities	2b	 		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				4 740 070
	Add lines 2a through 2d			2e	1,718,978
3	Subtract line 2e from line 1	i . i .		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4 -			
a	Investment expenses not included on Form 990, Part VIII, line 7b			{	
b	Other (Describe in Part XIII.)			46	
С 5	Add lines 4a and 4b			5	1,718,978
	Reconciliation of Expenses per Audited Financial States				1,710,770
rait	Complete if the organization answered "Yes" on Form 990,			a motalii.	
1	Total expenses and losses per audited financial statements			1	1,622,884
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				<u>-</u>
а	Donated services and use of facilities	2a			
Ь	Prior year adjustments			1	
С	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		1	
е	Add lines 2a through 2d			2e	1,622,884
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]	
b	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, Ill	ne 18.) . .	<u> </u>	5	1,622,508
	XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are				e 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
The M	CPS Educational Foundation endowment funds are to be used to award scho	larships. Fo	ur-year scholarsh	ips are awa	rged in the name
- 4 14/11	Manual Ma	4 41	b-tbi- le :	superded in 6	he name of Here
of Will	na Watkins Ulmer to deserving graduating Gaithersburg High School student	s. A one-tim	e scholarship is a	warded in i	ne name or naze
B44 A	Bisto Habita Astronomic at the control of the contr				or contrarely.
Bratt t	o a Biair High School student to purse his or her education in language studi	es preferably	Laun, at a rour-y	ear conege	or university.

				••••••	

Schedule D (For	om 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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	}	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

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

OMB No. 1545-0047 2012

Department of the Treasury Attach to Form 990 or Form 890-EZ.						2010		
Internal Revenue Service Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection			
					Employer identif			
Mont	gomery County P	ublic Schools Edu	cational Foundati	on.inc.			52	2-1804509
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV							
		0-EZ filers are r				vered 163 on	romi 330, i ait iv	, 1110-17.
1	Indicate wheth	ner the organization	n raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	<u></u>
а	Mail solicit	ations		e	Solicitati	ion of non-govern	ment grants	
b	Internet an	et and email solicitations f Solicitation of government grants						
С								
đ	d ☑ in-person solicitations							
2a	2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundralsing services? Yes No							
			•			=	=	
Ь		at least \$5,000 by			araisers) pu	ursuant to agreen	ients under Wnich t	he fundraiser is to be
	·			· · · · · · · · · · · · · · · · · · ·	_	<u> </u>		T
	(i) Name and addre or entity (fur		(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. (j)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1		·						
2		·						
3			_					
4	_							
5								
7	_		,		ļ -			
		····		ļ				
8								
9								
10								
			<u> </u>	L				
Total		· · · · · ·				<u> </u>		
3	registration or		nization is regisi	tered or lic	ensed to s	iolicit contribution	ns or has been now	fied it is exempt from

	·	••••						
				•				
•••••								

	311.11	than \$15,000 of fundraisi gross receipts greater tha	ng event contributions	and gross income on	Form 990-EZ, lines 1	and 6b. List events with
_			(a) Event #1 5th Grade Challenge (event typo)	(b) Event #2 Superintendent Brea (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts				
Œ	2	Less: Contributions	12,817	20,050		32,867
	3	Gross income (line 1 minus line 2)	12,817	20,050		32,867
	4	Cash prizes			: 	
	5	Noncash prizes		·		
enses	6	Rent/facility costs	6,250	8,492		14.742
Direct Expenses	7	Food and beverages	200			200
Oire	8	Entertainment				
	9	Other direct expenses .	409	1,644		2,053
	10 11	Direct expense summary. Ad Net income summary. Subtra				16,995 15,872
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe			or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ —	1	Gross revenue				
ses	- 2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	•
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		
i						
	8	Net gaming income summary	/. Subtract line 7 from line	ne 1, column (d)		
	Entals to	Net gaming income summary ter the state(s) in which the ore the organization licensed to co 'No," explain:	ganization conducts gar anduct gaming activities	ning activities: in each of these states	?	Yes No

chedu	ule G (Form 990 or 980-EZ) 2018		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:	_	
a	The organization's facility		%
ь	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
	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 ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
C	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager Information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
.,	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	☐ Yes	□No
b	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 > \$		
Part			
•			
			·
			•
			•••••

SCHEDULE (Form 990)

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

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

► Attach to Form 990.

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

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OMB No. 1545-0047

Employer identification rumber

° □

✓ Yes 52-1804509 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? Part I General Information on Grants and Assistance Montgomery County Public Schools Eduational Foundation, Inc.

full: Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Science/Gen Education School Based Projects (h) Purpose of grant or assistance Computer Education (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of vatuation (book, FMV, appraisal, other Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Book Book Book (e) Amount of noncash assistance 6,475 56,848 (d) Amount of cash 1,106,935 grant (c) IRC section (if applicable) 52-6000989 52-6000989 52-6000989 (e) (1) Montgomery County Public Sch (2) Montgomery County Public Sch Montgomery County Public Sch 1 (a) Name and address of organization Part II <u></u> ල **©** 9 9 Ε €

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

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Cat. No. 50055P

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Schedule I (Form 990) (2018)

Schedule I (Fo	m 980) (2018)					Page 2
Part III	Grants and Other Assistance to Part III can be duplicated if addit	o Domestic Individua lonal space is needed	als. Complete if the	organization answ	vered "Yes" on Form 990,	Part IV, line 22.
	(e) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash essistance
1 Tultio	n/Scholarships	66	87,920			
2 Give	Back Pack Campaign	18,345	156,999			
3 Toolk	ts	1,920	24,170			
4 Dine	vith Dignity	528	4,919			
5						
6						
7						
Part IV	Supplemental Information, Pro	vide the information re	equired in Part I, line	2; Part III, colum	n (b); and any other additi	onal information.
Grants for	clence and general education are awar	ded and budgeted with sp	ecific objectives and g	oals. Program direct	ors and coordinators are requ	ired to submit programs and
financial re	ports that detail their accomplishments	and how the funds were e	expended. Upon comp	etion of the project, t	he same reporting is required	from recipients of small grants that
are issued	o schools to supplemental the schools	cirriculum				
Students a	warded tuition and scholarships for mor	re than one year must con	nply with grade point a	verage requirements	that must be proven to contin	ue the funding
Students re	celved backpacks filled with school su	onlies and distribution to	ok place during the Bac	k to School Fair		
• • • • • • • • • • • • • • • • • • • •	***************************************					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**18**

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Montgomery County Public Schools Educational Foundation, Inc. 52-1804509 Form 990 - Part VI - Line 8B -A committee compromised of Board Officers was formed which discussed the requirements of the position and development of 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 to the Board. The Board agreed that a salary should be communsurate 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 State of Maryland as a charitable organization. The State makes available to the public all filed documentation upon request. The Foundation willi make available any governance documents to the public upon request. The Foundation is also listed with Guide Star a listing available without charge through the internet The Foundation's 990 document is available for review. Form 990 - Part VI - Line 11A -IRS form 990 and accompanying schedules are reviewed by the Executive Director and or Treasurer with copies distributed to the entire Board for review and comment prior to filing. Form 990 - Part III - Line 2 4D We piloted the Dine with Dignity Program in six MCPS schools -- two elementary schools, two middle schools, and two high schools Traditional school lunches are exchanged for alternative meals and given to students who do not qualify for free lunch and have lunch account balances negative \$10 or more. The alternative meal identifies them to peers as not having money to buy lunch. The Dine with Dignity Fund is available to pay off lunch balances that remain after families have contributed toward the amount due. The program will be Implemented districtwide In FY2019.