Form 990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.								Open to Public Inspection					
A F	or the	2019 calendar	year, or tax year begin			1 ,2019, a			0	6-30			
_		pplicable:		PS Educational Fo			ina cirali	.9			ification number		
	ddress c		Doing business as	TO Educacional Po	Dundacion	IIIC.	1		D Emp		804509		
	lame cha	-		O. box if mail is not delivered to st	root addresss)		Room/suite		E Tele	-			
$\overline{}$	nitial retu		350 Hungerford		reer address)				E Tele	phone numb			
一		rn/terminated						-		740-3216			
	mended	The state of provinces, southly, and all of larger poster code					ss receipts	0 004 540					
\exists		n pending	Rockville, MD 20850 F Name and address of principal officer: H(a) is this a gro				\$	ALTERNATION OF	2,031,512				
	ррповно	ii pending	r Name and address of pr	псіраї опісег:					-	n for subordina			
	ov ovom	pt status: X 50	4(-)(0)	. Дини	П					ates included			
					(a)(1) or	527		If "No,"	" attach a	list. (see inst	tructions)		
-	Vebsite:		cpsfoundation.					H(c) Grou	p exempti	on number	>		
		rganization: X Co	rporation Trust Ass	ociation Other		L Year of formation	on: 198	9 м	State of le	egal domicile	: MD		
Pai		Summary			•								
	1			ion or most significant acti							1 Foundation		
ę,		is to acti	vely support MC	PS' strategic in:	itiatives:	efforts	to pr	ovide	equit	table d	opportunities		
anc		to student	s to maximize t	heir knowledge a	nd skills,	and com	munity	engag	gement	t in su	upport of		
E			student outcom										
Š	2			discontinued its operation									
9	3	Number of votir	ng members of the gove	erning body (Part VI, line 1	a)				. 3		21		
es	4	Number of inde	pendent voting member	s of the governing body (F	Part VI, line 1b)				. 4		20		
¥	5	Total number of	individuals employed in	calendar year 2019 (Part	V, line 2a)						6		
Activities & Governance	6			necessary)					. 6		154		
4	7a	Total unrelated	business revenue from	Part VIII, column (C), line	12				. 7a		0		
				from Form 990-T, line 39							0		
								Prior Year			Current Year		
	8	Contributions ar	nd grants (Part VIII, line	1h)					2,411		1,987,008		
ne	9			e 2g)				1,07	2,311		1,301,000		
Revenue	10							1.4	2 766		44 504		
Re	11								2,766		44,504		
	12								8,267				
	13			must equal Part VIII, colun					3,444		2,031,512		
	14			IX, column (A), lines 1-3)				1,45	1,405		890,742		
				X, column (A), line 4)							0		
S	15			e benefits (Part IX, column				17.	3,100		167,566		
xpenses				column (A), line 11e)							0		
×			g expenses (Part IX, co			0							
ш	144		(Part IX, column (A), li					8	9,826		135,569		
	18			equal Part IX, column (A),			-	1,71	4,331		1,193,877		
	19	Revenue less ex	xpenses. Subtract line	18 from line 12			•	19	9,113		837,635		
s or							Begin	ning of Curi	rent Year	1	End of Year		
Net Assets or Fund Balances	20	Total assets (Pa						6,41	9,070		7,694,112		
AP	21	Total liabilities (1,69	8,933		2,337,423		
				line 21 from line 20				4,72	0,137		5,356,689		
Pai		Signature											
Unde	r penaltie	es of perjury, I declare	that I have examined this retu	rn, including accompanying schedicer) is based on all information of	ules and statements	, and to the best	of my knowl	edge and be	elief, it is				
440,	1	and complete. Deciding	alon of preparer (other than of	icel) is based on all mormation of	which preparer has	any knowledge.							
٥.		Yoland	a Pruitt	derde APANSA	YAMU								
Sign	n	. Signature of	officer						D	ate			
Here	е	Yoland	a Pruitt, Execu	tive Director									
			name and title		-						*		
		Print/Type prepare	er's name	Preparer's signature		Date		Check	☐ if	PTIN			
Paid	t	Robert G	Reilly CPA			11-13-20	20	100	nployed	POO	401077		
Pre	parer					_ F00	401011						
	Only		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ington Ave			100			-	11		
	,		Walkersville MD 21793					Phone no. 240-409-9539					
May 1	the IRS	discuss this retu		own above? (see instruction	nne)								
			The property of	deste : face mandelle	,,,,						Yes X No		

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of the MCPS Educational Foundation is to actively support MCPS' strategic
	initiatives: efforts to provide equitable opportunities to 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.
4	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 \$ 500,000 including grants of \$ 500,000) (Revenue \$)
4 a	
	Grants through Howard Hughes Medical Institute support and promote science education in
	Montgomery County Public Schools and promote K-12 teacher professionaldevelopment and
	instructional materials that support primarily grades 6-12. In addition, a partnership with Morgan State University allows for a summer camp for middle and high school students
	Morgan state university arrows for a summer camp for middle and high school students
4b	(Code:) (Expenses \$ 188,270 including grants of \$) (Revenue \$ 188,270)
	The Dine with Dignity program settles the unpaid school lunch balances accrued by students who
	have need. The MCPS Division of Food and Nutrition Services monitors the negative school lunch
	balances on a monthly basis, sharing the reports with the Executive Director of the Foundation.
	The Foundation relies on contributions from private sector donors (businesses, foundations, and
	individuals) and escheat assets to raise the funds that are needed to settle the balances
	described above. The Expenses sum above represents payments to cover two fiscal years: \$56,610.54
	was a second payment due for Dine with Dignity debt settlement. The payment for FY2020 was
	\$136,660.04.
4c	(Code:) (Expenses \$132,555 including grants of \$) (Revenue \$132,555)
	The GIVE BACKpacks Campaign raises funds to provide backpacks to MCPS students in need of help
	with acquiring basic school supplies for the start of the year. The backpacks are assembled
	offsite and shipped directly to MCPS schools. Distribution of any backpacks is handled discretely
	by school staff usually before the first day of school. The GIVE BACKpacks program serves the
	entire MCPS district, however, priority for distribution is assigned to school enrolling higher
	nmbers of students that are experiencing economic disparity. The Program provides 18,000+
	backpacks every year.
74	Other program services (Describe on Schedule O.)
ъu	(Expenses \$ 69,917 including grants of \$) (Revenue \$ 69,917)
4e	Total program service expenses ► 890,742
	. •

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Х
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
Ü	complete Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
3	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			Α.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
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.			
á				
	complete Schedule D, Part VI	11a		х
k				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
(
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ď	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		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a				
	Schedule D, Parts XI and XII	12a	х	
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.41		
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		Х
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	5		- 22
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		X
t		20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	·		_	

Part IV Checklist of Required Schedules (continued)

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 27 If Yes, complete Schedule I, Parts I and oil III and oil III and oil III and III				Yes	No
23 Did the organization answer "Yes" to Part VI, Section A, line 3.4, or 6 shout compensation of the organization common colfices, directors, usuesse, key emptyoess, and highest composited employees? If "Yes," completes Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer fines 24b through 24d and complete Schedule K. If "No." go to line 25s. 25s. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d	22				
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV. 24a Did the organization have a tax-escent bord 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 I, If "No." go to line 25a. 25b Did the organization maintain an escrivor account other than a refunding escrive at any time during the year? 25c Did he organization act as an or hoshaft of "issuer for bonds beyond a temporary period exception?" 25d Did the organization act as an or hoshaft of "issuer for bonds outstanding at any time during the year? 25d Did the organization act as an or hoshaft of issuer for bonds outstanding at any time during the year? 25d Did the organization act as an or hoshaft of issuer for bonds outstanding at any time during the year? 25d Did the organization act as an or hoshaft of issuer for bonds outstanding at any time during the year? 25d Did the organization act as an or hoshaft of issuer for bonds outstanding at any time during the year? 25d Did the organization protein some to been reported on any of the organization protein some to been reported on any of the organization protein some to been reported on any of the organization sported or protein some to been reported on any of the organization protein some to been reported on any of the organization protein some to been reported on any of the organization protein some to been reported on any of the organization protein some to the remove of the some protein some to a soft some organization protein some or any of these persons? If Yes, complete Schedule I, Part II I I I I I I I I I I I I I I I I I			22	Х	
a periphyses? If "Yes," complete Schedule I. A part I was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. Part I to 6 lines 24d through 24d and complete Schedule II. Part I bot five 25a (25a) through 24d and complete Schedule II. Part I bot five 25a (25a) through 24d and complete Schedule II. Part I bot five 25a (25a) through 24d and complete Schedule II. Part I bot five 35a (25a) through 24d and complete Schedule II. Part I bot five 35a (25a) through 24d and complete Schedule II. Part I bot five 35a (25a) through 24d and 55a (25a) through 25a (25a) throu	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. // "No." go to line 25a. 24b Did the organization invest any proceeds of faxe exempt bonds beyond a temporary proted exception? 24d Did the organization invest any proceeds of faxe exempt bonds? 24d Did the organization invest any proceeds of faxe exempt bonds? 24d Did the organization and as any too be all of the organization and serves account of the than a returning server at a controlled entire than a facility of the organization and as any that it engaged in an excess benefit transaction with a disqualified person during the year? // "Res," complete Schedule I, Part 25a V					
s 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 completes Schedule K. If Yis," job to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization cat as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization cat as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization cat as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the second of the page of in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a			23		X
through 74d and complete Schedule K. If Yo.' go to line 25a. b Did the organization meant any proceeds of tax-exempt bonds beyond a temporary period exception? b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and as an on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization and as an on behalf of issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the year? If Yes.' complete Schedule L. Part I 25a x b is the organization area are that it engaged in an excess benefit transaction with a discussified person during the year? b is the organization expending an access benefit transaction with a discussified person in a prior year, and that the transaction has not been reported on any of the organizations promises 390 or 900-E2? If Yes,' complete Schedule I., Part II. 25b Did the organization report any amount on Part X, line 5 or 22. for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of rainly member or any of these persons? If Yes,' complete Schedule L. Part III. 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes,' complete Schedule L. Part IV. 27 Did the organization and a provide any of the properties of any of these persons? If Yes,' complete Schedule L. Part IV. 28 Did he organization and provide any of the organizations described in line 28a or 28b? If Yes,' complete Schedule L. Part IV. 29 Did the organization founder, or business transaction with one of the following parties (see Schedule III). Part IV. 29 Did the organization organization	24a				
b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception? 2 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 2 b of the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 2 b Section 50(16)3, 601(64), 401(64)3 organizations. Did the organization engage in an excess benefit transaction with a disqualitied person during the year? If "Yes," complete Schedule L, Part I 2 b Is the organization waver that It engaged in an excess benefit transaction with a disqualitied person during the year? If "Yes," complete Schedule L, Part I 2 b Is the organization are prot any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part I 2 b Ob the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity for family member or any of these persons? If "Yes," complete Schedule L, Part II 2 b Ob the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 2 b In the propriete Schedule L, Part III 2 c In the propriete Schedule L, Part III 2 c In the propriete Schedule L, Part III 2 c In the propriete Schedule L, Part III 2 c In the propriete Schedule L, Part III 2 c In the propriete Schedule L, Part III 3 c In the propriete Schedule L, Part III 4 c In the propriete Schedule L, Part III 5 c In the organization schedule In the propriete Schedule III 6 c In the propriete Schedule L, Part III 6					
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to defease any tax-exempt bonds?			240		
d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d 15a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a x 15b 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 for Forms 990 or 990-E27 17 "Yes," complete Schedule L, Part II 25b x 25b Did the organization reported any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officier, director, trustee, key employee, creatro or founder, substantial contributor, or 35% controlled entity or flaming an employee three of any of these persons? If "Yes," complete Schedule L, Part II 26 x 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creatro or founder, substantial contributor or employee, creatro or founder, substantial contributor or or payables Schedule L, Part II 26 x 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creatro or founder, or substantial contributor? If "Yes," complete Schedule II. Part IV 27 x 28 Was the organization and provide any individual described in line 28a" If "Yes," complete Schedule II. Part IV 28b x 29 A 139% controlled entity of one or more individual actions of active the part of any individual described in line 28a" If "Yes," complete Schedule II. Part IV 28b x 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified x x 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified x x 20 Did the organization of x x x	С		240		
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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-E27 If "Yes," complete Schedule L, Part I. 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officer, director, trustee, key emphoyee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to any current or forms officer, director, trustee, key emphoyee, creator or founder, substantial contributor, or 35% controlled entity or flowing any emphoyee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III. 29 Vas the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III. 20 A family member of any individual described in line 288? If "Yes," complete Schedule L, Part IV. 210 Yes," complete Schedule L, Part IV. 211 A family member of any individual described in line 288? If "Yes," complete Schedule L, Part IV. 212 A family member of any individual described in line 288? If "Yes," complete Schedule II. Part IV. 213 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II. 214 A conservation contributions? If "Yes," complete Schedule M, Part II. 215 Did the organization individual described in the appropriate Schedule R, Part II. 216 Did the organization individual described in the schedule R, Part II. 217 A complete Schedule R, Part III. 218 Did the organization or receive contributions of art, historical treasures, or other similar assets,	2 3a		252		v
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I . 25b	h		ZJa		
### "Yes," complete Schedule L, Part I . 25 b	D				
26 Did the organization report any amount on Part X, line 5 or 22, for receinables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II			25h		v
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 27	26		200		
controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II					
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustele, key employee, creator or founder, substantial contributor or employee thereof), a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 8 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III Vi instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II "Yes," complete Schedule L, Part IV . 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II . 31 X 20 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II . 31 X 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 X 32 Was the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 30 1.7701-2 and 30.17701-2 and 30.17701-3 and 30.17701-3 and 30.17701-3 and 30.17701-3			26		x
employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Vas the organization a party to a business transaction with one of the following parties (see Schedule L, Part III Vinstructions, for applicable filling thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a	27				
member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III					
persons? // "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III IV instructions, for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, hisborical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 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 II. 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and tha		· · ·			
IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b x b A 55% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c x 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 x 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 31 Did the organization or organization individuals, end issolve and cease operations? If "Yes," complete Schedule M. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 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. 31 Did 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. 32			27		х
A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. Back A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. Back A 28c X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 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 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301-7701-2 and 301-7701-3? If "Yes," complete Schedule R, Part I. 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 36 Did the organization and an average and the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization with the meaning of section 512(b) (13)? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization complete Schedule R, Part V, line 2 38 Did the organization conduct more than 5% of its activities through an	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
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"Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 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 L. 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 36 X 37 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. 28 Tent V Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 38 Did the organization complete Schedule O. Enter -0- if not applicable. 49 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 50 Did the organization comply with backup withholding rules for reportable payments to vendors and	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
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30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 x 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 x 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 x 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule R, Part II. 33 x 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		"Yes," complete Schedule L, Part IV	28c		х
conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 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 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 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. 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 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 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. 5 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable. 5 Did the organization comply with backup withholding rules for reportable payments to vendors and	29		29		Х
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 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 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 5 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable. 5 Did the organization comply with backup withholding rules for reportable payments to vendors and	30				
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complete Schedule N, Part II. 32	31		31		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	32				
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L			32		X
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	33				
or IV, and Part V, line 1		·	33		X
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34				
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	2F-				
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35a		X
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	Ŋ		35h		•
related organization? If "Yes," complete Schedule R, Part V, line 2	36		330		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	30		36		v
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		30		
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. Statements Regarding Other IRS Filings and Tax Compliance 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. b Enter the number of Form 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	٠.		37		x
19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance 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	38		<u> </u>		
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Check if Schedule O contains a response or note to any line in this Part V	Par				
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable					
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		, , , , , , , , , , , , , , , , , , , ,			No
b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and					
	С				
			1c	х	

19) MCPS Educational Foundation Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	х	
	Note : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
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		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. <u>5</u> c		
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		х
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?	. 7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	. 8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	4.4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	_	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	. 15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u> </u>	TION B. FONCIES (This Section B requests information about policies not required by the internal Revenue Code.)		Vaa	Na
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
D	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	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"			
•	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		х
	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		x
b	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		
Sec	tion 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name address and telephone number of the person who possesses the organization's books and records			

Yolanda Pruitt (240)740-3216, 850 Hungerford Drive, Rockville, MD 20850

Section A.

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

Check if Schedule O contains a response or note to any line in this Part VII 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.

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

See instructions for the order in which to list the persons above.

(14)Jennifer Nordheimer

Director

				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	,				nan one s both an		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation		of other
	per week (list any							from the organization	from related organizations	compensation from the
	hours for	or d	Insti	Officer	Key	High	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	nstitutional trustee	ĕr	Key employee	Highest compensated employee	ner			related organizations
	organizations	or Ital	nal tr		loye	e comp				
	below dotted line)	stee	uste		Ф	bens				
	dotted line)		Ф			ated				
(1) Melvyn Leshinsky	3.00									
Chairperson		Х		х				0	0	0
(2) Patricia O'Neill	3.00									
Vice Chairperson		Х		х				0	0	0
(3) Paul Leleck	3.00									
Treasurer		Х		х				0	0	0
(4) Kim Watson	3.00									
Secretary		Х		х				0	0	0
(5) Jack R Smith										
Superintendent of Schools		Х						0	0	0
(6) Yolanda Pruitt	32.00									
Executive Director		Х						0	113,192	0
(7) Pennie Abramson										
Director		Х						0	0	0
(8) Joshua Bokee										
Director		Х						0	0	0
(9) Thomas Choate										
Director		Х						0	0	0
(10)Steven Cohen										
Director		Х						0	0	0
(11)Debbie Driesman	L									
Director		Х						0	0	0
(12)Jeffrey Conyo										
Director		Х						0	0	0
(13)Susie Leong										
Director		Х						0	0	0

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0

0

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, aı	nd H	ligh	est Co	mp	ensated Employe	es (continued)			
						(C)							
(A) Name and title		(B) Average hours per week	box	, unle	eck m ss pe	rson i	han one s both ar r/trustee)	ı	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	cor	(F) ated amo of other npensation	
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nization a	
(15)Li	nda Plummer		x						0	0			0
	omas Pumphrey												
Direc			x						0	0			0
	ni Rechner												
Direc			x						0	0			0
	rzaneh Sabi												
Direc			x						0	0			0
	ctories Samuels								<u> </u>	0			
Direc			x						0	0			0
	b Smith		_						<u> </u>	0			
Direc			x						0	0			0
									<u> </u>	0			
	becca Smondrowski		.,						0				•
Direc	ctor		Х						0	0			0
(22)													
(23)													
(24)													
(25)													
1b	Subtotal					• •							
С	Total from continuation sheets to Part VII, Sect												
d	Total (add lines 1b and 1c)								0	113,192			0
2	Total number of individuals (including but not limit								ore than \$100,000				
	reportable compensation from the organization	>											(
												Yes	No
3	Did the organization list any former officer, direct						-						
	employee on line 1a? If "Yes," complete Schedu.	le J for such	individ	dual	•						3		Х
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th	an \$150,000)? <i>If</i> "\	es,"	' con	nple	te Sch	edul	e J for such				
	individual										4		Х
5	Did any person listed on line 1a receive or accrue			-			_						
	for services rendered to the organization? If "Yes	s," complete	Sched	dule .	J for	suc	h pers	on			5		Х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensa												
	compensation from the organization. Report comp	ensation for	the cal	lenda	ar ye	ear e	ending	with	or within the orga	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	SS							Description of service	es	Compens	ation	
	-	1 2 22											
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				sted	above)	who	0				

Part VIII Statement of Revenue

		Check if Schedule O contains a response or r	note to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f		1,982,409 \$▶ Business Code	1,987,008			sections 512–514
Program Service Revenue		All other program service revenue					
Other Revenue	b c d sa	` '	eeds	44,504	44,504		
Miscellanous Revenue	b c 10a b c	Gross sales of inventory, less returns and allowances	▶ a b				
N. S.	е	All other revenue		2,031,512	44,504	0	0

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other organ	izations must complet	e column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			[
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	841,848	841,848		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	48,894	48,894		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	113,982		113,982	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	38,351		20 251	
8	Pension plan accruals and contributions (include	30,351		38,351	
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	15,233		15,233	
11	Fees for services (nonemployees):	137233		137233	
a	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	15,707		15,707	
14	Information technology	38,311		38,311	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	3.006		3 006	
23 24	Insurance	3,986		3,986	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Annual Charitable Registrati	300		300	
b	Refund of Escheated Funds	77,265		77,265	
C		,_55		,	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,193,877	890,742	303,135	0
26	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				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2019) MO
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	110,292	1	1,207,651
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	24,000
	4	Accounts receivable, net	4,247	4	1,712
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
6		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	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	6,304,531	11	6,460,749
	12	Investments - other securities. See Part IV, line 11		12	
	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 33)	6,419,070	16	7,694,112
	17	Accounts payable and accrued expenses	464,704	17	1,306,952
	18	Grants payable	1,234,229	18	1,030,471
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liak		controlled entity or family member of any of these persons		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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,698,933	26	2,337,423
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	2,886,823	27	2,282,829
Bal	28	Net assets with donor restrictions	1,833,314	28	3,073,860
b		Organizations that do not follow FASB ASC 958, check here ▶ ☐			
Fu		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	4,720,137	32	5,356,689
	33	Total liabilities and net assets/fund balances	6,419,070	33	7,694,112

Pa	rt 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)		2,	031,	512
2	Total expenses (must equal Part IX, column (A), line 25)		1,	193,	877
3	Revenue less expenses. Subtract line 2 from line 1			837,	,635
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4,	720,	137
5	Net unrealized gains (losses) on investments		(201,	,083)
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		5,	356,	689
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	▼ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?	[3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2019)

SCHEDULE A

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 trus

► Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990 or 990-EZ)

Employer identification number

MCP	SE	ducational Foundation In	c.				52-180450	9	
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instructions		
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.)			
1		A church, convention of churches, or	association of chu	rches described in sect i	ion 170(b)	(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3									
4	Ī								
	_	hospital's name, city, and state:				,	(-)(-)()		
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a c	iovernmen	tal unit described in		
Ū	ш	section 170(b)(1)(A)(iv). (Complete	ŭ	miversity owned or opera	alou by a g	,0 v 011 ii 11 011	iai anni accombca in		
6	П		•	nit described in coation	170/b\/1\	(A)(w)			
6		A federal, state, or local government	•						
7	X	An organization that normally receive	•		/ernmentai	unit or froi	m the general public		
_		described in section 170(b)(1)(A)(vi		•					
8	빔	A community trust described in secti							
9	Ш	An agricultural research organization				•	•	ge	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	ty, and stat	e of the college or		
	_	university:							
10	Ш	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross		
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated but	siness taxable income (le	ess section	n 511 tax) f	rom businesses		
	_	acquired by the organization after Ju	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)			
11		An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).			
12		An organization organized and operate	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	5	
		of one or more publicly supported org	ganizations describ	ed in section 509(a)(1)	or section	n 509(a)(2)). See section 509(a)(3).	
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 1	2g.	
	а	Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	organizat	ion(s), typically by givir	ng	
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the c	lirectors or	trustees of the		
		supporting organization. You mu	st complete Part	IV, Sections A and B.					
	b	Type II. A supporting organization	n supervised or co	ntrolled in connection wi	ith its supp	orted orga	anization(s), by having		
		control or management of the sup	porting organization	on vested in the same per	rsons that o	control or r	manage the supported		
		organization(s). You must comp		·					
	С	Type III functionally integrated			nection w	ith. and fu	nctionally integrated w	th.	
		its supported organization(s) (see		•			, ,	,	
	d	Type III non-functionally integr	•	•				n(s)	
	_	that is not functionally integrated.		, , ,				(0)	
		requirement (see instructions). Y		•		•	it and an attornation		
	е	Check this box if the organization	· ·				Tyne II Tyne III		
	·	functionally integrated, or Type III				a Type I,	турс п, турс п		
	f	Enter the number of supported organ			ai iiZaliOi i.				
		Provide the following information about						• • • • □	
	g			· ,	Calle the a		(.) ((-d) A (
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))	docum		instructions)	instructions)	
						NI-			
					Yes	No			
(A)									
(B)									
(C)									
(D)									
_									
(E)									
Tota	ıl								

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

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

<u>Se</u>	ction A. Public Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,613,390	1,226,941	1,311,975	1,672,410	1,987,008	7,811,724
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1,613,390	1,226,941	1,311,975	1,672,410	1,987,008	7,811,724
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)						727,604
6	Public support. Subtract line 5 from line 4						7,084,120
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,613,390	1,226,941	1,311,975	1,672,410	1,987,008	7,811,724
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	(36,783) 113,528	407,003	241,034	(156,581)	568,201
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8,379,925
12	Gross receipts from related activities, etc. (s	ee instructions)			12	
13	First five years. If the Form 990 is for the or	rganization's fir	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						▶□
Sec	ction C. Computation of Public Support	rt Percentage	е				
	Public support percentage for 2019 (line 6, c					14	84.54 %
15	Public support percentage from 2018 Sched	ule A, Part II, li	ne 14		[15	48.00 %
16a	33 1/3% support test - 2019. If the organiza	ation did not ch	eck the box on	line 13, and lin	ie 14 is 33 1/3	% or more, che	ck this
	box and stop here. The organization qualified	es as a publicly	supported orga	anization			▶ <u>x</u>
b	33 1/3% support test - 2018. If the organiza	ation did not ch	eck a box on lir	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more	, check
	this box and stop here. The organization qu	alifies as a pub	olicly supported	organization .			▶ □
17a	10%-facts-and-circumstances test - 2019.	If the organiza	ation did not che	eck a box on lir	ne 13, 16a, or	16b, and line 14	4 is
	10% or more, and if the organization meets to	the "facts-and-o	circumstances"	test, check this	s box and sto	here. Explain	in
	Part VI how the organization meets the "fact	s-and-circumst	ances" test. Th	e organization	qualifies as a	publicly suppor	ted
	organization			-	-		
b	10%-facts-and-circumstances test - 2018.						
	15 is 10% or more, and if the organization m	•					
	Explain in Part VI how the organization meet					-	icly
	supported organization					-	-
18	Private foundation. If the organization did r						_
	instructions		-,	. ,,	,		▶ □

art 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.)

Sed	ction A. Public Support			· ·	•	,	
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						_
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	etion B. Total Support	(-) 004 <i>E</i>	(l-) 0040	(-) 0047	(-1) 0040	(-) 0040	(f) T-1-1
	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
ıva	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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						
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,						
	and 12.)						
14	First five years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as	a section 501(c)(3)
	organization, check this box and stop here						▶ 🗌
Sec	ction C. Computation of Public Support						
	Public support percentage for 2019 (line 8, c	() ,	•	(/ /		15	%
	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In						_
	Investment income percentage for 2019 (line					17	<u>%</u>
	Investment income percentage from 2018 So					18	%
19a	33 1/3% support tests - 2019. If the organize						
	17 is not more than 33 1/3%, check this box	-	-	-			
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this	-	_	•	•		
20	Private foundation. If the organization did r	ot check a box	x on line 14, 19	a, or 19b, che	ck this box and	see instruction	ns ▶ 🗌

Part IV Support

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 Organizations

- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **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.
- **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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **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?
- **c** 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.**
- 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).
- **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).
- **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**.
- **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**.
- **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**.
- **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.*
 - **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.)

		Vaa	No
		Yes	NO
	1		
	2		
	32		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	0.		
	9b		
	9с		
	10a		
	iva		
	10b		
A (Fo	rm 990	or 990-E	Z) 2019

Pa	Supporting Organizations (continued)		.	
44	Here the conveniention accounted a vita or contribution from any of the following account of		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	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		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion B. All Type in 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		100	110
=	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 in	struc	tions)	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
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			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
4	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 MCPS Educational Foundation Inc. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part \/I\ See
•	instructions. All other Type III non-functionally integrated supporting organization			·
Sec	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
СО	llection of gross income or for management, conservation, or			
	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	ctors (explain in detail in Part VI):			
	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,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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			
	nergency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functionally		rated Type III supporting	organization (see
-	instructions)	- 9.	71	J = 1

EEA

	ule A (Form 990 or 990-EZ) 2019 MCPS Educational Foundat		52-180	4509 Page 7			
Par	t V Type III Non-Functionally Integrated 509(a)	3) Supporting Organiz	zations (continued)				
Sec	etion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes					
2							
	organizations, in excess of income from activity						
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions				
_4	Amounts paid to acquire exempt-use assets						
_5	Qualified set-aside amounts (prior IRS approval required)						
_6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is respons	sive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
	Excess distributions carryover, if any, to 2019						
	From 2014						
	From 2015						
c	From 2016						
	From 2017						
	From 2018						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7:						
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
а	Excess from 2015						

b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

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 B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

MCPS Educational Foundation Inc.

Employer identification number
52-1804509

Organization type (check one):								
Filers of: Section:								
Form 990	0 or 990-EZ	∑ 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Check if	your organization is cove	ered by the General Rule or a Special Rule.						
Note: Or instructio	. , , , ,	s), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General	Rule							
	-	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.						
Special	Rules							
x	regulations under secti	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line hat received from any one contributor, during the year, total contributions of the greater of (1) he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
	•	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its						

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
MCPS Educational Foundation Inc. 52-1804509

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person Howard Hughes Medical Institute 1 Payroll П Noncash 500,000 4000 Jones Bridge Road (Complete Part II for noncash contributions.) Chevy Chase, MD 20815-6789 (d) (a) (c) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person 2 Community Foundation Frederick Cty Payroll П Noncash 40,000 312 E Church Street (Complete Part II for Frederick, MD 21701-5611 noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 3 The Estate of Anne O'Malley Person X Pavroll П Noncash 562,802 624 Jefferson Ave (Complete Part II for Scranton, PA 18510-1641 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash П (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person П Payroll Noncash (Complete Part II for noncash contributions.)

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.

Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

MCP	S Educational Foundation Inc.		52-1804509	
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds of	r Accounts	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.			
	(a) Donor advised funds		(b) Funds and oth	er accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor ad	dvised		
	funds are the organization's property, subject to the organization's exclusive legal control?		[Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can			_
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other p			
	conferring impermissible private benefit?		[Yes No
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
		vation of a his	torically important la	and area
			rtified historic struct	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	m of a conserv	ration	
	easement on the last day of the tax year.			nd of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure included in (a)		2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a			
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	y the organizat	tion during the	
	tax year ▶			
4	Number of states where property subject to conservation easement is located ▶			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	of		
	violations, and enforcement of the conservation easements it holds?		[Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation ea	sements during the	year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse	rvation easem	ents during the yea	r
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		[Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experience	ense statemen	t, and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial state	ements that des	scribes the	
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasure	s, or Other	Similar Asset	S.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement	ent and balance	e 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 FASB ASC 958, to report in its revenue statement a	and balance sh	neet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in the	furtherance of	public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	7,925
	(ii) Assets included in Form 990, Part X		▶ \$	7,925
2	If the organization received or held works of art, historical treasures, or other similar assets for final	incial gain, pro	vide the	
	following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	
b	Assets included in Form 990, Part X		▶ \$	

Pa	rt III Organizations Maintaining	Collections of A	Art, Historic	al Treasure:	s, or O	ther Similar A	ssets (cont	inued)
3	Using the organization's acquisition, accession	n, and other records,	check any of the	following that m	nake sign	ificant use of its			
	collection items (check all that apply):								
а	Public exhibition		d 🗌 Lo	an or exchange	progran	ns			
b									
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain h	now they further	he organization	's exemp	ot purpose in Part			
	XIII.	•	,	Ü					
5	During the year, did the organization solicit or	receive donations of	art, historical trea	asures, or other	similar				
	assets to be sold to raise funds rather than to		•	•			. □ y	'es	□ No
Pa	rt IV Escrow and Custodial Arra								
	Complete if the organization a	•	on Form 990	Part IV. line	9. or r	eported an am	ount or	For	m
	990, Part X, line 21.			,	,				
1a	Is the organization an agent, trustee, custodian	or other intermedian	v for contribution	s or other asset	s not				
							Пу	'es	No
b	If "Yes," explain the arrangement in Part XIII a								□
-	ii 100, Oxplain the arrangement iii i arrytii c	and complete the rene	wing table.			Δr	nount		
С	Beginning balance				. 1		nount		
d	3 3								
e	3 ,								
f	Ending balance				-				
² 2a	Did the organization include an amount on For						. Y		No
b	If "Yes," explain the arrangement in Part XIII.								
	rt V Endowment Funds.	Check here if the exp	nariation nas bee	ii piovided oii r	ait Aiii			• •	<u> </u>
1 4	Complete if the organization a	answered "Ves" (on Form 990	Part IV line	10				
	Complete if the organization a			(c) Two yea		(d) Three years heal	(6) [un hanlı
10	Paginning of year balance	(a) Current year	(b) Prior year			(d) Three years back		our year	
1a 	Beginning of year balance	1,440,404	1,356,54	1,25	1,502	1,122,94	3 1	,131	,722
b	Contributions	1,039,050							
С	Net investment earnings, gains, and						_		
	losses	(56,153)	83,86	10	2,402	131,550	5	(8	776)
d	Grants or scholarships	(6,000)							
е	Other expenditures for facilities and								
_	programs								
f	Administrative expenses								
g	End of year balance	2,429,301	1,440,40		5,904	1,254,499	9 1	<u>,</u> 122	,946
2	Provide the estimated percentage of the curre	•	line 1g, column	a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ 71.00 %	6							
С	Term endowment ► 29.00 %								
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posses	sion of the organizati	on that are held	and administere	d for the			_	
	organization by:							Ye	s No
	(i) Unrelated organizations						. 3a(i)	х
	(ii) Related organizations						. 3a(i	i)	х
b	If "Yes" on line 3a(ii), are the related organiza	•		?			. 3k	,	
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.						
Pa	rt VI Land, Buildings, and Equip	ment.							
	Complete if the organization a	answered "Yes" o	on Form 990	Part IV, line	11a. S	See Form 990,	Part X,	line	10.
	Description of property	(a) Cost or other	er basis (b) (ost or other basis	(c)	Accumulated	(d) B	ook valu	ue
		(investme	nt)	(other)		depreciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								

52-1804509

Part VII	Investments	- Other S	ecurities.
Schedule D (For	m 990) 2019	MCPS	Education

	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation: Cost or end-of-year market valu
I) Financial					
	eld equity interests				
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶			
art VIII	Investments - Program Related.		. 000 Dart IV II	44 - 0	Farms 000 Dant V III
	Complete if the organization answered "Yes"	on Form	1 990, Part IV, III	ne 11c. Se	ee Form 990, Part X, III
	(a) Description of investment		(b) Book value		(c) Method of valuation:
(4)					Cost or end-of-year market valu
<u>(1)</u>					
(2)					
(3)					
(4) (5)					
(5) (6)					
(0) (7)					
/01					
(8)					
(9)	in (h) must aqual Form 000 Part X col. (R) line 13.)				
(9) otal. (Colum	on (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets				
(9) otal. (Colum	Other Assets.		n 990. Part IV. li	ne 11d. Se	ee Form 990. Part X. lii
(9) otal. (Colum	Other Assets. Complete if the organization answered "Yes"		n 990, Part IV, lii	ne 11d. Se	
(9) otal. (Colum Part IX	Other Assets.		n 990, Part IV, lii	ne 11d. Se	ee Form 990, Part X, lii
otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes"		ı 990, Part IV, liı	ne 11d. Se	
(9) Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"		n 990, Part IV, lii	ne 11d. Se	
(9) Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		n 990, Part IV, lii	ne 11d. Se	
(9) Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		n 990, Part IV, lii	ne 11d. Se	
(9) potal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		n 990, Part IV, lii	ne 11d. Se	
(9) Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		n 990, Part IV, lii	ne 11d. Se	
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		ı 990, Part IV, lii	ne 11d. Se	
(9) Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		n 990, Part IV, lii	ne 11d. Se	
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes"	on Form		ne 11d. Se	
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) Description	on Form		ne 11d. Se	(b) Book
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	on Form			(b) Book
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	on Form			(b) Book
(9) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes"	on Form			(b) Book
(9) Otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25.	on Form			(b) Book
(1) (2) (3) (4) (5) (6) (7) (8) (9) (2) art X	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form			(b) Book
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2)	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form			(b) Book
(1) (2) (3) (4) (6) (7) (8) (9) (1) Federal (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form			(b) Book
(9) Otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form			(b) Book
(1) (2) (3) (4) (6) (7) (8) (9) (1) Federal (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (1) Federal (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (7) (8) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form			(b) Book
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6) (6) (7) (6) (7) (7) (8) (7) (8) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form			(b) Book
(9) Detai. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Detai. (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form			(b) Book
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Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,031,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,031,512
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
- C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Detur	2,031,512
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,193,877
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments 2b Other losses 2c		
C			
d	Other (Describe in Part XIII.)	20	
е 3	Subtract line 2e from line 1	2e 3	1 102 077
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	1,193,877
ъ а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	1,193,877
	rt XIII Supplemental Information.		1,133,077
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	Part X. line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	,	
	Collections descriptions (Part III, line 4)		
Part	t III (e) Coin collection will be held as a growth investment.		

EEA Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number MCPS Educational Foundation Inc. 52-1804509 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (h) Purpose of grant (e) Amount of non-(g) Description of (book, FMV, appraisal, or government (if applicable) grant cash assistance noncash assistance or assistance other) (1)Montgomery County Public Sc School Based 52-6000989 78,085 Book Projects (2)Montgomery County Public Sc Science/Gener 52-6000989 371,098 Book al Education (3) (4) (5) (6) (7) (8) (9) (10) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

Part III Can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.

(a) 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 assistance
1 Tuition/Scholarships	44	93,617			
2Give Back Pack Campaign	13,805	132,355			
3Toolkits FY19		27,317			Payment was for prior year
4Dine with Dignity - FY19	4,013	51,710			
5Dine with Dignoty - FY20	6,192	136,660			
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

01. Monitoring procedures (Part I, line 2)

Grants for science and general education are awarded and budgeted with specific objectives and goals. Program directors and coordinators are required to submit programs and financial reports that detail their accomplishments and how the funds were expended. Upon completion of the project the same reporting is required from recipients of small grants that are issued to schools to supplement the schoolss' curriculum.

Students awarded scholarships for more than one year must comply with grade point average requirments that must be proven to continue funding.

03. Additional Information for Schedule I

Students received backpacks filled with basic schools supplies.

rt III Grants and Other Assistance t Part III can be duplicated if addit			ne organization ansv	vered "Yes" on Form 990	0, Part IV, line 22.
(a) 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 assistance
t IV Supplemental Information. Pro	vide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other add	itional information.
led is reflected in Part II, 4 a	bove.				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization MCPS Educational Foundation Inc. 52-1804509 01. Form 990 governing body review (Part VI, line 11) IRS Form 990 and accompanying schedules are prepared in consultation with the Foundation executive director, treasurer and chair. A copy is distributed via email to the entire Board of Directors for their review and comment. The message is sent with the subject line: Notice of Intent to File IRS Form 990 for Fiscal Year 2020. directors are given a deadline by which to provide comments. 02. Conflict of interest policy compliance (Part VI, line 12c) The Foundation has a written Conflict of Interest policy and a Conflict of Interest Statement is presented to each director annually for review and signature. The signed document is collected and retained on file. Continuation as a director is contingent upon submittal of signed statement. As the Foundation considers programs and initiatives, if there is the potential for a director to be in violation of the Conflict of Interest policy, the Secretary will request written clarification of the circumstances causing concern. The written explanation is then given to the Executive Committee for review and determination of next steps. 03. CEO, executive director, top management comp (Part VI, line 15a) A committee comprised of Board Officers was formed which discussed the requirements of the position and development of an advertisement. The Chief Operating Officer investigated through the evaluation 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 would be commensurate with the individual's experience.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number MCPS Educational Foundation Inc. 52-1804509 04. Governing documents, etc, available to public (Part VI, line 19) The organization is required to file financial information including this form 990 to register in the State of Maryland as a charitable organization. The State makes available to the public all filed documentation upon request. The Foundation will make available any governance documents to the public upon request. 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. 05. Cessation of, or significant change to, any program service (Part III, line 3) The Foundation ceased serving as the fiduciary for an adult literacy program offered to families with students enrolled in the school district Linkages to Learning program. MCPS determined the program focus on adult literacy was not appropriate for its mission. The Foundation no longer pursues the grant offered by the Montgomery Coalition for Adult Literacy (MCAEL).

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 07-01-2019, and ending 06-30-2020

▶ Do not send to the IRS. Keep for your records.

2019

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

Name of exempt organization	Employer identification number
MCPS Educational Foundation Inc.	52-1804509
Name and title of officer	
Yolanda Pruitt, Executive Director	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, it	f any, from the retum. If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed w	
leave line 1b , 2b , 3b , 4b , or 5b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- or	on the return, then enter -0- on
the applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here ► 🗵 _b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, lir	
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c)	5b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined	d a copy of the
organization's 2019 electronic return and accompanying schedules and statements and to the best of my k	
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the	. ,
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electron	
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of rece the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (d	• •
authorize the 0.5. Treasury and its designated i mandial Agent to initiate an electronic funds withdrawai (d	
financial institution account indicated in the tax preparation software for payment of the organization's feder	
financial institution account indicated in the tax preparation software for payment of the organization's feder return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the	e U.S. Treasury Financial
financial institution account indicated in the tax preparation software for payment of the organization's feder retum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also autho	e U.S. Treasury Financial orize the financial institutions
financial institution account indicated in the tax preparation software for payment of the organization's feder return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also author involved in the processing of the electronic payment of taxes to receive confidential information necessary resolve issues related to the payment. I have selected a personal identification number (PIN) as my signation.	e U.S. Treasury Financial orize the financial institutions to answer inquiries and
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Do Not Submit This Form to the IRS Unless Requested To Do So

2019 Filing Instructions MCPS Educational Foundation Inc. Tax year ending 06-30-2020

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-EO has been received by this office. Do not mail the return to the IRS.

Due date:

11-16-2020

The return reflects neither a refund nor a balance due.