Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

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.

For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023 C Name of organization MONTGOMERY COUNTY PUBLIC SCHOOLS EDUCATIONAL FOU D Employer identification number Check if applicable: R Doing business as 52-1804509 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 850 Hungerford Drive Room 149 240-740-3216 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Rockville, MD 20850 G Gross receipts \$ 3.575.894 **H(a)** Is this a group return for subordinates? ☐ **Yes** ✓ **No** Application pending F Name and address of principal officer: Dr Kristen Wong Callisto 850 Hungerford Drive, Rockville, MD 20850 **H(b)** Are all subordinates included? Yes No Tax-exempt status: 501(c)(3)) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. 501(c) (Website: www.mcpsfoundation.org H(c) Group exemption number Form of organization: 🗸 Corporation Trust Association L Year of formation: 1989 M State of legal domicile: MD Part I Summary 1 Briefly describe the organization's mission or most significant activities: The mission of the Montgomery County Public Schools (MCPS) Educational Foundation is to support student success in MCPS. The Foundation's programs span from Activities & Governance (Continued on Schedule O, Statement 1) Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 4 6 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 736,155 2,903,838 Revenue 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 70,888 19,154 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 30,525 652,902 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 837,568 3,575,894 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 910,487 2,839,736 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 170,177 184,228 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 222,019 137,437 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,302,683 3,161,401 19 Revenue less expenses. Subtract line 18 from line 12 -465,115 414,493 Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 6,695,771 9,861,162 21 Total liabilities (Part X, line 26) . 934,019 2,948,721 22 Net assets or fund balances. Subtract line 21 from line 20 5,761,752 6,912,441 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Dr Kristen Wong Callisto, Acting Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if **Paid** self-employed **Preparer** Firm's name Firm's EIN Use Only Firm's address Phone no. May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990 (2022) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: The mission of the Montgomery County Public Schools (MCPS) Educational Foundation is to support student success in MCPS. The Foundation's programs span from scholarships to students, small grants to educators and schools, fundraising for student supports such as providing backpacks of supplies, and other support for the strategic initiatives of MCPS. Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,930,000 including grants of \$) (Revenue \$ A generous gift from the Ruth and Norman Rales Foundation established the Ruth and Norman Rales-Patricia Baier O'Neill Scholarship Recognizing Academic Excellence for MCPS seniors. From the class of 2023, 193 seniors were awarded the four-year Rales-O'Neill scholarship totaling \$10,000. In the spring of 2023, the Foundation recognized all Foundation scholarship awardees, including the inaugural Rales-O'Neill recipients, at a beautiful reception and event held at the Strathmore Music Center that was keynoted by Robert Kabera, a young entrepreneur who focuses on using artificial intelligence to predict risk across energy, climate, agriculture, and financial services. (Code: _____) (Expenses \$ 362,671 including grants of \$ _____) (Revenue \$ The ongoing funding from the Howard Hughes Medical Institute enabled MCPS to continue making foundational changes in science instruction that enable students from all backgrounds to actively engage in innovative science learning experiences. Activities during FY 23 included expanding and enhancing classroom and laboratory experiences, such as providing over 445 DNA Resource Center Investigation kits to middle and high school teachers from the DNA Resource Center; continued participation of students from underrepresented populations to attend STEM summer camps that provide laboratory and field experience in the life, environmental, and physical sciences; and expansion of opportunities like the Youth Climate Summer for students to take action) (Expenses \$ 165,000 including grants of \$ _____) (Revenue \$ The Joseph D. Byrd Scholarship provides a four-year scholarship totaling \$40,000 to students at Poolesville High School. Established in 2007, this is one of the most generous awards supported by the Foundation. Four seniors were awarded the Joseph D. Byrd scholarship from the class of 2023. As the costs of post-secondary education continue to rise, the Foundation is proud to have a community of philanthropic donors supporting the students of MCPS with their continued education and career preparation. The Rales-O'Neill and Byrd scholarships represent a portion of the Foundation's endowment that supports its programming - see Schedule D, Part V for an aggregate figure. Other program services (Describe on Schedule O.) See Schedule O, Statement 2

0) (Revenue \$

2.839.736

382,065)

(Expenses \$

Total program service expenses

382,065 including grants of \$

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Part l	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	V	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	

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Part	Checklist of Required Schedules (continued)			
00	Did the consciention we next seem to 000 of sweets or other consistence to or for descriptional individuals are		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	,	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	-	,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 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 of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, 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		,
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		,
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		~
	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? <i>If "Yes," complete Schedule R, Part I</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	34		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	·	•		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	V	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		~
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		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
Ū	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		•
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	~	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	~	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:			
11 a	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		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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?	14a		~
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		
13	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?	45		ر.
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struci	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			~
Secti	on A. Governing Body and Management		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1а	Enter the number of voting members of the governing body at the end of the tax year	-	Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . 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		V
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a		<i>V V V</i>
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		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	\(\times \)	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	_	ode.)	<u> </u>
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
11a b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	11a 12a 12b	V V V	
13 14 15	Did the organization have a written whistleblower policy?	13 14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	V V	
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		~
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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	01(c)
19	✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and repension R Bates, (240)740-7513	cords.	•	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

☐ Check this box if neither the organization no	or any relate	d org	aniz			ompe	nsa	ted any current	officer, director,	or trustee.
					C)					
(A)	(B)	(-1	4 . 1		ition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unles er and	ss pe	rson	e than of is both cor/trus	n an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	
Yolanda Johnson Pruitt	32.00									
Executive Director		~						0	120,500	0
Susie Leong	0.00									
Director		~						0	0	0
Arlandis Rush	0.00									
Director		~						0	0	0
Monifa McKnight	0.00									
Superintendent of Schools		~						0	0	0
Jennifer Nordheimer	0.00									
Director		~						0	0	0
Rebecca Smondrowski	0.00									
Director		~						0	0	0
Farzaneh Sabi	0.00									
Director		~						0	0	0
Linda Plummer	0.00									
Director		~						0	0	0
Matthew Swibel	0.00									
Director		~						0	0	0
Steven Cohen	0.00									
Director		~						0	0	0
Pennie Abramson	0.00									
Director		~						0	0	0
Victoria Samuels	0.00									
Director		~						0	0	0
Rob Smith	0.00									
Director		~						0	0	0
Joshua Bokee	0.00									
Director		1						0	0	0

Form 990 (2022) Page **8**

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Emp	plo	yee	s, an	d F	lighest Compe	ensated Emplo	yees (continued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos neck ss pe	erson	e than or/trusi e or/trusi e mployee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		dotted line)	ď	stee			ısated				
Brenc	la Wolff	0.00									
	Chairperson		~		~				0	0	0
	n Leshinsky	0.00									
	person	0.00	-		~				0	0	0
Secre	Vatson	0.00	/		~				0	0	0
Paul I		0.00	Ť							0	
Treas		0.00	~		~				0	0	0
	Cubatatal									400 500	
1b c	Subtotal	 VII Sootio	 n A	•	•			•	0	120,500	0
d	Total (add lines 1b and 1c)			•	•	•		•	0	120,500	0
2	Total number of individuals (including reportable compensation from the organi	but not		ed t	:o t	thos	se lis	ted			
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is the	Schedule J	for s	uch	ind	ivid	ual				3 1
4	organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization?									tion or individua	
Secti 1	on B. Independent Contractors Complete this table for your five high compensation from the organization. Report										
	(A) Name and business add								(B) Description of sen		(C) Compensation
None											
	Total number of independent and		2 N 1-		o+ '	lier!!	ا امدا	11	ooo listad -l-	(a) 11th 5	
2	Total number of independent contractor received more than \$100,000 of compens						eu to) (n	nose listed abov	e) WIIO	

Form 990 (2022)

1 01111 3		•								rage 9
Part	VIII	Statement of Rev Check if Schedule			senor	uso or noto to an	v line in this Da	ort VIII		
		Check ii Schedule	O COI	itairis a re	spor	ise of flote to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ς, α	1a	Federated campaign	ns .		1a	5,887				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
Gr.	C	Fundraising events			1c	0				
ts,	d	Related organization			1d	0				
ia gi	е	Government grants			1e	0				
in,	f	All other contribution								
i S		and similar amounts no			1f	2,897,951				
pg a	q	Noncash contribution	ons in	cluded in	<u> </u>	2,077,731				
	•	lines 1a-1f			1g	s o				
a Co	h	Total. Add lines 1a-	-1f .				2,903,838			
						Business Code	2/700/000			
e S	2a									
ام جَ	b									
Se u	С									
gram Ser Revenue	d									
P. S.	e									
Program Service Revenue	f	All other program se					0	0	0	0
_	g	Total. Add lines 2a-					0			
	3	Investment income								
		other similar amoun	ts) .				19,154	19,154	0	0
	4	Income from investn	nent c	of tax-exen	npt bo	and proceeds	0	0	0	0
	5	Royalties				[0	0	0	0
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)	6с		0	0				
	d	Net rental income of	r (loss	s)			0	0	0	0
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
ē	b	Less: cost or other basis								
eu		and sales expenses .	7b							
Ş.	С	Gain or (loss)	7c		0	0				
Other Revenue	d	Net gain or (loss)								
Ţ.	8a	Gross income from		ndraising						
0		events (not including		0	_					
		of contributions rep								
		1c). See Part IV, line			8a					
		Less: direct expense			8b					
		Net income or (loss)			g eve	ents				
	9a	Gross income f activities. See Part I								
	L				9a	-				
		Less: direct expense			9b					
		Net income or (loss) Gross sales of in			CHVILIE	35				
	ıva	returns and allowan		ry, less	10a					
	h	Less: cost of goods			10a					
	b	Net income or (loss)								
-		iver income or (ioss)	110111	Jaics UI II	i v Gi i l	Business Code				
Miscellaneous Revenue	11a	Escheatments				900099	4F2 002	652,902	0	0
scellaneo Revenue	b	Escricatificati				700079	652,902	032,902	0	0
ella Ver	C									
Sce	d	All other revenue					0	0	0	0
⋚	u	Total Add lines 11s						0	<u> </u>	U

12

Total revenue. See instructions

0

672,056

3,575,894

Form 990 (2022)

Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 694,236 694,236 2 Grants and other assistance to domestic individuals. See Part IV, line 22 2.145,500 2.145.500 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 120,500 120,500 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 50,636 50,636 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 0 10 Payroll taxes 13,092 13,092 11 Fees for services (nonemployees): Management Legal Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 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 20,057 20,057 14 Information technology 54,736 54,736 15 Occupancy 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 8,082 8,082 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 4,629 4,629 24 Other expenses. Itemize expenses not covered 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.) Annual Charitable Registration 300 0 300 0 Refund of escheated funds b 49,633 0 49,633 0 C d All other expenses 0 25 **Total functional expenses.** Add lines 1 through 24e 3.161.401 2.839.736 321,665

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [if

following SOP 98-2 (ASC 958-720)

0

Form 990 (2022) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	τχ		<u> U</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	109,513	1	519,146
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges ,	27,515	9	29,082
	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	6,558,743	11	9,312,934
	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)	6,695,771	16	9,861,162
	17	Accounts payable and accrued expenses	298,714	17	131,440
	18	Grants payable	205,000	18	2,275,000
	19	Deferred revenue	430,305	19	542,281
	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,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	0
	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	934,019	26	2,948,721
nces		Organizations that follow FASB ASC 958, check here value and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	2,342,823	27	2,650,964
8	28	Net assets with donor restrictions	3,418,929	28	4,261,477
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
A SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et/	32	Total net assets or fund balances	5,761,752	32	6,912,441
Ž	33	Total liabilities and net assets/fund balances	6,695,771	33	9,861,162

Form **990** (2022)

Form 990 (2022) Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 3,575,894 Total expenses (must equal Part IX, column (A), line 25) 2 2 3,161,401 3 3 414,493 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . 4 5,761,752 5 5 736,196 6 Donated services and use of facilities 6 0 7 7 0 8 8 0 9 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 6,912,441 Part XII **Financial Statements and Reporting** Yes No 1 Accounting method used to prepare the Form 990:
Cash
Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a ~ If "Yes." check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b / If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 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 3a

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.

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of th	he organization					Employer identification	number
		OMERY COUNTY PUBLIC SCHOO					52-180	
Par			<u> </u>					ons.
	_	anization is not a private foundat		,		-	•	
1		A church, convention of church					U(b)(1)(A)(i).	
2		A school described in section		•		•	\/A\/:::\	
3 4		A hospital or a cooperative hos A medical research organization hospital's name, city, and state	n operated in co					(iii). Enter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Comp	he benefit of a	college or university	owned o	r operate	ed by a government	al unit described ir
6 7		A federal, state, or local govern An organization that normally r described in section 170(b)(1)(ment or governi eceives a subst	tantial part of its sup				n the general public
8	П	A community trust described in		•	Part II)			
9		An agricultural research organiz or university or a non-land-grar university:	zation described	d in section 170(b)(1)	(A)(ix) op			
10		An organization that normally re receipts from activities related to support from gross investment acquired by the organization af	to its exempt fur income and unr	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a le (less se	ind (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its
11		An organization organized and	operated exclus	sively to test for public	safety.	See sect i	on 509(a)(4).	
12		An organization organized and one or more publicly supported the box on lines 12a through 120	organizations de	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а		☐ Type I. A supporting organithe supported organization(supporting organization. Yo	zation operated s) the power to	, supervised, or contr regularly appoint or e	olled by i lect a ma	ts suppo jority of t	rted organization(s),	typically by giving
b		☐ Type II. A supporting organization(s). You must o	he supporting o	rganization vested in	the same			
С		☐ Type III functionally integrits supported organization(s						ally integrated with,
d		Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orgain	nization generally mus	st satisfy	a distribu	ıtion requirement an	
е		☐ Check this box if the organi functionally integrated, or T						e II, Type III
f		Enter the number of supported o	•					
g		Provide the following information		orted organization(s).				
	1 (i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Schedule A (Form 990) 2022

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 1,987,008 766,680 1,672,410 1,214,071 3,556,740 9,196,909 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 1,214,071 4 1,672,410 1.987.008 766,680 3,556,740 9,196,909 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) 4,006,642 **Public support.** Subtract line 5 from line 4 5,190,267 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 1,987,008 1,672,410 1,214,071 766,680 3,556,740 9,196,909 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 241,034 -156,581 1,138,134 70,888 19,154 1,312,629 Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 10,509,538 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 49.39 % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Schedule A (Form 990) 2022 Page **3**

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

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

	if the organization falls to quality	under the te	sts listed bei	Jw, piease co	implete Fart	11.)	
	on A. Public Support		1				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	furnished 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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3		+				
, a	received from disqualified persons .						
L.	· · · · · · · · · · · · · · · · · · ·		1				
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						
_	· · · · · · · · · · · · · · ·						
С 8	Add lines 7a and 7b						
0	line 6.)						
C1:							
	on B. Total Support	(-) 0010	(I-) 0010	(-) 0000	(-1) 0004	(-) 0000	(6) T-+-I
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppor	t Percentag	ie				
15	Public support percentage for 2022 (line 8	B, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2021 Sch					16	%
Secti	on D. Computation of Investment Inc					- 1	
17	Investment income percentage for 2022 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2021			-		18	%
19a	331/3% support tests—2022. If the organi						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2021. If the organiz	_	_	-		_	
~	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization di	_	=	•			_

Schedule A (Form 990) 2022 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	4c		
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?	5a		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
L-	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	4.4		
h		11a 11b		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
·	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations	10		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
Section	on C. Type II Supporting Organizations			
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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	1		
	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 on line 2, above, 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		
	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			,
с 2	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	(See In		No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
_	have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sect	ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III suppo	rting organization

Part	Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued	<u>a)</u>	
Secti	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Elife o afficient divided by line o afficient		(ii)		(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See				
	instructions.			_	
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
d	From 2020				
	From 2021				
f	Total of lines 3a through 3e Applied to underdistributions of prior years				
<u>g</u>	Applied to underdistributions of prior years Applied to 2022 distributable amount				
h :	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2022 from				
4	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

ochedule A (i c	Fage 0
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)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization

MONTGOMERY COUNTY PUBLIC SCHOOLS EDUCATIONAL FOUNDATION INC

Employer identification number
52-1804509

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (enter number) organization 3 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-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 covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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).

Schedule B (Form 990) (2022) Page 1 of 1 of Part I

Name of organization Employer identification number MONTGOMERY COUNTY PUBLIC SCHOOLS EDUCATIONAL FOUNDATION INC 52-1804509

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2		\$\$_404,015	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3		\$\$ <u>362,671</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5		\$\$100,000	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>6</u>		\$\$69,415	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Schedule B (Form 990) (2022) Page of of Part II

Name of organization

Employer identification number

MONTGOMERY COUNTY PUBLIC SCHOOLS EDUCATIONAL FOUNDATION INC 52-1804509 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** (See instructions.) Part I (a) No. (c) (b) (d) from **FMV** (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** (See instructions.) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.)

Schedule B (Form 990) (2022) of Part III Name of organization Employer identification number MONTGOMERY COUNTY PUBLIC SCHOOLS EDUCATIONAL FOUNDATION INC 52-1804509 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000** or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift fŕom (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

varrie 0	i tile organization		Employer identification number
MONT	GOMERY COUNTY PUBLIC SCHOOLS EDUCATIONAL F	FOUNDATION INC	52-1804509
Par	t Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered "		
	9	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(2) 2 5 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(2)
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor a		
	funds are the organization's property, subject to the	= = = = = = = = = = = = = = = = = = = =	
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · ·
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the o		
'	• • • •		of a biotonically insuranteed land and
	Preservation of land for public use (for example, recreations)		
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contributio	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2 a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (c) a		
_			
2	Number of conservation easements modified, trans		
3		ierrea, releasea, extinguishea, or terr	minated by the organization during the
	tax year		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · · L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
		_	
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization report	rts conservation easements in its r	revenue and expense statement and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer	=	
Dord	<u> </u>		Other Similar Assets
Part			Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS	·	
	of art, historical treasures, or other similar assets		· · · · · · · · · · · · · · · · · · ·
	service, provide in Part XIII the text of the footnote to	o its financial statements that describ	es these items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or re-	search in furtherance of public service,
	provide the following amounts relating to these item	s:	
	(i) Revenue included on Form 990, Part VIII, line 1		¢
	(ii) Assets included in Forms 200 Post V		φ
_	(ii) Assets included in Form 990, Part X	tion of the second seco	· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

Schedule D (Form 990) 2022				Page 2

Part	Organizations Maintaining	Collections of A	۱ Art, Historical	Γreasures, or O⁺	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	ner records, chec	k any of the follow	ving that make sig	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	ram	
b	Scholarly research		e Other			
С	☐ Preservation for future generations		_			
4	Provide a description of the organizat XIII.		nd explain how t	hey further the org	ganization's exem _l	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					□ Yes □ No
Part	Complete if the organization 990, Part X, line 21.	•	on Form 990, I	Part IV, line 9, or	reported an amo	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?					∵ ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following t	able:		
		•	_		Am	ount
С	Beginning balance			10	;	
d	Additions during the year			10	i	
е	Distributions during the year			16		
f	Ending balance			11	†	
2a	Did the organization include an amour	nt on Form 990, Pa	rt X, line 21, for e	scrow or custodia	l account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanatio	n has been provid	ed on Part XIII .	\square
Par	t V Endowment Funds.					
	Complete if the organization	answered "Yes"	on Form 990, I	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,644,377	3,138,059	2,429,301	1,440,404	1,356,544
b	Contributions	61,333	71,261	0	1,039,050	0
С	Net investment earnings, gains, and					
	losses	248,294	-564,943	718,758	-56,153	83,860
d	Grants or scholarships	138,000	0	10,000	-6,000	0
е	Other expenditures for facilities and	·		·	·	
	programs	37,965	0	0	0	0
f	Administrative expenses	13,598	0		0	0
g	End of year balance	2,764,441	2,644,377	3,138,059	2,429,301	1,440,404
2	Provide the estimated percentage of t					, , , , , , , , , , , , , , , , , , , ,
а	Board designated or quasi-endowmer	-		,, (),		
b	Permanent endowment 70.54	1 %				
С	Term endowment 21.06 %					
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.			
3a	Are there endowment funds not in the			at are held and ac	lministered for the	
	organization by:					Yes No
	(i) Unrelated organizations					3a(i) 🗸
						3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as required on So	chedule R?		3b
4	Describe in Part XIII the intended uses	of the organization	n's endowment f	unds.		
Part	VI Land, Buildings, and Equip	ment.				
	Complete if the organization	answered "Yes"	on Form 990, I	Part IV, line 11a.	See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or oth (investme	` '	',	Accumulated epreciation	(d) Book value
1a	Land					
b	Buildings					
c	Leasehold improvements					
d	Equipment					
e	Other					
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	00, Part X, columr	n (B), line 10c.) .		
			,,	. //	- I	

Schedule D (Form 990) 2022

Part VII	Investments – Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Part I		form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	· · · · · · · · · · · · · · · · · · ·		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.		
r art viii	Complete if the organization answered "Yes" on Form 990, Part I'	V line 11c See F	orm 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered "Yes" on Form 990, Part I	V line 11d See F	form 900 Part V line 15
	(a) Description	v, iiile 11a. See 1	(b) Book value
(1)	(a) Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Form 990, Part X,
4	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal ir	icome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)		
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ		tements that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check here if the text		

Schedule D (Form 990) 2022

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Ган	Complete if the organization answered "Yes" on Form 990, F		•	neturri.	
1	Total revenue, gains, and other support per audited financial statements			1	4,312,090
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	4,312,090
	Net unrealized gains (losses) on investments	2a	724 104		
a	Donated services and use of facilities	2b	736,196		
b		2c	0		
C	Recoveries of prior year grants	-	0		
d	Other (Describe in Part XIII.)	2d	0	0-	70/ 40/
e	Add lines 2a through 2d			2e	736,196
3	Subtract line 2e from line 1	 I I		3	3,575,894
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4 -			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0	4 -	_
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3,575,894
Part			-	r Keturn.	1
	Complete if the organization answered "Yes" on Form 990, F			4	
1	Total expenses and losses per audited financial statements			1	3,161,401
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	· · ·		3	3,161,401
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0	4	_
c				4c	0
5 Part	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.) .		5	3,161,401
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 1. Da	rt IV lines 1h and 2h	· Dart V lir	o 1: Part Y line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				ie 4, i ait A, iiile
	lule D, Part V, Line 4 - The Foundation's endowment funds support scholarship	-	-		in compart of
	iced instruction, grants to facilitate school improvement, as well as awards for			nis, granis	in support of
ennai	ced instruction, grants to facilitate scribbi improvement, as well as awards for	teache	r recognition.		

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer	identification numbe	r
MONTGOMERY COUNTY PUBLIC SCH	HOOLS EDUCATION	NAL FOUNDATION	INC					52-1804509	
Part I General Information	on Grants and	Assistance							
Does the organization maintain			unt of the grants or	r assistance, the c	rantees' eligibility	for the grants or a	ssistance	, and	
the selection criteria used to a	•							· Ves	☐ No
2 Describe in Part IV the organize	zation's procedur	es for monitoring	the use of grant fu	inds in the United	States.				
Part II Grants and Other As Part IV, line 21, for any	sistance to Do y recipient that i	mestic Organiz received more th	ations and Dom nan \$5,000. Part	nestic Governm Il can be duplica	ents. Complete ated if additional	if the organization space is needed	n answe	ered "Yes" on F	orm 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		(h) Purpose of or assistan	
(1) Sch I, Stmt 1									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section	501(c)(3) and gov	ı vernment organiza	⊥ tions listed in the l	ine 1 table				. 1	
3 Enter total number of other or									
	0				-				

Schedule I (Form 990) 2022

					i age =
Part III Grants and Other Assistance to Do Part III can be duplicated if additiona	omestic Individu	ials. Complete if th	e organization answ	vered "Yes" on Form 990	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
1 See Schedule I, Part IV, Statement 2					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information	∟ required in Part I li	ne 2: Part III. colum	n (b): and any other addit	ional information
Schedule I, Part I, Line 2 - Grants for science and genera					
submit programs and financial reports that detail their a					
of small grants that are issued to schools' curriculum. S					
continue funding, and tuition statements are required at			nan one year must con	ipiy with grade point average	requirements that must be proven to
continue funding, and tutton statements are required at	nnual to confirm co	ntinuea enrollment.			

Schedule I, Part IV, Statement 1

MONTGOMERY COUNTY PUBLIC SCHOOLS EDUCATIONAL

FOUNDATION INC

Form: **Schedule I (2022)** EIN: **52-1804509**

Page: 1 Part II, Line 1

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Montgomery County Public Schools	52-6000989	362,671	0
	850 Hungerford Drive Rockville, MD 20850			
IRC code section				
Method of valuation	Book			
Desc. of Non-Cash Asst.				
Purpose of grant	Science & General Education			
Name and address	Montgomery County Public Schools	52-6000989	229,957	0
	850 Hungerford Drive			
	Rockville, MD 20850			
IRC code section				
Method of valuation	Book			
Desc. of Non-Cash Asst.				
Purpose of grant	School Based Projects			

Schedule I, Part IV, Statement 2

MONTGOMERY COUNTY PUBLIC SCHOOLS EDUCATIONAL

FOUNDATION INC

Form: **Schedule I (2022)** EIN: **52-1804509**

Page: 2 Part III

		Number of recipients	Amt. of cash grant	Amt. of non- cash asst.
Type of grant	Toolkits Project	2100	0	13,317
Method of valuation	Book			
Desc. of Non-Cash Asst.	School supplies for Grade K			
Type of grant	Give BACKpacks project	10573	0	88,291
Method of valuation	Book			
Desc. of Non-Cash Asst.	School supplies for students in need			
Type of grant	Tuition/Scholarships	213	2,145,500	0
Method of valuation	Book			
Desc. of Non-Cash Asst.	Higher Ed. tuition, books and other school related expenses			

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	Employer identification number			
MONTGOMERY COUNTY PUBLIC SCHOOLS EDUCATIONAL FOUNDATION INC	52-1804509			
Form 990, Part VI, Section B, Line 11b - IRS Form 990 and accompanying schedules are prepared in consu	Iltation with the Foundation			
Executive Director, Treasurer and board 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 2023. Directors are given a deadline by				
which to provide comments.				
Form 990, Part VI, Section B, Line 12c - The Foundation has a written Conflict of Interest policy and a Conf				
presented to each director annually for review and signature. The signed document is collected and retain	ed on file. Continuation as a			
director is contingent upon submission of this signed statement.				
Form 990, Part VI, Section B, Line 15 - A committee comprised of Board Officers was formed which discus				
position and development of an advertisement. The Foundation Chair and Treasurer investigated through				
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.				
Form 990, Part VI, Section C, Line 19 - The Foundation is a registered charity in the State of Maryland and	all filed documents can be			
requested through an online business lookup website provided by the State of Maryland. The Foundation				
audited financial statements available on its website (www.mcpsfoundation.org).				
3/2				

Schedule O, Statement 1

MONTGOMERY COUNTY PUBLIC SCHOOLS EDUCATIONAL

FOUNDATION INC

Form: **Form 990 (2022)** EIN: **52-1804509**

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

scholarships to students, small grants to educators and schools, fundraising for student supports such as providing backpacks of supplies, and other support for the strategic initiatives of MCPS.

Schedule O, Statement 2

MONTGOMERY COUNTY PUBLIC SCHOOLS EDUCATIONAL

FOUNDATION INC

Form: **Form 990 (2022)** EIN: **52-1804509**

Page: 2 Part III, Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	The MCPS Educational Foundation also completed several other program services (both scholarship and non-scholarship) in support of its mission during FY 23.	382,065		382,065
Total:		382.065	0	382.065