Form 8879-TE	1	3	IRS E-file Si for a Ta	gnature Authoriz ax Exempt Entity	zatio	n	ON	MB No. 1545-0047
CONTRACT CLOCK CONTRACT OF CONTRACT	For calendar	year 2023	, or fiscal year beginning	, 2023, and ending		, 20		2022
Department of the Treasury	2004299-095-00-9609-9629-02008			the IRS. Keep for your reco				2023
Internal Revenue Service			Go to www.irs.gov/F	orm8879TE for the latest inf	formatio	n.		
Name of filer						EIN or	NR. TOTAL CONTRACTOR	
				JNDATION INC		52-	-17887	82
Name and title of officer or			EXECUTIVE I	OR DIRECTOR				
Part I Type o	f Return an	d Re	turn Information					
Form 5330 filers may en or 10a below, and the a	ter dollars and mount on that I	cents. line for	For all other forms, er the return being filed	9-TE and enter the applicable a nter whole dollars only. If you c with this form was blank, then -0- on the return, then enter -0-	check the leave lin	e box on line 1a, ne 1b, 2b, 3b, 4b	2a, 3a, 4a , 5b, 6b, 7	i, 5a, 6a, 7a, 8a, 9a, b, 8b, 9b, or 10b,
1a Form 990 chec	k here	X	b Total revenue, i	f any (Form 990, Part VIII, colu	umn (A), I	ine 12)	1b _	650,089.
2a Form 990-EZ o				fany (Form 990-EZ, line 9)				
3a Form 1120-PO	check here			1120-POL, line 22)				
4a Form 990-PF c	heck here			vestment income (Form 990-				
5a Form 8868 che	ck here			orm 8868, line 3c)				
6a Form 990-T ch				990-T <mark>,</mark> Part III, line 4)				
7a Form 4720 che	ck here		b Total tax (Form	4720, Part III, line 1)			7b	
8a Form 5227 che	ck here			at end of tax year (Form 5227				
9a Form 5330 che	ck here			5330, Part II, line 19)				10
10a Form 8038-CP			b Amount of cred	it payment requested (Form a	8038-CP	, Part III, line 22)		30
Part II Declar	ation and S	ignat	ure Authorizatio	n of Officer or Person S	Subject	t to Tax		
entry to the financial ins financial institution to de later than 2 business da payment of taxes to rec	titution accoun bit the entry to ys prior to the p eive confidentia umber (PIN) as ly	t indica this a payme al inform my sig	ated in the tax prepara ccount. To revoke a p nt (settlement) date. I nation necessary to a	signated Financial Agent to init ation software for payment of t ayment, I must contact the U.S also authorize the financial ins nswer inquiries and resolve iss nic return and, if applicable, th	the feder S. Treasu stitutions sues relat	al taxes owed on ury Financial Ager involved in the pr ted to the paymer	this return nt at 1-888 rocessing c nt. I have s inds withdr	n, and the -353-4537 no of the electronic selected a rawal.
	DWG, F.I		EBO fi	rm name			6	er five numbers, but
with a state a on the return' As an officer o return. If I hav	gency(ies) regul s disclosure co or person subje e indicated with program, I will	lating on nsent s to tack to tack to take	charities as part of the screen. ax with respect to the s return that a copy of	eturn. If I have indicated withir IRS Fed/State program, I also entity, I will enter my PIN as m the retum is being filed with a s disclosure consent screen.	authoriz	ze the aforementio ure on the tax yea ency(ies) regulatio	f the return oned ERO ar 2023 ele ng charities	to enter my PIN ectronically filed
	cation and	Authe	ntication				Date CON	
ERO's EFIN/PIN. Enter	vour six-diait e	lectron	ic filing identification					
number (EFIN) followed	Second Second		and the second se	52	4609	58511		
	-,,					r all zeros		
submitting this return in	accordance wi			ure on the 2023 electronically f 4163, Modernized e-File (MeF				
ERO's signature	ie E. Welt				Date	06/24/202	4	
	50							
512	126-3 444			n This Form - See Instru				
	Do N	lot S	ubmit This Form	to the IRS Unless Requ	lested	To Do So		
For Privacy Act and Pa	perwork Redu	iction	Act Notice, see instru	uctions.			Form	n 8879-TE (2023)



Form 990)
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EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and t	the latest in	formation.	Inspection
-			ar year, or tax year beginning and	ending		
B	Check if applicabl	e: C Name o	forganization		D Employer identifi	cation number
	Addre	es MONT	GOMERY COUNTY PARKS FOUNDATION INC			
					52-17887	82
	Initial return			Room/suite		
	Final	2/25	REEDIE DRIVE, 12TH FLOOR	10011,0010	301-495-	
	lreturn/ termin ated	_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	650,089.
	Ameno		TON, MD 20902		H(a) Is this a group re	
	Applic		nd address of principal officer: KATIE RICTOR		for subordinates	
	pendir		AS C ABOVE		H(b) Are all subordinates in	
1	Tax-exe	empt status:		or 527		list. See instructions
	Websit		GOMERYPARKSFOUNDATION.ORG		H(c) Group exemptio	
ĸ	Form of	organization:	X Corporation Trust Association Other	L Year		A State of legal domicile: MD
	art I	Summary			•	8
	1	Briefly describ	be the organization's mission or most significant activities: $\underline{ extsf{TO}}$ L.	ESSEN	NTHE BURDEN	S OF
Governance			ENT WHILE SERVING AND PROVIDING FA			
'nai	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Nel	3	Number of vo	ting members of the governing body (Part VI, line 1a)			9
		Number of inc	lependent voting members of the governing body (Part VI, line 1b)			9
ş	<u>اا ا</u>		of individuals employed in calendar year 2023 (Part V, line 2a)			3
Activities	6		of volunteers (estimate if necessary)			10
cti	7 a				7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)		628,467.	583,125.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		20,077.	61,755.
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	5,209.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		648,544.	650,089.
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	10,665.
Expense	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>38 , 62</u>		0.	0.
ăX					444 465	405 055
ш	1 ''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		411,165.	
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		411,165.	436,620.
	19	Revenue less	expenses. Subtract line 18 from line 12		237,379.	213,469.
Net Assets or	E CE			Be	ginning of Current Year	End of Year
sset	20		Part X, line 16)		2,125,662.	2,379,640.
3t As	21		(Part X, line 26)		39,235.	48,166.
Ĭ	22		fund balances. Subtract line 21 from line 20		2,086,427.	2,331,474.
P	art II	Signature	e Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date		
-	KATIE RICTOR, EXECUTIVE D	IRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	C. EVA WEBB	C. EVA WEBB		self-employed P01251814		
Preparer	Firm's name LSWG, P.A.			Firm's EIN 52-1273734		
Use Only	Firm's address 1801 RESEARCH BLV	D, SUITE 320				
	ROCKVILLE, MD 208	50		Phone no. (301) 662-9200		
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No		
LHA For	A For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) MONTGOMERY COUNTY PARKS FOUNDATION INC 52-1788782	Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO LESSEN NTHE BURDENS OF GOVERNMENT WHILE SERVING AND PROVIDING	
	FACILITIES FOR THE RESIDENTS OF MONTGOMERY COUNTY, MARYLAND BY USING	
	PRIVATE FUNDING SOURCES TO PROMOTE AND ADVANCE THE ACQUISITION,	
	PROTECTION, USE AND DEVELOPMENT OF PARK LAND LOCATED IN MONTGOMERY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	b
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$361,650. including grants of \$) (Revenue \$))
	SUPPORT TO MONTGOMERY PARKS VIA PAYMENT OF DIRECT EXPENSES OF GRANTS	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 361,650.	

Form 990 (2				PARKS	FOUNDATION	INC
Part IV	Checklist of Re	equired Schedule	es			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		X
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		X
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		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	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,	47		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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	10		x
10	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? <i>If</i> "Yes,"	10		x
20-	complete Schedule G, Part III	19 202		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
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 12, if IV/column(A) approximate School/de L Parte Lond U	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1 12

Form 990 (2					FOUNDATION	INC
Part IV	Checklist of Re	equired Schedule	s (continued))		

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
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			v
00	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	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		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
<u></u>	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?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
38		38	х	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	00		L
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form	990 (2023) MONTGOMERY COUNTY PARKS FOUNDATION INC 52-1788	782	P	_{age} 5
Par	t 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 3			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
	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			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua		6a		х
h	any contributions that were not tax deductible as charitable contributions?			
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand	44-		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the experimentian on advectional institution subject to the experimentation (000 subject to use not investment in some 0	16		х
.0	If "Yes," complete Form 4720, Schedule O.			
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.			

MONTGOMERY COUNTY PARKS FOUNDATION INC

Page **6** 52-1788782

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		• —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	<u>9</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		<u>9</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<u>л</u>
8		80	х	
	The governing body? Each committee with authority to act on behalf of the governing body?	<u>8a</u> 8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	- 23	
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
	taxable entity during the year?	<u>16a</u>		
D	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	164		
Sec	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	X Own website X Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KATIE RICTOR - 301-495-2490			

Form 990 (52-1788782	Page 7				
Part VII	art VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
	Employees, and Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
	 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one			l than d	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week				from the	from related	other			
	(list any hours for	directo						organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or i	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	lal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Ger	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(1) KATIE RICTOR	37.50									
EXECUTIVE DIRECTOR				Х				24,275.	118,646.	0.
(2) CLARA LOVETT	1.00									
SECRETARY		Х		Х				0.	0.	0.
(3) JOHN ROBINSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) MARYE WELLS-HARLEY	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) RHONDA CUNNINGHAM HOLMES	1.00									
AT LARGE		Х						0.	0.	0.
(6) SHAWN JENKINS	1.00									
AT LARGE		Х						0.	0.	0.
(7) DEVIN ELLIS	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) TRISH HEFFELFINGER	1.00									
AT LARGE		Х						0.	0.	0.
(9) JANE HOULIHAN	1.00									
AT LARGE		Х						0.	0.	0.
(10) CATHERINE MATTHEWS	1.00									
AT LARGE		Х						0.	0.	0.
	L									

								IDATION INC	52-178	88782	Pa	.ge 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B))) Deci				(D)	(E)		(F)	
Name and title	Average		not cl		more	than c		Reportable	Reportable		stimate	
	hours per week					s both r/trust		compensation from	compensation from related		nount c other	ot
	(list any	tor						the	organizations		pensat	ion
	hours for	Individual trustee or director				ed		organization	(W-2/1099-MISC		om the	
	related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)	org	anizatio	on
	organizations	al trus	nal tr		loyee	e e		1099-NEC)			d relate	
	below line)	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizatio	ons
	iiiie)	Inc	lns	0ff	Key	err	ß					
										_		
								24,275.	118,640	-		0.
1b Subtotal								24,275.).		0.
c Total from continuation sheets to Part VI 								24,275.	118,640			0.
2 Total number of individuals (including but n									· · · · · · · · · · · · · · · · · · ·	•		••
compensation from the organization		000	1010	u uo		,	0.0					1
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual								-	3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		4		X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich p	berso	on .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from												
the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
(A)(B)(C)Name and business addressNONEDescription of servicesCompensation					1							
INCINE Description of services Compensation												
							T					
							-					
	and and the state							-1				
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	•	JUIN	ntec	1 10 1	thos 0		rea	abovej who received m	บาย เกลก			

					CO	UNTY PARE	KS FOUNDAT	ION INC	52-1788	782 Page 9
Pa	rt VII	Statement of Re	evenu	le						
		Check if Schedule O	contai	ns a respo	nse	or note to any lin		(2)		
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total levenue	function revenue	business revenue	from tax under
										sections 512 - 514
tts Its	1 a	Federated campaigns		1a						
àrar our	b	Membership dues		1b						
s, G	С	Fundraising events		1c						
Gift Jar	d	Related organizations		1d						
ini imi	е	Government grants (conti	ributio	ns) 1e		27,500.				
tion S	f	All other contributions, gifts,	grants	, and						
ibu ⁻		similar amounts not included	d above	: 1 f		555,625.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in	lines 1a	-1f 1g \$						
an Co	h	Total. Add lines 1a 1f					583,125.			
						Business Code				
e	2 a									
e vic	b									
Se	с									
am eve	d									
Program Service Revenue	е									
P	f	All other program service	reven	ue						
	g	Total. Add lines 2a-2f	<u></u>							
	3	Investment income (inclue								
		other similar amounts)					61,755.			61,755.
	4	Income from investment of								
	5	Royalties	<u></u>							
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss	s)							
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
e		and sales expenses	7b							
venue	с	Gain or (loss)								
		Net gain or (loss)								
Other Re		Gross income from fundraisi								
oth		including \$	-	of						
		contributions reported on								
		Part IV, line 18			8a					
	b				8b					
	с	Net income or (loss) from			ts					
	9 a	Gross income from gamir								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s					
		Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from								
		,, .				Business Code				
Miscellaneous Revenue	11 a	OTHER				900099	5,209.			5,209.
nec	b				_					
ella wet	c									
isc. Be	h l	All other revenue			_					
Σ	e	Total. Add lines 11a-11d					5,209.			
	12	Total revenue. See instruction					650,089.		0.	66,964.

extor 501(5(3) and 501(5(4) organizations must complete all columns. All other organizations must complete column (A). IX Check It Schedule O contains a response or note to any line in the Part IX IX IX Data and the of Far Via. Total asponses IX IX Data and the of Far Via. IX IX IX IX IX Data and the resistance to domestic organizations must complete and independent and general organizations. IX		MONTGOMERY C		FOUNDATION I	NC 52-17	88782 Page 10
Check If Schedule Contains a regione or note to any line in the Part X (X) Total schemes Program service schemes Maragement and general sogeness Fundhalang general		· ·				
Dorn of include arrows reported in firse 60. Total exponses Program service sprintses Management and sprintses Production sprintses 1 Grants and other assistance to domaile organizations and domails governments, and toreage individuals. See Part IV, line 21 Image and the set of the other set of the assistance to domails organizations individuals. See Part IV, line 21 Image and the set of the other set of the set of the other set of the other individuals. See Part IV, line 21 Image and the other set of the set of the other individuals. See Part IV, line 21 2 Grants and other assistance to domails individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 3 Grants and other assistance to domain individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other individuals. See Part IV, line 21 Image and the other ind	Sect					X
Dot Add Exception Total expenses Program service expenses Management and general expenses Management and general expenses Fundament expenses 1 Brans and other assistance to domestic individuals. See Part N. Inc 21 Imagement and expenses Imagement and general expenses	D :			(B)	(C)	
I Grants and other assistance to domestic operations: Image: Control of Control of Contents		, , , , , , , , , , , , , , , , , , , ,	Total expenses	Program service	Management and	Fundraising
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2 Grants and other assistance to domestic individuals. See Part V, lines 15 and 16 Benetis paid to or for members Compensation of current officers, directors, trustees, and key employees A Benetis paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of accent officers, directors, trustees, and key employees Compensation of accent officers, directors, trustees, and key employees Compensation and contributions (include section 3410); and at(30) employees Passion plan accruais and contributions (include section 3410; and 3400) employees Passion plan accruais and contributions (include section 3410; and 3400) employees Passion plan accruais and contributions (include section 3410; and 3400; employees): Passion plan accruais and contributions (include section 3410; and 3400; employees): Passion at landrabing services. See Part IV, line T7 investment management fices Passional functishing services. See Part IV, line T7 investment management fices Poyalites Office expenses Office expenses Office expenses Office expenses Office expenses Payments to affiliates Payments to affi	•	5				
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5 Compensation of current officers, directors, trustees, and key employees	л					
trustes, and key employees						
6 Compensation not included above to disquified persons (as defined under section 4956(f)(1)) and persons described in section 4956(f)(1) and persons described in administration persons described in adminis administration persons described in	5					
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8 Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,399. 720. 840. 839 0 Payrolit taxes 588. 176. 206. 206 1 Fees for services (nonemployees): a a a 339 3 Management	7		7 678.	2 304	2 687.	2 687
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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	2 <u>5</u> 26					20,010
educational campaign and fundraising solicitation.						
		Check here if following SOP 98-2 (ASC 958-720)				

	MONTGOMERY	COUNTY	PARKS	FOUNDATION	INC
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52-1788782 Page **11**

		Check if Schedule O contains a response or ne	ote to a	ny line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			454,572.	1	372,282.
	2	Savings and temporary cash investments			1,611,282.	2	1,918,045.
	3	Pledges and grants receivable, net			58,645.	3	47,690.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of th	lese per	sons		5	
	6	Loans and other receivables from other disqua	alified pe	ersons (as defined			
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				1,163.	9	988.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.		40,635.
	16	Total assets. Add lines 1 through 15 (must eq			2,125,662.		2,379,640.
	17	Accounts payable and accrued expenses	39,235.	17	48,166.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	/ of Schedule D		21	
ŝ	22	Loans and other payables to any current or for	rmer offi	icer, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
iab		controlled entity or family member of any of th				22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat		24			
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line		<i>,</i> .			
		of Schedule D			20.025	25	10 100
	26	Total liabilities. Add lines 17 through 25			39,235.	26	48,166.
6		Organizations that follow FASB ASC 958, ch	heck he	re X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.		240 210		200 420	
alar	27				240,316.	27	377,439.
ä	28				1,846,111.	28	1,954,035.
ŭ		Organizations that do not follow FASB ASC	958, ch	neck here			
ř		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
ťΑ	31	Retained earnings, endowment, accumulated				31	
Ne	32				2,086,427.	32	2,331,474.
	33	Total liabilities and net assets/fund balances				22	ע אוש אוש אויד.

Form **990** (2023)

Part X | Balance Sheet

Form	aan	(2023)	١
FUIII	990	2023	ļ

Form	1990 (2023) MONTGOMERY COUNTY PARKS FOUNDATION INC	52-178	8782	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			89.
2	Total expenses (must equal Part IX, column (A), line 25)	2			20.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,086	5,4	<u>27.</u>
5	Net unrealized gains (losses) on investments	5	31	L,5	<u>78.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,331	L,4	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2023)

SCHEDULE A	٩
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2023
	Open to Public Inspection
Employer	identification number

Name of the organization	
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Nan	le or		COMEDV COLL		רוח גרוואד				
Pa	rt I	Reason for Public C		NTY PARKS FOU				5.	2-1788782
11e		ization is not a private found A church, convention of ch					IV A V;)		
2	H	A school described in secti					·)(A)(I)·		
2	H	A hospital or a cooperative				(h)(1)(A)(ii	i)		
4	H	A medical research organization					-	Enter 1	the hospital's name
-		city, and state:		ijanotori witr a noopital	accombed			Linton	the hoopital o hame,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit de	escribe	d in
Ŭ		section 170(b)(1)(A)(iv). (C		logo or anivoroity office	or operat	ou by u go		0001100	
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)		
7	H	An organization that norma	•				• •	eneral n	ublic described in
-		section 170(b)(1)(A)(vi). (C	-		on a gore		ge	niera, p	
8	X	A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9	\square	An agricultural research org				ed in coniu	inction with a land	l-arant d	college
		or university or a non-land-g				-		-	-
		university:		, , , , , , , , , , , , , , , , , , ,		, ,	,	Ũ	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fe	es, and	gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its sup	oport fr	om gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organiza	ation af	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to carry o	ut the p	ourposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 509(a	a)(3). C	heck the box on
	_	_lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typica	ally by g	giving
		the supported organization			majority o	f the direc	tors or trustees of	the su	pporting
		organization. You must o	-						
b		Type II. A supporting org	-					•	-
		control or management o			ame perso	ns that co	ntrol or manage th	ie supp	orted
		organization(s). You mus							at
С		Type III functionally inte					-	tegrated	a with,
d		its supported organization Type III non-functionally		-				oraoniz	ation(a)
u		that is not functionally int						-	
		requirement (see instructi			•		-		611635
е		Check this box if the orga	,	•				ne III	
Ŭ		functionally integrated, or					1 ype 1, 1 ype 1, 1 y	pem	
f	Ente	er the number of supported of							
g		vide the following information	• • • • • • • • • • • • • • • • • • • •						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of mon	netary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruc	ctions)	support (see instructions)
- ·									
Tota	ai						1		

Schedule A (Form 990) 2023 MONTGOMERY COUNTY PARKS FOUNDATION INC 52-1788782 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

260	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	712,355.	243,238.	804,097.	642,525.	621,417.	3023632.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	710 255	242 220	004 007		601 417	2022622		
	Total. Add lines 1 through 3	712,355.	243,238.	804,097.	642,525.	621,417.	3023632.		
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)						393,262.		
6	Public support. Subtract line 5 from line 4.						2630370.		
	ction B. Total Support						2030370.		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	712,355.	243,238.	804,097.	642,525.	621,417.	3023632.		
	Gross income from interest,					· · / / · _ / ·			
Ŭ	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	8,794.	2,082.	1,716.	8,645.	61,462.	82,699.		
9	Net income from unrelated business		/	, ,					
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)					5,209.	5,209.		
11	Total support. Add lines 7 through 10						3111540.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)			
	organization, check this box and stop								
Sec	ction C. Computation of Publi	ic Support Per	centage						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	84.54 %		
	Public support percentage from 2022					15	87.81 %		
1 6a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>			
	stop here. The organization qualifies		-						
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	-							
	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 te	-			-	7			
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets the								
10	organization meets the facts-and-circu Private foundation. If the organization								
10	i mate roundation. In the organizatio			a, 100, 17a, 01 17b	, oneon unio DUX a		(Form 990) 2023		
						Solicaule A			

Schedule A (Form 990) 2023 MONTGOMERY COUNTY PARKS FOUNDATION INC 52-1788782 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) Section 509(a)(2) Section 509(a)(2) Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			_			
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	L organization's fi	l	iourth or fifth toy	Vear as a sostion F	1 501(c)(3) crocci	zation
		0			-		
Se	ction C. Computation of Publi	c Support Per					
	Public support percentage for 2023 (I			olump (f))		15	04
		, (),	,	()/		15	<u> </u>
	Public support percentage from 2022 ction D. Computation of Invest					10	%
	•			a 10 a a luma (f)		47	0/
	Investment income percentage for 20					17	<u> </u>
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box an						
k	33 1/3% support tests - 2022. If the	-					
	line 18 is not more than 33 1/3%, che		•	-		-	ion
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check tl	his box and see ins	structions	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 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).
- 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.**
- c 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes

1

2

No

Schedule A (Form 990) 2023 MONTGOMERY COUNTY PARKS FOUNDATION INC 52-1788782 Page 5 Part IV 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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			

			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		
Sec	tion C. Type II Supporting Organizations			

			Yes
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	

			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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	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. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
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С		The organization supported a	governmental entity.	Describe in Part VI	how you supported a q	overnmental entity	(see instruction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

Yes No

No

Sche	dule A (Form 990) 2023 MONTGOMERY COUNTY PARK	S FOUND	ATION INC 5	2-1788782 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections 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-function	ally integrated	Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

MONTGOMERY COUNTY PARKS FOUNDATION INC 52-1788	782	Page 7
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Sche		UNTY PARKS FOUN			2-1788782 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	\$	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	[10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	MONTGOMERY	COUNTY	PARKS	FOUNDAT	ION INC	52-1788782	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	nation. Provide the 2, 3b, 3c, 4b, 4c, 5a, 0 lines 2 and 3; Part IV, 5	explanations r 6, 9a, 9b, 9c, 1 Section E, lines	required by F 11a, 11b, and 51c, 2a, 2b,	Part II, line 10; F d 11c; Part IV, S 3a, and 3b; Pa	Part II, line 17a or Section B, lines 1 rt V, line 1; Part V	r 17b; Part III, line 12; I and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C,

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

52-1788782

2023

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JOHN GIOVANELLI	420,000.	357,769
MARK WATZMAN	97,724.	35,493
otal Excess Contributions to Schedule A, Part II, Line 5		393,262

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

2023

Employer identification number

MONTGOMERY COUNTY PARKS FOUNDATION INC					
	MONTGOMERY	COUNTY	PARKS	FOUNDATION	INC

52-1788782

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

MARC WATZMAN	-	Person X
100 NORTH GREENE STREET	\$ 97,724.	Payroll Noncash
GREENSBORO, NC 27401	-	(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
FRIENDS OF BROOKSIDE GARDENS	_	Person X
1800 GLENALLAN AVENUE	\$81,695.	Payroll Noncash
WHEATON, MD 20902	-	(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
STATE OF MD TREASURER'S OFFICE	-	Person X
80 CALVERT STREET	\$\$27,500.	Payroll Noncash
ANNAPOLIS, MD 21401	-	(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

MONTGOMERY COUNTY PARKS FOUNDATION INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2023)

Name of organization

Part I

(a)

No.

(a) No.

2

(a) No.

3

(a) No.

(a) No.

(a) No.

1

52-1788782

(c)

Total contributions

Employer identification number

(d)

Type of contribution

Page **2**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

\$

MONTGOMERY COUNTY PARKS FOUNDATION INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Employer identification number

52-1788782

Page 3

Schedule B (Form 990) (2023)				Page 4		
Name of o	organization			Employer identification number		
MONTG	OMERY COUNTY PARKS FOUN	DATION INC		52-1788782		
Part III		ons to organizations described in se through (e) and the following line ent charitable, etc., contributions of \$1,000 or l	y. For organizations	at total more than \$1,000 for the year		
(a) No.						
from Part I	(b) Purpose of gift 	(c) Use of gift 	(d) Desc	ription of how gift is held		
		(e) Transfer of gif	 t			
·	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift					
·	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor 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. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 52-1788782

	MONTGOMERY COUNTY	PARKS FOUNDATION INC	52-1788782
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (for example, recrea		historically important land area
			certified historic structure
	Protection of natural habitat Preservation of open space		certified historic structure
•		if all a supervisions a subviburble sign has former of .	
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.	med conservation contribution in the form of a	Held at the End of the Tax Year
b			
С	Number of conservation easements on a certified historic str		<u>2</u> c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatior	n easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)	
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
D.	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			<u> </u>
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023

	dule D (Form 990) 2023 MONTGOM									52-17			age 2
Par	t III Organizations Maintaining C										s (conti	nued)	
3	Using the organization's acquisition, accessi	on, an	d other record	ds, checł	k any of the	following that	t make s	signif	icant ı	use of its			
	collection items (check all that apply).												
а	Public exhibition		c			change progr							
b	Scholarly research		e	e 🗌	Other								
С	Preservation for future generations												
4	Provide a description of the organization's co	ollectio	ons and explai	n how th	ney further t	he organizatio	on's exe	mpt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit of			,		,					_		_
_	to be sold to raise funds rather than to be ma										Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa			ete if the	organizatio	n answered "	'Yes" on	Forr	n 990,	Part IV, li	ine 9, or		
	Is the organization an agent, trustee, custodi			diary for	contributio	ns or other as	ssets not	t incl	uded				
	on Form 990, Part X?										Yes		No
b	If "Yes," explain the arrangement in Part XIII									····· ∟		L	
								[Amount		
с	Beginning balance								1c				
	Additions during the year								1d				
	Distributions during the year								1e				
f	Ending balance								1f				
2a	Did the organization include an amount on F										Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Chec	k here if the ex	xplanatio	on has been	provided in F	Part XIII	·					
	t V Endowment Funds Complete if							10.					
		(a)	Current year	(b) F	Prior year	(c) Two yea	ars back	(d)	Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance												
	Contributions												
	Net investment earnings, gains, and losses												
	Grants or scholarships												
	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the curr	rent ve	ear end balanc	e (line 1)	a. column (a)) held as:							
	Board designated or quasi-endowment			%	3, (-	,,,							
b	Permanent endowment		%										
	· · · · · · · · · · · · · · · · · · ·	%	-/ -										
-	The percentages on lines 2a, 2b, and 2c sho		ual 100%.										
3a	Are there endowment funds not in the posse			ation the	at are held a	nd administe	red for th	he					
00	organization by:		or the organiz									Yes	No
	(i) Unrelated organizations?										3a(i)		
	(ii) Related organizations?										3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations	listed as requi	red on S	chedule R?								
4	Describe in Part XIII the intended uses of the												
Par	t VI Land, Buildings, and Equipm												
	Complete if the organization answere	d "Yes	s" on Form 990	0, Part I\	/, line 11a. S	See Form 990), Part X	, line	10.				
	Description of property		(a) Cost or o basis (investr		• • •	t or other (other)	1	(c) Accumulated depreciation			(d) Boo	ok valu	е
1a	Land												
	Buildings												
	Leasehold improvements												
	Equipment									1			
	Other												
	. Add lines 1a through 1e. (Column (d) must e		orm 990. Part	X. line 1	0c. column	<i>(</i> B))							0.
				<u>,</u>									0000

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023		COUNTY	PARKS	FOUNDATION INC	52-1788782 Page 3
Part VII	Investments -	Other Securities				
	Complete if the org	anization answered "Yes"	on Form 990	, Part IV, line	11b. See Form 990, Part X, line	e 12.
(a) Descrip	tion of security or categ	JOTY (including name of security)	(b) Boo	ok value	(c) Method of valuation: (Cost or end-of-year market value
(1) Financia	al derivatives					
(2) Closely						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	h) must squal Form 000), Part X, line 12, col. (B))				
Part VIII	Investments -	Program Related.				
i art i m		•	on Form 990	Part IV line	11c. See Form 990, Part X, line	e 13
	(a) Description of			ok value		Cost or end-of-year market value
(4)	(u) Description of	investment	(6) 800			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (), Part X, line 13, col. (B))				
Part IX	Other Assets		F 000	D 1 1 / 1		45
	Complete if the org			, Part IV, line	11d. See Form 990, Part X, lin	
		(a)	Description			(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
			l. (В))			
Part X	Other Liabilitie		_			
			on Form 990	, Part IV, line	11e or 11f. See Form 990, Par	
<u>1.</u>	(a) De	escription of liability				(b) Book value
(1) Fed	eral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Fo	orm 990, Part X, line 25. cc	o <u>l. (B))</u>			
					the organization's financial sta	atements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Sche	edule D (Form 990) 2023 MONTGOMERY COUNTY PARKS F				1788782 Page 4		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,170,094.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	31,578.				
b	Donated services and use of facilities	2b	488,427.				
с	Recoveries of prior year grants	2c					
d							
е				2e	520,005.		
3	Subtract line 2e from line 1			3	650,089.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b			4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	650,089.		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ments With	Expenses per F		<u> </u>		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With	Expenses per F		1		
	rt XII Reconciliation of Expenses per Audited Financial State	ments With 2a.	Expenses per F		925,047.		
Pa	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With 2a.	Expenses per F	Return	1		
Pa	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ments With	Expenses per F	Return	1		
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a	Expenses per F	Return	1		
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a. 2a. 2a. 2a. 2a. 2b.	Expenses per F	Return	1		
Pa 1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a. 2a. 2b. 2b. 2c.	Expenses per F	Return	1		
Pa 1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a. 2b. 2c. 2c. 2d.	Expenses per F 488,427.	Return	925,047. 925,047. 488,427.		
Pa 1 2 b c d	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	Expenses per F 488,427.	Return	925,047.		
Pa 1 2 a b c d e	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	Expenses per F 488,427.	1 2e	925,047. 925,047. 488,427.		
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2b 2c 2d	Expenses per F 488,427.	1 2e	925,047. 925,047. 488,427.		
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 2d	Expenses per F 488,427.	1 2e	925,047. 925,047. 488,427.		
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2a 2b 2c 2d 2d	Expenses per F	1 2e	925,047. 925,047. 488,427. 436,620. 0.		
Pa 1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2b 2c 2d 2d 2d	Expenses per F	1 2e 3	925,047. 925,047. 488,427. 436,620.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

UNCERTAIN TAX POSITIONS - AS OF DECEMBER 31, 2023 THE FOUNDATION HAD NO

UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE

IN THE FINANCIAL STATEMENTS. THE TAX YEAR SUBJECT TO EXAMINATION BY THE

TAXING AUTHORITIES ARE THE YEARS ENDED DECEMBER 1, 2020 THROUGH 2023.

SCHEDULE O (Form 990) 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.



MONTGOMERY COUNTY PARKS FOUNDATION INC

Employer identification number 52 - 1788782

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF MONTGOMERY COUNTY, MARYLAND BY USING PRIVATE FUNDING SOURCES TO

PROMOTE AND ADVANCE THE ACQUISITION, PROTECTION, USE AND DEVELOPMENT OF

PARK LAND LOCATED IN MONTGOMERY COUNTY, MARYLAND AND OWNED/OR OPERAED

BY M-NCPPC (THE "MONTGOMERY PARK SYSTEM")

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNTY, MARYLAND AND OWNED/OR OPERAED BY M-NCPPC (THE "MONTGOMERY PARK

SYSTEM")

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD

OFFICERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

DISCLOSURE IS REQUIRED ANNUALLY AT A MEETING OF THE FULL BOARD

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE ONT HE

ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

9,196.

29,283.

8,496.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization MONTGOMERY COUNTY PARKS FOUNDATION INC	Employer identification number 52-1788782
TOTAL EXPENSES	46,975.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	46,975.
FORM 990, PART XII, LINE 2C	
THE PROCESS HASN'T BEEN CHANGED FROM PRIOR YEAR.	

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.						
Part I - Io	lentification								
Type or	Name of exempt organization, employer, or other filer	Taxpayer identification number (TIN)							
Print									
	MONTGOMERY COUNTY PARKS FOUNDATION INC 52-1788782								
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 2425 REEDIE DRIVE, 12TH FLOOR								
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WHEATON, MD 20902								
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01			
Applicati	on Is For	Return	Application Is For			Return			
••		Code				Code			
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09			
	0 (individual)	03	Form 5227						
Form 990		04	Form 6069			10			
	P-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12					
	P-T (trust other than above)	06	Form 5330 (individual)						
	P-T (corporation)	07	Form 5330 (other than individual)			13			
Form 104		08							
● If this a Pla	e Form 5330. pplication is for an extension of time to file Form 5330, y n Name n Number		-						
	n Year Ending (MM/DD/YYYY)	inationa (a	· · · · · · · · · · · · · · · · · · ·						
	utomatic Extension of Time To File for Exempt Organ boks are in the care of KATIE RICTOR	izations (s							
i ne bo		ד ז 1 ס ת	H FLOOR - WHEATON,	MD 2	0002				
Talaal	none No. 301-495-2490	з, тат							
•			Fax No.						
	organization does not have an office or place of business								
	is for a Group Return, enter the organization's four-digit (-				
box] . If it is for part of the group, check this box quest an automatic 6-month extension of time until								
				e the exem	ipt organization	return for			
	organization named above. The extension is for the orga	anization's	return for:						
	calendar year 20 23 or								
	tax year beginning	, 20	, and ending			, 20			
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	n				
	Change in accounting period								
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			•			
	nonrefundable credits. See instructions.			<u>3a</u>	\$	0.			
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	-				•			
	imated tax payments made. Include any prior year overp			3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa					-			
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.			