

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2021



Pinkney Innovation Complex for Science & Technology at Montgomery College Foundat 9221 Corporate Blvd Rockville, MD 20850

Pinkney Innovation Complex for Science &:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by May 16, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial
 accounts and foreign activity. Please make sure you have informed us of any foreign financial
 accounts or foreign activity so that we have the necessary information to complete any required
 disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

calendar year 2020, or fiscal year beginning	1	, 2020, and ending	JUN	30	, 20 <u>2</u>
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1

(EIN)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Name of exempt organization or person subject to tax PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT Taxpayer identification number

45-3787207

Name and title of officer or person subject to tax

MICHAEL SMITH

EXECUTIVE DIRECTOR

Part I	Type of Return and Return Information (Whole Dollars Only)
Chack the	how for the return for which you are using this Form 8870.FO and enter the applicable amount, if any, from the return, If you

check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here \blacktriangleright \blacktriangle b lotal revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>303,100.</u>
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of periury, I declare that X I am an officer of the above organization or I am a person subject t	to tax with respect to

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IAS (a) an acknowledgement of receipt or réason for rejection of the transmissión, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

ERO firm name

PIN: check one box only

(name of organization)

X | authorize CLIFTONLARSONALLEN LLP

to enter my PIN

and that I have examined a copy

Enter five numbers, but

SIG

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Michael Smith

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

60572855902

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► KRISTINA HIMROD, CPA

_ Date \triangleright _ 02/24/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

023051 11-03-20

Form **8868**

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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 u	se Form 7004 to request an extension of time to file incom	e tax retur	ns.							
Type or PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT Taxpayer identification of the filer, see instructions. Taxpayer identification of the filer, see instructions. Taxpayer identification of the filer, see instructions.										
File by th due date filing you return. Se	Number, street, and room or suite no. If a P.O. box, s									
City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCKVILLE, MD 20850										
Enter t	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			01				
Applic Is For	ation	Return Code	Application Is For			Return Code				
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 9	90-BL	02	Form 1041-A			08				
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form 9	90-PF	04	Form 5227			10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 9	90-T (trust other than above)	06	Form 8870			12				
If the lifth box	the organization named above. The extension is for the organization's return for: calendar year									
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less							
-	iny nonrefundable credits. See instructions.	\	. notice debte one different d	3a	\$	0.				
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year overp			3b	\$	0.				
	Balance due. Subtract line 3b from line 3a. Include your partising EFTPS (Electronic Federal Tax Payment System). See	-		3c	\$	0.				
	aution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment									

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.

Return of Organization Exempt From Income Tax

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

JUL 1, 2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

▶ 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.

and ending JUN 30,

В	Check if applicab	C Name of organization PINKNEY INNOVATION COMPLEX FOR SCIENCE 8	a.	D Employer identified	cation number
Г	Addre				
F	Name Chang		-	45-37872	07
Ē	Initial return	~	om/suite	E Telephone number	
	Final returr	9221 CORDORATE BLAT		240-912-	
	termi ated			G Gross receipts \$	363,160.
	Amer returr	ROCKVILLE, MD 20050		H(a) Is this a group re	turn
	Appli	F Name and address of principal officer: MICHAEL SMIII		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		sempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [527	•	list. See instructions
		tte: ► WWW.MONTGOMERYCOLLEGE.EDU/PICMC		H(c) Group exemption	
<u>K_</u>	Form o	f organization: X Corporation Trust Association Other	L Year o	of formation: 2011 $ m extsf{N}$	1 State of legal domicile: MD
Р	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO SUP			
Governance		MONTGOMERY COLLEGE AND TO PROMOTE THE ADVAN			
ern	2	Check this box if the organization discontinued its operations or disposed		1 . 1	ets. 16
Š	3	Number of voting members of the governing body (Part VI, line 1a)			13
~	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			15
⋛	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
A	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	 ~	The difficultied business taxable medific from 500 1,1 art 1, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		63,462.	63,462.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		70,057.	299,698.
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		133,519.	363,160.
	13	Grants and similar 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.
v.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
ш	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		33,678.	43,341.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,678.	43,341.
		Revenue less expenses. Subtract line 18 from line 12		99,841.	319,819.
Net Assets or	3		Beg	inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		6,120,479.	7,003,853.
at Age	21	Total liabilities (Part X, line 26)		5,751,791.	5,689,341.
_		Net assets or fund balances. Subtract line 21 from line 20		368,688.	1,314,512.
	art II		ad atatama	nto and to the best of mu	Innoulades and balisf it is
		alties of perjury, I declare that I have examined this return, including accompanying schedules an ct, and complete. Declaration of preparer (other than officer) is based on all information of which			knowledge and belief, it is
ut	, corre	Michael Smithext here	i preparer i	las any knowledge.	
Sig	ın	Signature of officer Type text here		Date	
Jiy He		MICHAEL SMITH, EXECUTIVE DIRECTOR		3/8/22	
II C	ıe	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	d	KRISTINA HIMROD, CPA KRISTINA HIMROD,	CPA 0	2/24/22 if	P01544190
	parer	Firm's name CLIFTONLARSONALLEN LLP			41-0746749
	only	Firm's address 2523 US HIGHWAY 27 S			
		SEBRING, FL 33870-4926		Phone no.86	3-385-1577
Ma	v the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

	PINKNEY INNOVATION COMPLEX FOR SCIENCE &	
	1 990 (2020) TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207	Page 2
Pa	rt 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:	
	SUPPORT THE MISSION OF THE COLLEGE AND PROMOTE THE ADVANCEMENT OF	
	STUDENT EDUCATION BY FOSTERING AND EXPANDING EDUCATIONAL AND RESEARC	<u>H</u>
	OPPORTUNITIES FOR FACULTY AND STUDENTS THROUGH ACADEMIC-INDUSTRY	
	PARTNERSHIPS. (CONTINUED ON SCHEDULE O)	
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?Yes	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, a	nd
	revenue, if any, for each program service reported.	
4a		462.)
	SUPPORT THE MISSION OF THE COLLEGE AND PROMOTE THE ADVANCEMENT OF	
	STUDENT EDUCATION BY FOSTERING AND EXPANDING EDUCATIONAL AND RESEARC	<u>H</u>
	OPPORTUNITIES FOR FACULTY AND STUDENTS THROUGH ACADEMIC-INDUSTRY	
	PARTNERSHIPS. ENHANCE AND ALIGN THE WORK OF THE COLLEGE WITH THOSE O	F
	TECHNOLOGY BUSINESSES BY CO-LOCATING BUSINESSES ON CAMPUS IN AN	
	INTEGRATED HUB THAT ACTIVELY PROMOTES INTERACTION BETWEEN FACULTY AN	D
	STUDENTS TO ACHIEVE THE COLLECTIVE GOAL OF EDUCATIONAL AND ECONOMIC	
	SUCCESS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$	
70	(Code:) (Expenses \$	
	Michael J.	
	IVIIONICO U.	

Total program service expenses

4d Other program services (Describe on Schedule O.)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) TECHNOLOGY AT MONT Part IV | Checklist of Required Schedules (continued)

1 3	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
22		22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
2 4 a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines 24b through 24d and complete			
		24a		Х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
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 lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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? <i>If</i> "Yes," <i>complete</i>			
	Coloradialo N. David II	32		Х
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		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	T V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in 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		
032004	4 12-23-20	Form	990	2020)

10500224 131839 026-612098

45-3787207 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 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 Х d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year?

Form 990 (2020)

X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

45-3787207 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT Form 990 (2020) 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 Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year 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. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section 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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			

List the states with which a copy of this Form 990 is required to be filed ▶MD

18	Section 6104 requires an organization to make its Forms 1	023 (1024 or 1024-A, if	applicable), 990, and 990-T (Section 501(c)(3)s only) availab
	for public inspection. Indicate how you made these availab	le. Check all that apply.	
	Own website Another's website X	Upon request	Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records MONICA WONG - 240-567-4337 9221 CORPORATE BLVD, ROCKVILLE MD 20850

<u> Page</u> **7**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not cl	Pos heck ss per	more rson i	than of structures	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DR. STEPHEN CAIN BOARD MEMBER	2.00	Х						0.	211,970.	42,589.
(2) DR. SANJAY RAI	2.00	Λ						0.	211,970.	42,309.
BOARD MEMBER	40.00	Х						0.	219,419.	18,320.
(3) MARGARET LATIMER	2.00	22						0.	210,410.	10,320.
SECRETARY	40.00	х		х				0.	208,984.	14,139.
(4) MARTHA A. SCHOONMAKER, CECD	2.00								200,301	
EXECUTIVE DIRECTOR	40.00			х				0.	143,433.	40,468.
(5) MELANIE KANDEL	2.00							-	,	,
BOARD RELATIONS & MARKETIN	40.00					X		0.	125,060.	24,457.
(6) JIM MUIR	5.00								•	•
IMMEDIATE PAST CHAIR UNTIL 2/2021	0.00	Х						0.	0.	0.
(7) WILLIAM KELLER, CFA	2.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(8) JOHN COMPTON, PH.D.	5.00									
INTERIM CHAIR	0.00	Х		Х				0.	0.	0.
(9) ALLEN DELEON	5.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(10) DOUG WRENN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) KELLI BROOKS	2.00								_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(12) YUM YU CHENG, ESQ.	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) ANGELA GRAHAM BOARD MEMBER Type te	2.00								•	
		Х						0.	0.	0.
(14) DEREK HARPS	2.00	,,							_	_
BOARD MEMBER	0.00	Х				-		0.	0.	0.
(15) STEPHEN KAUFMAN	2.00								^	^
BOARD MEMBER (16) DEPRY DAYLOR		Х				\vdash		0.	0.	0.
(16) PERRY PAYLOR	2.00	v						0.	0.	_
BOARD MEMBER (17) TOM ROGERS	2.00	Х	\vdash		\vdash	\vdash		"	0.	0.
BOARD MEMBER		Х						0.	0.	0.
032007 12-23-20	0.00	Λ	L	<u> </u>	<u> </u>	<u> </u>	l	1 0.	0.	Form 990 (2020)

BOARD MEMBER

BOARD MEMBER

1b Subtotal

(19) KRISTINE WARNER

(A)

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position Average Name and title Reportable Estimated Reportable (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the lighest compensated related (W-2/1099-MISC) nstitutional truste organization organizations ey employee and related below organizations line) (18) GAIL FOLENA WASSERMAN, PH.D. 2.00 X 0.00 0. 0. 2.00 X 0. 0.00 0 . 0. 908,866. 0. 0. O c Total from continuation sheets to Part VII, Section A 0. 908.866. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 Х line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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) Name and business address	NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but \$100,000 of compensation from the organization	not limited to those listed	d above) who received more than	

Part VIII Statement of Revenue

_		Check if Schedule O contains a response o	r note to anv lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
(O (O	4 .	Federated campaigns 1a					
ant	' '						
je g							
fts, Ar		9					
Contributions, Gifts, Grants and Other Similar Amounts	,	• • • • • • • • • • • • • • • • • • • •					
ns, Sim	•	Government grants (contributions)					
utio er (1	All other contributions, gifts, grants, and					
έŧ		similar amounts not included above 1f					
ont od (Noncash contributions included in lines 1a-1f					
<u>0</u> 8		1 Total. Add lines 1a-1f	>				
		DDOGDAM DENEAT INCOME	Business Code	62.462	62.462		
ce	2 8	PROGRAM RENTAL INCOME	531120	63,462.	63,462.		
e vi	-	·					
Sc	•						
ran ?ev	•	i					
Program Service Revenue	•	e					
ď	1	All other program service revenue					
		Total. Add lines 2a-2f		63,462.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)	>	299,698.			299,698.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	-	Less: cost or other basis					
<u>e</u>		and sales expenses 7b					
her Revenue		Gain or (loss) 7c					
3ev		d Net gain or (loss)	•				
er		a Gross income from fundraising events (not	,				
즁		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
	10 6	and allowances 10a					
		I .					
		· · · · · · · · · · · · · · · · · · ·					
	,	Net income or (loss) from sales of inventory	Business Code				
Sn	44	<u> </u>	Dualifeas Code				
ieo ne	11 6	a					
Miscellaneous Revenue							
sce Be	(All others recognize					
Ξ̈́		d All other revenue					
		Total Add lines 11a-11d		363 160	62 462	^	200 600
	12	Total revenue. See instructions		363,160.	63,462.	0.	299,698.

Form Pa i	1990 (2020) TECHNOLOGY A' It IX Statement of Functional Expenses		COLLEGE FOU	INDAT' 45-3	/87207 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comple		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•	<u> </u>	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying Professional fundacing convices See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees	13,521.		13,521.	
f g	Other. (If line 11g amount exceeds 10% of line 25,	13,321.		13,321.	
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	13,126.	13,126.		
13	Office expenses	6,197.		6,197.	
14	Information technology	,		, -	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,705.		4,705.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIPS	5,792.		5,792.	
b					
С					
d					
е	All other expenses	40.044	40.405	22 24 5	
25	Total functional expenses. Add lines 1 through 24e	43,341.	13,126.	30,215.	0.
26	Joint costs. Complete this line only if the organization				

 $education al\ campaign\ and\ fundraising\ solicitation.$ Check here if following SOP 98-2 (ASC 958-720)

1 2 3 4 5	Check if Schedule O contains a response or not	te to any	line in this Part X	(A)		(B)
2 3 4						(B)
2 3 4				Beginning of year		End of year
3 4				66,848.	1	35,743.
4	Savings and temporary cash investments	5,671,742.	2	6,583,924		
	Pledges and grants receivable, net				3	
	Accounts receivable, net				4	
•	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
	controlled entity or family member of any of the	se perso	ns		5	
6	Loans and other receivables from other disquali	ified per	ons (as defined			
	under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a						
	basis. Complete Part VI of Schedule D	10a	384,186.			
b				381,889.	10c	384,186
11					11	
12					12	
13	Investments - program-related. See Part IV, line	11			13	
14					14	
15	Other assets. See Part IV, line 11			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	15	
16	Total assets. Add lines 1 through 15 (must equ	ıal line 3	3)			7,003,853
17			3,213.		4,224	
18				F F40 FF0		E COE 11E
19				5,/48,5/8.		5,685,117
20	Tax-exempt bond liabilities					
21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
22						
			· · · · · · · · · · · · · · · · · · ·			
					24	
25						
	•	S 17-24).	Complete Part X		25	
26				5 751 791.		5,689,341.
20		ock bore	X	3,731,731.	20	3,003,341
		CK HEIG				
27				368.688.	27	1,314,512
				200,0001		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
29					29	
31						
32				368.688.		1,314,512.
33						7,003,853.
	8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 13 Investments - program-related. See Part IV, line 14 Intangible assets 15 Other assets. See Part IV, line 11 Intangible assets. Add lines 1 through 15 (must equal 17 Accounts payable and accrued expenses Grants payable Intansible account liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or form trustee, key employee, creator or founder, subs controlled entity or family member of any of the Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate Unsecured notes and loans payable to unrelate Other liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33. 10 Net assets without donor restrictions 10 Net assets without donor restrictions 11 Net assets with donor restrictions 12 Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33. 12 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or expected to the assets or fund balances	9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial controlled entity or family member of any of these persors Secured mortgages and notes payable to unrelated third publication of Schedule D 26 Total liabilities. (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. 28 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipmental Retained earnings, endowment, accumulated income, or Total net assets or fund balances	8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 384,186. b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 28 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 384,186. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 10 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Unsecured notes and loans payable to unrelated third parties 27 Unsecured notes and loans payable to unrelated third parties 28 Unsecured notes and loans payable to unrelated third parties 29 Unsecured notes and loans payable to unrelated third parties 20 Other liabilities (including federal income tax, payables to related third parties 28 Organizations that follow FASB ASC 958, check here 29 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 20 Total sests with donor restrictions 21 Organizations that do not follow FASB ASC 958, check here 22 Apriled stock or trust principal, or current funds 23 Paid-in or capital surplus, or land, building, or equipment fund 24 Retained earnings, endowment, accumulated income, or other funds 25 Total net assets or fund balances	8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 384,186 381,889 10c 10b 381,889 10c 11t 12t 11vestments - program-related securities 11t 12t 11vestments - other securities 12t 1nvestments - program-related. See Part IV, line 11 12t 11vestments - program-related. See Part IV, line 11 15t 15t

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	3	53,1	L60.
2	Total expenses (must equal Part IX, column (A), line 25)	2		13,3	341.
3	Revenue less expenses. Subtract line 2 from line 1	3	3:	L9,8	319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	58,6	88.
5	Net unrealized gains (losses) on investments	5	6:	26,0	05.
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	1,3	L4,5	512.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
PINKNEY INNOVATION COMPLEX FOR SCIENCE &

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

45-3787207

Name of the organization PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) MONTGOMERY COLLEGE 52-0891845 2 X 0

10500224 131839 026-612098

Total

0.

0

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 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.)

ction A. Public Support						
	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
·						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
Net income from unrelated business						
activities, 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.)						
•	· ·		•			
						P
			1 (6)		144	0.4
	, ,,,	•	.,,			<u>%</u>
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	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public support percentage from 2019 as 3 1/3% support test - 2020. If the organization, check this box and stop ction C. Computation of Public and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, etc. (see instructives, the form some part and stop here. The organization qualifies as a publicly support percentage from 2019 Schedule A, Part 133 1/3% support test - 2020. If the organization did not stop here. The organization qualifies as a publicly support facts-and-circumstances test - 2020. If the organization did not and stop here. The organization meets the facts-and-circumstances test. The organization meets the facts-and-circumstances tes	dar year (or fiscal year beginning in)	dairts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit to the organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Described by a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Described by the support of fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax organization, check this box and stop here Etion C. Computation of Public Support Percentage Public support percentage from 2019 Schedule A, Part II, line 14 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line stop here. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2020. If the organization did not check a box on lin and if the organization meets the facts-and-circumstances test, check this box and stop here the facts-and-circumstances test 2020. If the organization qualifies as a publicly supported organization more, and if the organization meets the facts-and-circumstances te	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization of the organization is benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtraction is from line 4. Strion B. Total Support ndar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here. Public support percentage from 2019 Schedule A, Part II, line 14. 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. The organization meets the facts-and-circumstances test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. Explain in Part willow-facts-and-circumstances test - 2020. If the organization qualifies as a publicly supported organization in 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the facts-and-circumstances test - 2020. If the organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 202	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levide for the organization without charge paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge provention 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) Public support. Subheat line 5 from line 4. **Eton B. Total Support** Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, 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). Gross necepits from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2020. If the organization idi not check the box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2020. If the organization idi not check the box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2020. If the organization idi not check a box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization and if the organization meets the facts and circumstances test, check this

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 3

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified 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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	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 in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	•		•			
Se	check this box and stop here ction C. Computation of Publi	c Support Per	centage				P
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18				10, 00141111 (1))		18	
	a 33 1/3% support tests - 2020. If the						
.00	more than 33 1/3%, check this box ar						▶ □
ŀ	33 1/3% support tests - 2019. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

	V	
	Yes	NO
1	х	
•		
2		Х
3a		<u>X</u>
3b		
3c		
4a		Х
44		
4b		
4c		
		37
5a		X
FI.		
5b 5c		
30		
6		X
7		X
		77
8		X
0-		X
9a		
9b		Х
90		
9с		Х
5.0		
10a		Х
10b		L
990 or 99	90-EZ)	2020

Pai	rt IV	Supporting Organizations (continued)			
		· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		elow, the governing body of a supported organization?	11a		Х
b		illy member of a person described in line 11a above?	11b		Х
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•		in Part VI.	11c		Х
Sec	tion E	3. Type I Supporting Organizations			
		71 0 0		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1	х	
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. The organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		• •			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		Х
Sec	<u>supen</u> tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations			21
		or type in cupper unity or guinimations		Yes	No
4	Moro	a majority of the arganization's directors or trustees during the tax year also a majority of the directors		163	NO
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the su	upported organization(s). D. All Type III Supporting Organizations			
				Yes	No
4	D:4 +b	as a reprinction provide to each of its supported arganizations, but he lost day of the fifth month of the		res	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
•		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
Sec	suppo tion F	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance Test. Annual lines 20 and 26 halour	truction	l ' I	Na
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	٥.		
_		activities but for the organization's involvement.	2b		
3		tt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	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	tion 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):			
a	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	tion 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-functionall	y integrated	d Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 7

(i) (ii) (iii)	Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ued)	
2 Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity and the provided properties of supported organizations. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. 4 Amounts paid to acquire exempt use assets. 5 Cualified set-aside amounts (prior IRS approval required - provide details in Part VI). 5 Control distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Total annual distributions. Add lines 1 through 6. 8 Distributable amount for 2020 from Section C, line 6. 9 Distributable amount for 2020 from Section C, line 6. 9 Line 8 amount divided by line 9 amount (i) (ii) (iii) (iii) (iiii) (iiiii) (iiii) (iiiii) (iiii) (iiii) (iiii) (iiii)	Sect	ion D - Distributions				Current Year
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt use assets 4 Amounts paid to acquire exempt use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Other distributions contained distributions. Add lines I through 6. 7 Total amount distributions. Add lines I through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) (iii) Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017 d From 2017 d From 2019 f Total of lines 3a through 3e 9 Applied to underdistributions of prior years A Applied to 2020 distributions of prior years A Applied to underdistributions of prior years A Applied to underdistributions of prior years A Applied to 2020 distributions of prior years A Applied to 2020 distributions of prior years A Applied to underdistributions of years prior to 2020, if any. Subtract lines 4a and 4b from line 4. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 4. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Cother distributions (glescribe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organization to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organization to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount 11 Cignor E- Distribution Allocations (see instructions) 12 Underdistributions (pre-2020 from Section C, line 6 12 Underdistributions (if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions 13 Excess distributions carryover, if any, to 2020 1 Distributable amount for 2020 from Section C, line 6 2 From 2015 1 From 2016 2 From 2016 3 Excess distributions carryover, if any, to 2020 1 Provide details in Part VI). See instructions 1 Carryover from 2019 1 Fotal of lines 3a through 3e 1 From 2019 1 Fotal of lines 3a through 3e 1 From 2019 1 Fotal of lines 3a sthrough 3e 2 Applied to underdistributions of prior years 1 Applied to 2020 distributable amount 2 Carryover from 2015 not applied (see instructions) 3 Femaining underdistributions of prior years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 3 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
4 Amounts paid to acquire exempt-use assets 5 Qualified set aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Pre-2020 1 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount 1 Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3l from line 3f. 9 Distributions for 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 9 Remainder. Subtract lines 4a and 4b from line 4. 9 Remainder. Subtract lines 4a and 4b from line 4. 9 Remainder. Subtract lines 4a and 4b from line 4. 9 Remainder. Subtract lines 4a and 4b from line 4. 9 Remainder in Part VI. See instructions. 9 Remainder junderdistributions for 2020 subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		organizations, in excess of income from activity	2			
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 6 6 7 Total amount distributions. Add lines through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 8 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (ii) Underdistributions Pre-2020 Distributable amount for 2020 from Section C, line 6 1 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 from 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount c Ramyover from 2015 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 distributable amount c Remainder, Subtract lines 3g and 4a from line 4. 5 Remaining underdistributions for years prior to 2020 (if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI). See instructions 3h and 4b from line 1. For result greater than zero, explain in	_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 9 Distributable amount divided by line 9 amount 10 Underdistributions (see instructions) Excess Distribution (i) (ii) Underdistributions Pre-2020 1 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Possible to underdistributions of prior years b Applied to 2020 distributable amount c Remaining underdistributions for years prior to 2020, if any, Subtract lines 3g and 4a from line 4. 5 Remaining underdistributions for years prior to 2020, subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 3h and 4b from line 1. For result greater than zero, explain in part VI. See instructions 3h and 4b from line 1. For result greater than zero, explain in part VII. See instructions 3h and 4b from line 1. For result greater than zero, explain in part VII. See instructions 3	4	Amounts paid to acquire exempt-use assets			4	
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Section E - Distributable amount for 2020 from Section C, line 6	_7_	Total annual distributions. Add lines 1 through 6.			7	
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line 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in	<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in	4	Distributions for 2020 from Section D,				
b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in		line 7: \$				
c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in	a	Applied to underdistributions of prior years				
 5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in 	b	Applied to 2020 distributable amount				
any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in	c	Remainder. Subtract lines 4a and 4b from line 4.				
than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in	5	Remaining underdistributions for years prior to 2020, if				
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in		any. Subtract lines 3g and 4a from line 2. For result greater				
and 4b from line 1. For result greater than zero, explain in		than zero, explain in Part VI. See instructions.				
	6	Remaining underdistributions for 2020. Subtract lines 3h				
Part VI. See instructions.		and 4b from line 1. For result greater than zero, explain in				
		Part VI. See instructions.				

Schedule A (Form 990 or 990-EZ) 2020

and 4c.
 B Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2020	TECHNOLOGY	AT MONTGOMERY	COLLEGE FOUNDAT 4	5-3787207 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1,	mation. Provide the 6	explanations required by Pa 5, 9a, 9b, 9c, 11a, 11b, and	rt II, line 10; Part II, line 17a or 17b 11c; Part IV, Section B, lines 1 and a, and 3b; Part V, line 1; Part V, Sec	; Part III, line 12; 2; Part IV, Section C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E	E, lines 2, 5, and 6. Also com	nplete this part for any additional in	formation.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Employer identification number 45-3787207

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or		
Par	impermissible private benefit?		Yes No
	50p.iste ii alie eig		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	·	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
•	Preservation of open space	ind concernation contribution in the form	of a concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	Held at the End of the Tax Year
•	day of the tax year. Total number of conservation easements		_
a b			
	Number of conservation easements on a certified historic stru	ucture included in (a)	
	Number of conservation easements included in (c) acquired a		
u	listed in the National Register	•	I
3	Number of conservation easements modified, transferred, rele		
_	year ▶		o organization doming the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	•
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footn	•	nents that describes the
Dan	organization's accounting for conservation easements.	Ant Historical Transcript	the are Olive Heart Accepted
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of public service,
	provide the following amounts relating to these items:		▶ •
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	acurae or other cimilar accets for financi	
~	the following amounts required to be reported under FASB A		ai gairi, provide
9		_	> \$
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		A
	ANDOCED INDICACO III I OTITI OOO. I CILA		- v

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

Schedule D (Form 990) 2020

	t III Organizations Maintaining C	Collections of Ar						Assets			age Z
3	Using the organization's acquisition, access		-						(COITUITI	<u>ueu)</u>	
Ū	collection items (check all that apply):	ion, and other record	o, orroon arry	01 1110 1	onowing that make	o oigi iii	iouric c	.00 01 110			
а	Public exhibition	d	I I l nar	or exc	hange program						
b	Scholarly research	e			nango program						
c	Preservation for future generations	· ·		" ——							
4	Provide a description of the organization's c	ollections and explain	how they fi	ırther th	ne organization's e	vemnt	nurno	e in Part	XIII		
5	During the year, did the organization solicit of							oc iiii ait.	AIII.		
J	to be sold to raise funds rather than to be m								Yes		No
Par											<u>, 110</u>
	reported an amount on Form 990, Pa		oto ii tiio orgi	arnzacio	Transwered res	0111 01	000	, , aitiv, i	1110 0, 01		
1a	Is the organization an agent, trustee, custod		iary for contr	ibutions	s or other assets n	ot incli	ıded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								,	L	,
	Troo, explain the arrangement in rate xiii	and complete the for	lowing table.						Amount		
c	Beginning balance						1c		7 (11100111)		
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F								Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII					-] 100]
Par											
		(a) Current year	(b) Prior		(c) Two years bac		Three v	ears back	(e) Four	vears	hack
1a	Beginning of year balance	(a) cancer year	(2)	,	(5) + 110 your o buo	(4,		ouro puon	(0)	<i>j</i> 0 a. 0	Duon
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g						+					
2	Provide the estimated percentage of the cur	•	a (line 1a, co	lumn (a)) held as:						
	Board designated or quasi-endowment	Terit year end balance	% (iiiie 1g, co	iuiiiii (a)	ij ficiu as.						
b	Permanent endowment	%									
	Term endowment										
C	The percentages on lines 2a, 2b, and 2c sho	="									
32	Are there endowment funds not in the posse		ition that are	hold ar	nd administered fo	r the o	raaniza	tion			
Oa	by:	331011 01 the organize	ition that are	ricia ai	ia administerea io	i tile o	garnze	ition	Г	Yes	No
	(i) Unrelated organizations								3a(i)	100	
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sched	ule R?					3b	\neg	
4	Describe in Part XIII the intended uses of the								<u> </u>		
Par			William Tariac	<u>'-</u>							
	Complete if the organization answere). Part IV. line	11a. S	ee Form 990. Part	X. line	10.				
	Description of property	(a) Cost or o) Accu		ed	(d) Book	value	е
	Becomplien or property	basis (investr		•		depre		~	(u) 2001.	vaia	•
12	Land		•		. ,				384	. 18	86.
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X column (B) line 1	0c)			•	384	. 18	86.

Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

		EX FOR SCIENCE &	45 2707207 - <i>(</i>
Schedule D (Form 990) 2020 TECHNOLOGY Part VII Investments - Other Securities.	AT MONTGOMERY	COLLEGE FOUNDAT 4	15-3787207 Page
	on Form 000 Port IV line	11h Soo Form 000 Dort V line 12	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	 end-of-vear market value
	(b) Book value	(c) morned of valuation, coor of	ond or your market value
(0) 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1 (1) 5
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
	- 15\		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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

Schedule D (Form 990) 2020

(7) (8) (9)

	PINKNEY I	NNOVATION COMPL	EX FOR SCIENC	E &		
Sche	edule D (Form 990) 2020 TECHNOLOG	Y AT MONTGOMERY	COLLEGE FOUN	DAT 45-	3787207	Page 4
Par	rt XI Reconciliation of Revenue per	Audited Financial State	ements With Revenu	e per Return.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per aud	ited financial statements		1		
2	Amounts included on line 1 but not on Form 990	0, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		2a			
b	Donated services and use of facilities		2b			
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12	2, 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		

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
a Donated services and use of facilities 2a
b Prior year adjustments 2b
c Other losses 2c
d Other (Describe in Part XIII.) 2d
e Add lines 2a through 2d 2e
3 Subtract line 2e from line 1 3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.) 4b
c Add lines 4a and 4b 4c (This must equal Form 990, Part I, line 18.) 5

Part XIII Supplemental Information.

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:

THE ORGANIZATION FOLLOWS ACCOUNTING GUIDANCE RELATED TO ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, WHICH PROVIDES GUIDANCE ON RECOGNITION,

CLASSIFICATION, AND DISCLOSURE CONCERNING UNCERTAIN TAX LIABILITIES. THE

EVALUATION OF A TAX POSITION REQUIRES DISCLOSURE OF A TAX LIABILITY IF IT

IS MORE LIKELY THAN NOT THAT IT WILL NOT BE SUSTAINED UPON EXAMINATION BY

THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE ORGANIZATION'S

TAX POSITIONS, AND HAS CONCLUDED THAT AS OF JUNE 30, 2021, THERE ARE NO

UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE

DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 5 Schedule D (Form 990) 2020 Part XIII Supplemental Information (continued)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Employer identification number 45-3787207

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			- V
a	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			У
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	ı

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990	
(1) DR. STEPHEN CAIN	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD MEMBER	(ii)	211,642.	0.	328.	15,993.	26,596.	254,559.	0.	
(2) DR. SANJAY RAI	(i)	0.	0.	0.	0.	0.	0.	0.	
BOARD MEMBER	(ii)	217,826.	0.	1,593.	15,993.	2,327.	237,739.	0.	
(3) MARGARET LATIMER	(i)	0.	0.	0.	0.	0.	0.	0.	
SECRETARY	(ii)	208,984.	0.	0.	13,846.	293.	223,123.	0.	
(4) MARTHA A. SCHOONMAKER, CECD	(i)	0.	0.	0.	0.	0.	0.	0.	
EXECUTIVE DIRECTOR	(ii)	143,094.	0.	339.	11,172.	29,296.	183,901.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)						<u> </u>	1 1/5 200) 2000	

Schedule J (Form 990) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT	45-3787207	Page 3
Part III Supplemental Information		-
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also compl	ete this part for any additional information	n
Trovide the information, explanation, or descriptions required for raft i, lines ra, rb, 5, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 6, and for raft ii. Also completely	ete triis part for arry additional informatio	11.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

QUZU
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Employer identification number 45-3787207

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

ENHANCE AND ALIGN THE WORK OF THE COLLEGE WITH THOSE OF TECHNOLOGY

BUSINESSES BY CO-LOCATING BUSINESSES ON CAMPUS IN AN INTEGRATED HUB

THAT ACTIVELY PROMOTES INTERACTION BETWEEN FACULTY AND STUDENTS TO

ACHIEVE THE COLLECTIVE GOAL OF EDUCATIONAL AND ECONOMIC SUCCESS.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR, THE IMMEDIATE PAST

CHAIR, THE VICE CHAIR, THE SECRETARY, THE TREASURER, TREASURER COMMITTEE

CHAIR, AUDIT AND GOVERNANCE COMMITTEE CHAIR, ACADEMIC PARTNERSHIPS

COMMITTEE CHAIR, AND REAL ESTATE COMMITTEE CHAIR. THE EXECUTIVE COMMITTEE

IS DELEGATED THE AUTHORITY AND POWERS OF THE BOARD. ACTIVITIES AND

DECISIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AT THE

NEXT SCHEDULED REGULAR MEETING.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BYLAWS GIVE MONTGOMERY COLLEGE THE AUTHORITY TO APPOINT THE MAJORITY OF THE VOTING BOARD MEMBERS OF THIS ORGANIZATION.

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

THE FORM 990 IS REVIEWED BY ALL BOARD MEMBERS OF THE ORGANIZATION BEFORE FILING.

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

THE CONFLICT OF INTEREST POLICY APPLIES TO EACH FOUNDATION BOARD MEMBER,

OFFICER, AND VOLUNTEER SERVING IN AN EQUIVALENT CAPACITY. AT THE TIME OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

Employer identification number

45-3787207

TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT APPOINTMENT OR HIRING AND ANNUALLY THEREAFTER, EACH FOUNDATION BOARD MEMBER, OFFICER, OR VOLUNTEER ACTING IN AN EQUIVALENT CAPACITY MUST DISCLOSE HIS OR HER FINANCIAL INTEREST(S) AS WELL AS ANY OTHER ACTUAL OR POTENTIAL INTEREST(S) OR RELATIONSHIP(S) THAT MIGHT BE CONSTRUED AS AFFECTING HIS OR HER INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF HIS OR HER DECISION-MAKING AUTHORITY OR FIDUCIARY RESPONSIBILITY. A COVERED PERSON SHALL MAKE SUCH DISCLOSURES ON THE FOUNDATION'S DISCLOSURE FORM AND SUBMIT IT TO THE CHAIR OF THE FOUNDATION BOARD OR HIS/HER DESIGNEE AT THE TIME OF APPOINTMENT OR HIRE AND THEREAFTER ANNUALLY BY JULY 1, THE BEGINNING OF THE FOUNDATION'S FISCAL YEAR. A COVERED PERSON WITH NO REPORTABLE INTEREST SHALL SO INDICATE ON THE DISCLOSURE FORM AND SUBMIT IT TO THE FOUNDATION BOARD CHAIR OR HIS/HER DESIGNEE. IF THERE IS ANY CHANGE TO A COVERED PERSON'S FINANCIAL INTERESTS OR OTHER REPORTABLE INTERESTS OR RELATIONSHIPS DURING THE FISCAL YEAR, THE COVERED PERSON SHALL PROMPTLY AMEND HIS OR HER DISCLOSURE FORM. THE BOARD CHAIR, IN CONSULTATION WITH THE FOUNDATION'S LEGAL COUNSEL AND EXECUTIVE COMMITTEE, WILL REVIEW THE DISCLOSURE FORMS AND DETERMINE WHETHER A COVERED PERSON HAS AN ACTUAL, POTENTIAL, OR APPARENT CONFLICT OF INTEREST. A COVERED PERSON WITH AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST MAY MAKE A PRESENTATION AT A MEETING OF THE FOUNDATION BOARD OR ONE OF ITS COMMITTEES. A COVERED PERSON MUST DISCLOSE HIS OR HER INTEREST PRIOR TO THE FOUNDATION BOARD'S OR COMMITTEE'S DISCUSSION OF AND VOTE ON THE PROPOSED TRANSACTION OR ARRANGEMENT INVOLVING THE COVERED PERSON'S ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST. HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, SUCH PROPOSED TRANSACTION OR ARRANGEMENT. THE FOUNDATION BOARD OR COMMITTEE MAY APPROVE THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS PRESENT AND VOTING IF THE TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO THE FOUNDATION. TO THE EXTENT NOT Schedule O (Form 990 or 990-EZ) 2020

PINKNEY INNOVATION COMPLEX FOR SCIENCE &

Name of the organization PIN TEC	KNEY INNOVATIO CHNOLOGY AT MON				Employer identification number $45-3787207$
COVERED BY THE PR	OCEDURES DESCR	IBED ABOVE,	THE BOARD	CHAIR	IN CONSULTATION
WITH LEGAL COUNSE	L, THE EXECUTI	VE COMMITTE	E, AND THE	COVERI	ED PERSON, SHALL
DETERMINE APPROPR	IATE MEASURES	TO BE TAKEN	TO MANAGE	AN ACT	TUAL, APPARENT,
OR POTENTIAL CONF	LICT OF INTERE	ST OF AN OF	FICER OR VO	LUNTE	ER ACTING IN AN
EQUIVALENT CAPACI	TY.				
FORM 990, PART VI	, SECTION C, L	INE 19:			
THE ORGANIZATION'	S GOVERNING DO	CUMENTS, CO	NFLICT OF I	NTERES	ST POLICY, AND
FINANCIAL STATEME	NTS ARE MADE A	VAILABLE TO	THE PUBLIC	UPON	REQUEST.
	_				

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

032161 10-28-20 LHA

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

(b)

Primary activity

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public Inspection

Employer identification number 45-3787207

(f)

Direct controlling

OMB No. 1545-0047

of disregarded entity			foreign country)			e	entity	
		_						
Part II Identification of Re organizations during	elated Tax-Exempt Organiza g the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more related tax-exe	∍mpt	
(a Name, addre of related or	ss, and EIN	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	ent	rolled tity?
MONTGOMERY COLLEGE - 52-	-0891845				001(0)(0))		Yes	No
9221 CORPORATE BOULEVARI)							
ROCKVILLE, MD 20850		COLLEGE	MARYLAND	N/A	N/A	N/A		Х
For Paperwork Reduction Act	t Notice, see the Instructior	ns for Form 990.				Schedule R	Form 99) ،	<i>J</i> 0) 2020

33

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling		Predominant income Share of total (related, unrelated, income excluded from tax under	e Share of total	ant income Share of total Share of Disproportionate amount ax under appropriate of Share of October 20 of Share of		Disproportionate allocations?		Code V-UBI amount in box	General of managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No			
-													
											<u> </u>		
-													
-													
							<u> </u>	ļ					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

Schedule R (Form 990) 2020

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organ				11		X
	Performance of services or membership or fundraising solicitations by related organ				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
					10	Х	
_	Change of paid on project man related organization (c)	•••••					
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х
·							
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	/olved		
(1)							
(2)							
(3)							
(4)							
(4)							
(5)							
<u>,,,</u>							
(6)							
32163	10-28-20	2.5		Schedule	R (For	n 990)	2020

Schedule R (Form 990) 2020

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Al or Percentage ging ownership
									000) 0000

032165 10-28-20 Schedule R (Form 990) 2020

TAX RETURN FILING INSTRUCTIONS

Maryland Annual Update of Registration

FOR THE YEAR ENDING

JUNE 30, 2021

Prepared for	Pinkney Innovation Complex for Science & Technology at Montgomery College Foundation, Inc. 9221 Corporate Blvd Rockville, MD 20850
Prepared by	CliftonLarsonAllen LLP 1966 Greenspring Drive, Suite 300 Timonium, MD 21093-4161 410-453-0900
Amount due or refund	\$0.00
Make check payable to	Maryland Secretary of State
Mail tax return and check (if applicable) to	Charitable Organizations Division Office Of The Secretary Of State State House Annapolis, MD 21401
Return must be mailed on or before	May 16, 2022
Special Instructions	The registration and return should be signed and dated where indicated.



Annual Update of Registration Form

ALL ITEMS ON THIS FORM MUST BE COMPLETED

Office of the Secretary of State, State House, Annapolis MI	21401 Telephone: 410-974-5534
1. Fee submitted: \$\frac{0.00}{}\$	
2. Fiscal year end being reported: June Month 202	1Year
3. Name of Charitable Organization:	NCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDATION, INC
4. Mailing address of charity: 9221 CORPORATE BL	VD, ROCKVILLE, MD 20850
5. Physical address of charity: 20200 OBSERVATION D	R, GERMANTOWN, MD 20876
6. Telephone Number: 240-567-2007	
7. E-mail address: MICHAEL.SMITH1@MONTGOMERYCOLLEGE.EDU	
8. Does your organization engage or have a contract wire raising counsel? If yes, please attach a copy of the contract organization's application, you must respond to this que Professional Solicitor: Yes No	ract(s). In order to process your
Fund-raising Counsel: Yes No	
9. Is your organization affiliated with any Maryland States 01.02.04.01L)? Yes No (If yes, and raised more than \$75 and Agreed upon Procedures Report with application)	
If yes, list the name(s) of the Maryland State agencies of	of which you are affiliated (use a
separate sheet of paper, if needed):	
10. I have attached all forms required in the instruction	S.
I hereby certify that this registration statement and all suppormy knowledge, and the IRS Form 990 or IRS Form 990-EZ for to the Office of the Secretary of State under section 6-408 of Annotated Code of Maryland is a copy of the form submitted to	the above noted fiscal year submitted the Business Regulation Article of the
Michael Smith	3/8/22 SIGN HEF
Signature of the President, Chairman or other Principal Officer	Date
Michael Smith	Executive Director SIGN HERE
Print or Type Name of President, Chairman, or Principal Officer	Title

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ax year beginning JUL 1 . 2020 and ending JUN 30 .

<u> </u>	OI LIII	and	enumy U	<u> </u>	
B c	heck if pplicabl	C Name of organization PINKNEY INNOVATION COMPLEX FOR SCIENCE	٠,	D Employer identifi	cation number
	Addre	S DECLINOLOGY AN MONHOOMERY COLLEGE HOUND			
H	Name chang			45-37872	07
	Initial return		Room/suite		
	Final return	9221 CORPORATE BLVD	240-912-		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	363,160.
	Amen return	ROCKVILLE, MD 20050		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: MICHAEL SMITH		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) €	or 527	If "No," attach a	list. See instructions
		te: > WWW.MONTGOMERYCOLLEGE.EDU/PICMC		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2011	M State of legal domicile; MD
Pa	rt I	Summary	TDDODE	MILE MICCIO	N. O.T.
æ		Briefly describe the organization's mission or most significant activities: TO SI			
Activities & Governance		MONTGOMERY COLLEGE AND TO PROMOTE THE ADV			
ern		Check this box if the organization discontinued its operations or dispos		1 _	sets.
9				<u>3</u>	13
ø		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
ties		Total number of volunteers (estimate if necessary)			15
ξį				I_	0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		Not difficulted business taxable moonle from 550 1,1 arti, file 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	0.
υe		Program service revenue (Part VIII, line 2g)		63,462.	63,462.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		70,057.	299,698.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		133,519.	363,160.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ф	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		33,678.	43,341.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,678.	43,341.
		Revenue less expenses. Subtract line 18 from line 12		99,841.	319,819.
s or			Be	eginning of Current Year	End of Year
Net Assets or und Balances	20	Total assets (Part X, line 16)		6,120,479.	7,003,853.
ot Age	21	Total liabilities (Part X, line 26)		5,751,791.	5,689,341.
_	rt II	Net assets or fund balances. Subtract line 21 from line 20		368,688.	1,314,512.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			. I.massaladas and haliaf ikia
		ines of perjury, I declare that I have examined this return, including accompanying scriedules at, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and beller, it is
ue,	COLLEC	Michael J. Smith	iicii preparei	nas any knowieuge.	
Siar		Signature of officer		Date	
Sign Here		MICHAEL SMITH, EXECUTIVE DIRECTOR		3/8/2	.2
···		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		KRISTINA HIMROD, CPA KRISTINA HIMROD,	, CPA)2/24/22 if L	P01544190
	arer	Firm's name CLIFTONLARSONALLEN LLP			41-0746749
-	Only	Firm's address 2523 US HIGHWAY 27 S			
		SEBRING, FL 33870-4926		Phone no. 8 6	3-385-1577
Mav	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SUPPORT THE MISSION OF THE COLLEGE AND PROMOTE THE ADVANCEMENT OF
	STUDENT EDUCATION BY FOSTERING AND EXPANDING EDUCATIONAL AND RESEARCH
	OPPORTUNITIES FOR FACULTY AND STUDENTS THROUGH ACADEMIC-INDUSTRY
	PARTNERSHIPS. (CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$13,126. including grants of \$) (Revenue \$63,462.)
	SUPPORT THE MISSION OF THE COLLEGE AND PROMOTE THE ADVANCEMENT OF
	STUDENT EDUCATION BY FOSTERING AND EXPANDING EDUCATIONAL AND RESEARCH
	OPPORTUNITIES FOR FACULTY AND STUDENTS THROUGH ACADEMIC-INDUSTRY
	PARTNERSHIPS. ENHANCE AND ALIGN THE WORK OF THE COLLEGE WITH THOSE OF
	TECHNOLOGY BUSINESSES BY CO-LOCATING BUSINESSES ON CAMPUS IN AN
	INTEGRATED HUB THAT ACTIVELY PROMOTES INTERACTION BETWEEN FACULTY AND
	STUDENTS TO ACHIEVE THE COLLECTIVE GOAL OF EDUCATIONAL AND ECONOMIC SUCCESS.
	DOCCEDD:
4b	(Code:) (Expenses \$
1.0	(Code
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 13,126.
	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.
	If "Yes," complete Schedule D, Part IV	9		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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a		X
		144		
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			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		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			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
_	•			_

Form 990 (2020) TECHNOLOGY A'I'

Part IV Checklist of Required Schedules (c

ı aı	Officerist of Required Scriedules (continued)			
	P::		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	Х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
270	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			v
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV 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 lines 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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_
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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥-:		
26	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?	26		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income to remove and Control in the Control in	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		,		
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			7.7
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├─
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year Pid the examination receive any findle directly or indirectly to pay promiting an appropriate contract?	7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	4		
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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h				
ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the second self-reserved as the second self-reserved a	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 -
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			\vdash
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
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Page 6 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 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 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1 a		7a	Х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a	21	
b		7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		21
8		0-	Х	
a	The governing body?	8a_	X	
a	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na
10-	Did the exemination have level charters branches as efficience	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a		12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21	
С		12c	Х	
12	in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	<i>1</i> 2	
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?			
_		45.0		Х
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		- 41
160				
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		21
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ►MD			
17 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))	only	availa	hla
10	for public inspection. Indicate how you made these available. Check all that apply.	, оппу)	avalld	DIG.
10	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finar	oial	
19		ııı ıano	ıaı	
00	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 MONICA WONG - 240-567-4337			
	9221 CORPORATE BLVD, ROCKVILLE, MD 20850			
	JZZI CORIORATE DEVD, ROCKVIDDE, MD Z0030			

<u> Page</u> **7**

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) DR. STEPHEN CAIN BOARD MEMBER	2.00	v							211 070	42 500	
		Х				-		0.	211,970.	42,589.	
(2) DR. SANJAY RAI BOARD MEMBER	2.00	х						0.	219,419.	18,320.	
(3) MARGARET LATIMER	2.00	Δ				\vdash		· ·	219,419.	10,320.	
SECRETARY	40.00	Х		х				0.	208,984.	14,139.	
(4) MARTHA A. SCHOONMAKER, CECD	2.00	^				+		1	200,904.	14,139.	
EXECUTIVE DIRECTOR	40.00	1		х				0.	143,433.	40,468.	
(5) MELANIE KANDEL	2.00					\vdash		•	143,433.	10,100.	
BOARD RELATIONS & MARKETIN	40.00	1				x		0.	125,060.	24,457.	
(6) JIM MUIR	5.00					 					
IMMEDIATE PAST CHAIR UNTIL 2/2021		х						0.	0.	0.	
(7) WILLIAM KELLER, CFA	2.00										
VICE CHAIR	0.00	Х		х				0.	0.	0.	
(8) JOHN COMPTON, PH.D.	5.00										
INTERIM CHAIR	0.00	Х		Х				0.	0.	0.	
(9) ALLEN DELEON	5.00										
TREASURER	0.00	Х		Х				0.	0.	0.	
(10) DOUG WRENN	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(11) KELLI BROOKS	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(12) YUM YU CHENG, ESQ.	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(13) ANGELA GRAHAM	2.00										
BOARD MEMBER	0.00	Х				_		0.	0.	0.	
(14) DEREK HARPS	2.00	1									
BOARD MEMBER	0.00	Х				_		0.	0.	0.	
(15) STEPHEN KAUFMAN	2.00							_	_	_	
BOARD MEMBER		Х				_		0.	0.	0.	
(16) PERRY PAYLOR	2.00	<u></u>							_		
BOARD MEMBER		Х				_		0.	0.	0.	
(17) TOM ROGERS	2.00								•		
BOARD MEMBER	0.00	X						0.	0.	0 • Form 990 (2020)	

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		ો than લ	one	Reportable	Reportable	;	Es	stimate	∌d
	hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensation		ar	nount (of
	week				1	T	100)	from	from related			other	
	(list any hours for	irecto						the organization	organization (W-2/1099-MI		ı	pensarom the	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-1818	SC)	ı	anizati	
	organizations	Individual trustee or director	Institutional trustee		99	mpen		(** 27 1000 141100)			ı ~	d relate	
	below	dual t	utio ns		nplo,	st co	- in				l	anizatio	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) GAIL FOLENA WASSERMAN, PH.D.	2.00												
BOARD MEMBER	0.00	Х						0.		0.			0.
(19) KRISTINE WARNER	2.00												
BOARD MEMBER	0.00	Х						0.		0.			0.
1b Subtotal	•						▶	0.	908,8	66.	13	9,9	73.
c Total from continuation sheets to Part VI							•	0.	•	0.			0.
d Total (add lines 1b and 1c)							•	0.	908,8	66.	13	9,9	73.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	 e			
compensation from the organization						•		·	·				0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? <i>If</i> "Yes.	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual	· ·		4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	nplete Schedule	e J f	or su	ıch ı	pers	on .					5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of com	pensa	tion fr	om .	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	n the organization's tax y	ear.				
(A)								(B)			(0	C)	
Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
	<u> </u>												
2 Total number of independent contractors (ii	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organic)							
											Form	990 (2	2020)

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Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Cofficable C cofficients a response	or riote to arry iiri	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
Grants, Grants	1	а	Federated campaigns 1a					
ira		b	Membership dues 1b					
Ö,		С	Fundraising events1c					
Gifts, ilar Ar			Related organizations 1d					
nig.			Government grants (contributions) 1e					
Sis			All other contributions, gifts, grants, and					
er it			similar amounts not included above 1f					
S를		~	Noncash contributions included in lines 1a-1f					
Contributions, Giff and Other Similar		-	<u> </u>					
Oe		11	Total. Add lines 1a-1f	Business Code				
			DDOODAN DENMAL INCOME	-	62.462	62.462		
<u>ce</u>	2	а	PROGRAM RENTAL INCOME	531120	63,462.	63,462.		
e s		b						
S		С						
ev		d						
Program Service Revenue		е						
ď		f	All other program service revenue					
		g	Total. Add lines 2a-2f		63,462.			
	3		Investment income (including dividends, inter-					
			other similar amounts)		299,698.			299,698.
	4		Income from investment of tax-exempt bond					
	5		Royalties	· · · · · · · · · · · · · · · · · · ·				
	Ŭ		(i) Real	(ii) Personal				
	6	_		() : 5.55.14.				
	О							
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses					
Revenue		С	Gain or (loss) 7c					
Re		d	Net gain or (loss)	<u>.</u>				
her	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	1				
		h	Less: direct expenses 8t					
			Net income or (loss) from fundraising events	<u> </u>				
	0		Gross income from gaming activities. See					
	9	а		.1				
		l-	Part IV, line 19 Less: direct expenses 9a 9b					
				<u> </u>				
			Net income or (loss) from gaming activities	P				
	10	а	Gross sales of inventory, less returns					
			and allowances <u>10</u>	1				
		b	Less: cost of goods sold10	b				
		С	Net income or (loss) from sales of inventory .					
ω				Business Code				
no «	11	а						
ane Due		b						
scellaneo Revenue		С						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		363,160.	63,462.	0 -	299,698.
					,			, , , , , , , , ,

	·
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	ants and other assistance to domestic organizations		expenses	general expenses	expenses
	d domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
7	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	istees, and key employees				
	mpensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	her salaries and wages				
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	her employee benefits				
	ayroll taxes				
	es for services (nonemployees):				
	anagement				
	gal				
	counting				
	bbying				
	ofessional fundraising services. See Part IV, line 17				
f Inv	vestment management fees	13,521.		13,521.	
	her. (If line 11g amount exceeds 10% of line 25,				
col	lumn (A) amount, list line 11g expenses on Sch O.)				
1 2 Ad	dvertising and promotion	13,126.	13,126.		
	fice expenses	6,197.		6,197.	
	formation technology				
	oyalties				
	ccupancy				
7 Tra	avel				
1 8 Pa	syments of travel or entertainment expenses				
for	r any federal, state, or local public officials				
9 Co	onferences, conventions, and meetings				
0 Int	erest				
. 1 Pa	lyments to affiliates				
	epreciation, depletion, and amortization				
	surance	4,705.		4,705.	
.4 Oth	her expenses. Itemize expenses not covered				
	ove (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A)				
am	nount, list line 24e expenses on Schedule O.)				
a <u>M</u>	EMBERSHIPS	5,792.		5,792.	
b					
c _					
d					
e All	other expenses				
5 Tot	tal functional expenses. Add lines 1 through 24e	43,341.	13,126.	30,215.	0
6 Joi	int costs. Complete this line only if the organization				
rep	ported in column (B) joint costs from a combined				
edı	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet

rar	ťΧ	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			66,848.	1	35,743
	2	Savings and temporary cash investments	5,671,742.	2	6,583,924		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ				6	
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		224 126			
		basis. Complete Part VI of Schedule D		384,186.	201 000		204 106
	b	Less: accumulated depreciation			381,889.		384,186
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			6 100 470	15	7 002 052
_	16	Total assets. Add lines 1 through 15 (must ed			6,120,479.	16	7,003,853 4,224
	17	Accounts payable and accrued expenses			3,213.	17	4,224
	18	Grants payable	5,748,578.	18	5,685,117		
	19 20	Deferred revenue		3,740,370.	19 20	3,003,117	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for				21	
Liabilities	22	trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				22	
ГI	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 lin	-				
		of Schedule D	– .,.			25	
	26	Total liabilities. Add lines 17 through 25			5,751,791.	26	5,689,341
		Organizations that follow FASB ASC 958, cl					
se		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			368,688.	27	1,314,512
Ва	28	Net assets with donor restrictions				28	
ם		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	s			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
	32	Tatal mat assats and mad balances		· [368,688.	32	1,314,512
<u></u>	32	Total net assets or fund balances		L	6,120,479.	عد	

TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 363,160. Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) 2 43,341. 2 $\overline{319},819.$ Revenue less expenses. Subtract line 2 from line 1 3 3 368,688. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 626,005. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,314,512. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form 990 (2020)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.
PINKNEY INNOVATION COMPLEX FOR SCIENCE &

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

45-3787207

TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) MONTGOMERY COLLEGE 52-0891845 2 X 0 0 0. **Total**

11140224 131839 026-612098

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 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.)

ction A. Public Support						
·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
· .						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
Net income from unrelated business						
activities, 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.)						
•	· ·		•			
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	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public support percentage from 2019 as 3 1/3% support test - 2020. If the organization, check this box and stop ction C. Computation of Public and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, etc. (see instructives, the form 990 is for the organization's find organization, check this box and stop here Etion C. Computation of Public Support Perential 133 1/3% support test - 2020. If the organization did not stop here. The organization qualifies as a publicly support 133 1/3% support test - 2019. If the organization did not and stop here. The organization meets the facts-and-circumstances test - 2019. If the organization meets the facts-and-circumstances test - 2019. If the organization meets the facts-and-circumstances test. The organization meets th	dar year (or fiscal year beginning in)	dairts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit to the organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Described by a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Described by the support of fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax organization, check this box and stop here Etion C. Computation of Public Support Percentage Public support percentage from 2019 Schedule A, Part II, line 14 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line stop here. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2020. If the organization did not check a box on lin and if the organization meets the facts-and-circumstances test, check this box and stop here the facts-and-circumstances test 2020. If the organization qualifies as a publicly supported organization more, and if the organization meets the facts-and-circumstances te	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization of the organization is benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtraction is from line 4. Strion B. Total Support ndar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here. Public support percentage from 2019 Schedule A, Part II, line 14. 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. The organization meets the facts-and-circumstances test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. Explain in Part willow-facts-and-circumstances test - 2020. If the organization qualifies as a publicly supported organization in 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the facts-and-circumstances test - 2020. If the organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 202	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levide for the organization without charge paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge provention 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) Public support. Subheat line 5 from line 4. **Eton B. Total Support** Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, 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). Gross necepits from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2020. If the organization idi not check the box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2020. If the organization idi not check the box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2020. If the organization idi not check a box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization and if the organization meets the facts and circumstances test, check this

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 3

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
check this box and stop here						>
Section C. Computation of Publi					<u> </u>	
15 Public support percentage for 2020 (li	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
16 Public support percentage from 2019					16	%
Section D. Computation of Inves					т г	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2020. If the						7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	▶□
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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	No
	Х	
1	Λ	
2		Х
_		
За		Х
3b		
3c		
4a		X
41.		
4b		
4c		
5a		X
5b		
5c		
		v
6		X
7		Х
8		Х
9a		X
9b		X
9c		X
		v
10a		X
405		
10b 1990 or 99	∩_E7\	2020

Par	t 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		_X_
b	A family member of a person described in line 11a above?	11b		_X_
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		_X_
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	∍d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	9	7.7	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
	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,			X
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	aon o. Type ii oupporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
	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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Soot	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.	/ :t	1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	1 1	

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a	qualifying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
All other Type III non-functionally integrated supporting organization		•	·
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses 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		
Section B - Minimum Asset Amount	, -	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amo	ount.		
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		
Section C - Distributable Amount	, -		Current Year
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-fu	inctionally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 7

	rt V Type III Non-Functionally Integrated 509				5-3767207 Page 7
	ion D - Distributions	(4)(0) 04 10 10 10 10 10 10 10	COntine	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
<u> </u>	Amounts paid to acquire exempt-use assets	os or supported organizations	,	4	
				5	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		6	
<u>6</u>	Other distributions (<i>describe in Part VI</i>). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	Ι	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	*				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<u> </u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	EAGGGG HUIII ZUTT				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

Schedule A	(Form 990 or 990-EZ) 2020	TECHNOLOGY	AT MONTGOMERY	COLLEGE FOUNDAT 4	5-3787207 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1,	mation. Provide the 6	explanations required by Pa 5, 9a, 9b, 9c, 11a, 11b, and	rt II, line 10; Part II, line 17a or 17b 11c; Part IV, Section B, lines 1 and a, and 3b; Part V, line 1; Part V, Sec	; Part III, line 12; 2; Part IV, Section C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E	E, lines 2, 5, and 6. Also com	nplete this part for any additional in	formation.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Employer identification number 45-3787207

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar F	unds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	writing that the assets held in donc	or advised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other pu	irpose conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preserva	ation of a historically important land area
	Protection of natural habitat	Preserva	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in th	e form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic	structure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, hand	ing of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcir	ng conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing co	nservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial	statements that describes the
Da	organization's accounting for conservation easements.	Aut Historical Transcorre	au Olland Cincilan Annah
Pai	t III Organizations Maintaining Collections of	•	or Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 956	,	
	of art, historical treasures, or other similar assets held for pub	•	•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956	· ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treat	,	inancial gain, provide
	the following amounts required to be reported under FASB A	· ·	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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Schedule D (Form 990) 2020

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		JY AT MON.						45-5/			age ∠
_	- Triganina and an annual and a second								(contin	ued)	
3	Using the organization's acquisition, accession	, and other record	s, check	any of the f	ollowing that mak	e signi	ficant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			nange program						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle							se in Part	XIII.		
5	During the year, did the organization solicit or re								7	_	7
D :	to be sold to raise funds rather than to be main								Yes		No
Pai	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered "Yes"	on Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part X										
1a	Is the organization an agent, trustee, custodian								٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fol	lowing t	able:							
	5						_		Amount	<u>:</u>	
C	Beginning balance						1c				
a	Additions during the year						1d				
e	Distributions during the year						1e				
7	Ending balance						1f		7 ٧	$\overline{}$	7 N
	Did the organization include an amount on Forr					•			Yes	\vdash	」No □
Par	If "Yes," explain the arrangement in Part XIII. Clet V Endowment Funds. Complete if the										
		(a) Current vear		rior year	(c) Two years bac		Three	ears back	(e) Four	Veare	hack
12	Beginning of year balance	(a) Ourrent year	(6) 1	noi yeai	(C) Two years bac	,	Tilloc	rcars back	(e) i oui	yours	Dack
b	Contributions										
	Net investment earnings, gains, and losses										
q	Grants or scholarships										
٠ -	Other expenditures for facilities										
ŭ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curren		e (line 1c	ı. column (a)) held as:						
а	Board designated or quasi-endowment	•	%	,, , , , , , , , , , , , , , , , , , , ,	,						
b	Permanent endowment	%	_								
С	Term endowment > %										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possessi	ion of the organiza	tion tha	t are held an	d administered fo	r the o	rganiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the or	rganization's endo									
Par	t VI Land, Buildings, and Equipmer	nt.									
	Complete if the organization answered "	'Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990, Par	t X, line	10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other (d) Accı	ımulate	ed	(d) Bool	k valu	е
		basis (investn		basis	(other)	depre	ciation				
1a	Land	384,	186.						384	4,1	86.
b	Buildings	1									
С	Leasehold improvements										
	Equipment	1									
	Other										

Schedule D (Form 990) 2020

384,186.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020	TEC
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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-vear market value
N. E. C.	(b) Dook value	(c) Welfied of Valuation. Cost of end	1-01-year market value
Financial derivatives Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	an Farma 000 Dart IV line	11d Car Farm 000 Dart V line 15	
Complete if the organization answered "Yes"	Description	Trd. See Form 990, Part X, line 15.	(b) Book value
(1)	Bookipaon		(D) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities.	e 15.)	•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	,		<u> </u>
Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FASB ASC 740. Check he		ovided in Part XIII l edule D (Form 990) :

032053 12-01-20

TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 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 12	ła.	•	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial Staten		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1			1	—
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	t XIII Supplemental Information.			

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 X, 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:

THE ORGANIZATION FOLLOWS ACCOUNTING GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PROVIDES GUIDANCE ON RECOGNITION, CLASSIFICATION, AND DISCLOSURE CONCERNING UNCERTAIN TAX LIABILITIES. THE EVALUATION OF A TAX POSITION REQUIRES DISCLOSURE OF A TAX LIABILITY IF IT IS MORE LIKELY THAN NOT THAT IT WILL NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE ORGANIZATION'S TAX POSITIONS, AND HAS CONCLUDED THAT AS OF JUNE 30, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 5 Schedule D (Form 990) 2020 Part XIII Supplemental Information (continued)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Employer identification number 45-3787207

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4h X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) DR. STEPHEN CAIN	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	211,642.	0.	328.	15,993.	26,596.	254,559.	0.
(2) DR. SANJAY RAI	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	217,826.	0.	1,593.	15,993.	2,327.	237,739.	0.
(3) MARGARET LATIMER	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	208,984.	0.	0.	13,846.	293.	223,123.	0.
(4) MARTHA A. SCHOONMAKER, CECD	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	143,094.	0.	339.	11,172.	29,296.	183,901.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)						<u> </u>	1 1/5 200) 2000

Schedule J (Form 990) 2020	TECHNOLOGY	AT MONTGOMERY C	OLLEGE FOUNDAT		45-3787207	Page 3
Part III Supplemental Information						<u> </u>
Provide the information, explanation,		d for Part I, lines 1a, 1b, 3, 4a	, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8	3, and for Part II. Also complete this	s part for any additional informatio	n.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Employer identification number 45-3787207

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENHANCE AND ALIGN THE WORK OF THE COLLEGE WITH THOSE OF TECHNOLOGY BUSINESSES BY CO-LOCATING BUSINESSES ON CAMPUS IN AN INTEGRATED HUB THAT ACTIVELY PROMOTES INTERACTION BETWEEN FACULTY AND STUDENTS TO ACHIEVE THE COLLECTIVE GOAL OF EDUCATIONAL AND ECONOMIC SUCCESS.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR, THE IMMEDIATE PAST THE VICE CHAIR, THE SECRETARY, THE TREASURER, TREASURER COMMITTEE CHAIR, AUDIT AND GOVERNANCE COMMITTEE CHAIR, ACADEMIC PARTNERSHIPS COMMITTEE CHAIR, AND REAL ESTATE COMMITTEE CHAIR. THE EXECUTIVE COMMITTEE IS DELEGATED THE AUTHORITY AND POWERS OF THE BOARD. ACTIVITIES AND DECISIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AT THE NEXT SCHEDULED REGULAR MEETING.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BYLAWS GIVE MONTGOMERY COLLEGE THE AUTHORITY TO APPOINT THE MAJORITY OF THE VOTING BOARD MEMBERS OF THIS ORGANIZATION.

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

THE FORM 990 IS REVIEWED BY ALL BOARD MEMBERS OF THE ORGANIZATION BEFORE FILING.

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

THE CONFLICT OF INTEREST POLICY APPLIES TO EACH FOUNDATION BOARD MEMBER,

AND VOLUNTEER SERVING IN AN EQUIVALENT CAPACITY. AT THE TIME OF OFFICER LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

Employer identification number

45-3787207

TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT APPOINTMENT OR HIRING AND ANNUALLY THEREAFTER, EACH FOUNDATION BOARD MEMBER, OFFICER, OR VOLUNTEER ACTING IN AN EQUIVALENT CAPACITY MUST DISCLOSE HIS OR HER FINANCIAL INTEREST(S) AS WELL AS ANY OTHER ACTUAL OR POTENTIAL INTEREST(S) OR RELATIONSHIP(S) THAT MIGHT BE CONSTRUED AS AFFECTING HIS OR HER INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF HIS OR HER DECISION-MAKING AUTHORITY OR FIDUCIARY RESPONSIBILITY. A COVERED PERSON SHALL MAKE SUCH DISCLOSURES ON THE FOUNDATION'S DISCLOSURE FORM AND SUBMIT IT TO THE CHAIR OF THE FOUNDATION BOARD OR HIS/HER DESIGNEE AT THE TIME OF APPOINTMENT OR HIRE AND THEREAFTER ANNUALLY BY JULY 1, THE BEGINNING OF THE FOUNDATION'S FISCAL YEAR. A COVERED PERSON WITH NO REPORTABLE INTEREST SHALL SO INDICATE ON THE DISCLOSURE FORM AND SUBMIT IT TO THE FOUNDATION BOARD CHAIR OR HIS/HER DESIGNEE. IF THERE IS ANY CHANGE TO A COVERED PERSON'S FINANCIAL INTERESTS OR OTHER REPORTABLE INTERESTS OR RELATIONSHIPS DURING THE FISCAL YEAR, THE COVERED PERSON SHALL PROMPTLY AMEND HIS OR HER DISCLOSURE FORM. THE BOARD CHAIR, IN CONSULTATION WITH THE FOUNDATION'S LEGAL COUNSEL AND EXECUTIVE COMMITTEE, WILL REVIEW THE DISCLOSURE FORMS AND DETERMINE WHETHER A COVERED PERSON HAS AN ACTUAL, POTENTIAL, OR APPARENT CONFLICT OF INTEREST. A COVERED PERSON WITH AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST MAY MAKE A PRESENTATION AT A MEETING OF THE FOUNDATION BOARD OR ONE OF ITS COMMITTEES. A COVERED PERSON MUST DISCLOSE HIS OR HER INTEREST PRIOR TO THE FOUNDATION BOARD'S OR COMMITTEE'S DISCUSSION OF AND VOTE ON THE PROPOSED TRANSACTION OR ARRANGEMENT INVOLVING THE COVERED PERSON'S ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST. HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, SUCH PROPOSED TRANSACTION OR ARRANGEMENT. THE FOUNDATION BOARD OR COMMITTEE MAY APPROVE THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS PRESENT AND VOTING IF THE TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO THE FOUNDATION. TO THE EXTENT NOT Schedule O (Form 990 or 990-EZ) 2020

PINKNEY INNOVATION COMPLEX FOR SCIENCE &

Name of the organization PIN TEC	KNEY INNOVATIO CHNOLOGY AT MON				Employer identification number $45-3787207$
COVERED BY THE PR	OCEDURES DESCR	IBED ABOVE,	THE BOARD	CHAIR	IN CONSULTATION
WITH LEGAL COUNSE	L, THE EXECUTI	VE COMMITTE	E, AND THE	COVERI	ED PERSON, SHALL
DETERMINE APPROPR	IATE MEASURES	TO BE TAKEN	TO MANAGE	AN ACT	TUAL, APPARENT,
OR POTENTIAL CONF	LICT OF INTERE	ST OF AN OF	FICER OR VO	LUNTE	ER ACTING IN AN
EQUIVALENT CAPACI	TY.				
FORM 990, PART VI	, SECTION C, L	INE 19:			
THE ORGANIZATION'	S GOVERNING DO	CUMENTS, CO	NFLICT OF I	NTERES	ST POLICY, AND
FINANCIAL STATEME	NTS ARE MADE A	VAILABLE TO	THE PUBLIC	UPON	REQUEST.
	_				

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Attach to Form 990.

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

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

032161 10-28-20 LHA

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

(b)

Primary activity

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 45-3787207

(f)

Direct controlling

of disregarded entity		foreign country)			е	entity				
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more related tax-exe	mpt				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	ent	olled ity?			
MONTGOMERY COLLEGE - 52-0891845				(-)(-)/		Yes	No			
9221 CORPORATE BOULEVARD	7									
ROCKVILLE, MD 20850	COLLEGE	MARYLAND	N/A	N/A	N/A		Х			
For Donounced, Dodoskies Act Metics and the least of					Oakad I. R	(Farma 20	00) 0000			
For Paperwork Reduction Act Notice, see the Instruction	ns tor form 990.				Schedule R	irorm 99	IUI 2020			

32

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproport allocatio		Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No		
	1											
	1											
	1											
	1											
	1											
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	1											
	1											
-												
							L		l			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?	
		country)		,				Yes	No	
-										
-	-									
-										
	-									

Schedule R (Form 990) 2020

1a

X

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				<u>1i</u>		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
	Performance of services or membership or fundraising solicitations for related organ						Х	
	m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)								
	• • • • • • • • • • • • • • • • • • • •							
р	Reimbursement paid to related organization(s) for expenses				1p	Х		
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
-	•							
r	Other transfer of cash or property to related organization(s)				1r		Х	
s	Other transfer of cash or property from related organization(s)						Х	
	If the answer to any of the above is "Yes," see the instructions for information on wh							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amour	t involved			
(1)								
(2)								
(3)								
(4)								
					·			
(5)								
(e)								
(6)	40.00.00	I		Cahaa	ulo D (Fo	m 000	2020	
J32163	10-28-20	2.4		Sched	ule R (Fo	111 990	2020	

Schedule R (Form 990) 2020

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Al or Percentage ging ownership
									000) 0000

032165 10-28-20 Schedule R (Form 990) 2020



Board Member

FY21Term 7.1.2020 - 6.30.2021

Kelli Brooks 2022 (P) #1

Managing Director of Finance Urban Atlantic

7735 Old Georgetown Road, Suite 600 Bethesda, MD 20814

Phone: 301-280-6614 Cell: 404-803-3688

kbrooks@urban-atlantic.com

VICE CHAIR OF REAL ESTATE COMMITTEE

Dr. Stephen Cain 2022 (P) #2

Chief of Staff/Chief Strategy Officer **Montgomery College**

Office of the President 9221 Corporate Blvd Rockville, Maryland 20850 Phone: 240.567.1796

stephen.cain@montgomerycollege.edu

Leenchoo Chawaka PIC MC STUDENT BOARD MEMBER 2021 (B) - non-voting

1947 Catoctin Terrace Silver Spring, MD 20206

Chawakalencho@gmail.com or lchawak2@montgomerycollege.edu

Phone: 301-327-1535

2021 (P) #3 Yum Yu Cheng, Esq. Principal and General Counsel

United Solutions

51 Monroe Street, Suite 1210 Rockville, MD 20850 301.357.0798

yumyu cheng@unitedsolutions.biz

John Compton, Ph.D. #4 2023 (P) Retired (served as

Cofounder and Consultant of GeneDX Interim Chair from 2.8.2021 - 6.30.2021)

202 Ridge Road, Box 1187 Washington Grove, Maryland 20880

Cell: 240.432.5700 johncompton@me.com Allen DeLeon 2021 (B) #5 **Founding Partner** (Treasurer) DeLeon & Stang, CPAs and Advisors 100 Lake Forest Blvd. Suite 650 Gaithersburg, Maryland 20877 Phone: 301.948.9825 allen@deleonandstang.com 2021 (B) **Angela Graham** #6 **President & CEO** Quality Biological, Inc. 7581 Lindbergh Drive Gaithersburg, MD 20879 Phone: 240.750.6798 grahama@qualitybiological.com **CHAIR OF AUDIT & GOVERNANCE COMMITTEE Derek Harps** 2022 (B) #7 **Retired Vice President** M &T Bank 1 Cross Tie Court Gaithersburg, Maryland 20879 Phone: 301.963.0782 Cell: 301.908.5439 dkharps@gmail.com Stephen Kaufman, 2023 (P) #8 **Senior Partner Emeritus** Linowes and Blocher, LLP 19225 Dimona Drive, Brookeville, Maryland 30833 skszkauf@gmail.com (primary e-mail as of 10.30.19) skaufman@linowes-law.com (secondary e-mail) **CHAIR OF REAL ESTATE COMMITTEE** OR beach address: 200 Stockley Street, Rehoboth, DE 19971 William Keller, CFA 2021 (P) #9 **Senior Vice President** & Regional Investment Manager **Wells Fargo Private Management** 7475 Wisconsin Avenue, 3rd Floor Bethesda, Maryland 20814

william.c.keller@wellsfargo.com and e-mail for DROPBOX: wkeller1967@gmail.com

Margaret Latimer
Vice President and Provost

Phone: 301.280.3419 Cell: 412.303.9180

Montgomery College, Germantown Campus Paul Peck Academic and Innovation Building Room 108

20271 Goldenrod Lane (office location) 20200 Observation Drive (mailing address)

Phone: 240.567.7711

Margaret.latimer@montgomerycollege.edu

Ongoing (P) #10 (Secretary) Jim Muir - RESIGNED ON 2.9.2021

Vice President

Hughes Network Systems

11717 Exploration Lane Germantown, Maryland 20876

Phone: 301.428.5829 Cell: 301.466.1797 Jim.Muir@hughes.com 2021 (B) #11

(served as Chair in FY21 from 7.1.2020 through resignation on 2.9.2021

Perry Paylor

2021 (P) #12

Guns & Drugs Unit

Office of the State's Attorney for Prince George's County 14735 Main Street, Suite M3403 Upper Marlboro, MD 20772 301-952-3585 Office

PLPaylor@co.pg.md.us

Use home address and cell (as preferred):

2205 Solmar Drive, Silver Spring, MD 20904

Cell: 301-641-3008 perrylane38@gmail.com

Dr. Sanjay Rai

Ongoing (P) #13

Senior Vice President Academic Affairs Montgomery College

9221 Corporate Blvd

Rockville, Maryland 20850 Phone: 240.567.5006

Sanjay.Rai@montgomerycollege.edu

Tom Rogers 2020 (B) #14

CEO

Vendor Centric

9841 Washingtonian Boulevard

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Gaithersburg, Maryland 20878

Phone: 240.813.1160 trogers@vendorcentric.com

Gail Folena Wasserman, Ph.D. 2023 (B) #15

Senior Vice President

Biopharmeceutical Development

AstraZeneca

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Phone: 301.398.4265

wassermang@medimmune.com

Kristine Warner 2021 (P) #16

Managing Partner

Maier & Warner Public Relations & Marketing

11810 Grand Park Ave | Suite 500

North Bethesda, MD 20852 Phone: 301.424.4141

Cell: 301.452.8796

kris@maierwarnerpr.com

Doug Wrenn Principal Rodgers Consulting, Inc. 19847 Century Blvd., Suite 200 Germantown, Maryland 20874

Phone: 240.912.2162 dwrenn@rodgers.com NASHVILLE ADDRESS:

1117 Fatherland Street, Unit 202

Nashville, TN 37206

Phone in Nashville: 615-852-7966

2022 (P) #17 (Immediate Past Chair)

Non-voting on Exec. Committee but voting at board meetings

Non-voting PIC MC Foundation Board Members:

Dr. DeRionne P. Pollard President Montgomery College 9221 Corporate Blvd Rockville, Maryland 20850

Liz Greaney
Chief Business/Financial Strategy Officer
Montgomery College
9221 Corporate Blvd
Rockville, Maryland 20850
240-567-5326
elizabeth.greaney@montgomerycollege.edu

PIC MC Foundation Staff:

Martha A. Schoonmaker, CEcD Executive Director, Pinkney Innovation Complex for Sciences and Technology at Montgomery College (PIC MC)

Paul Peck Academic and Innovation Building 20271 Goldenrod Lane, Room 101B (office location) 20200 Observation Drive (mailing address) Germantown, Maryland 20876

Office: 240.567.2007 Cell: 301.509.7328

martha.schoonmaker@montgomerycollege.edu

Melanie Kandel Board Relations and Marketing Director Pinkney Innovation Complex for Science and Technology at Montgomery College (PIC MC)

Paul Peck Academic and Innovation Building 20271 Goldenrod Lane, Room 101B (office location) 20200 Observation Drive, PK 101B (mailing address) Germantown, Maryland 20876

Office: 240.567.8062 Cell: 240.678.6277 Melanie.kandel@montgomerycollege.edu



Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

<u>A</u>	For the	2020 calendar year, or tax year beginning JULIT, 2020 and e	enaing U	<u>UN 30, ∠U</u>	<u>4 T</u>	
В	Check if applicable	C Name of organization PINKNEY INNOVATION COMPLEX FOR SCIENCE	&	D Employer ide	ntification numbe	er
	Addres					
Ē	Name change	Doing business as		45-378	7207	
	Initial return		Room/suite	E Telephone nur	nber	
	Final return/	9221 CORPORATE BLVD	240-91	2-2162		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	36	3,160.	
	Amend return	ROCKVILLE, MD 20050	H(a) Is this a grou			
	Applica tion	F Name and address of principal officer: MICHAEL SMITH		for subordina	ates? 🔲 Y e	es X No
_	pending	SAME AS C ABOVE		H(b) Are all subordina	tes included? Ye	es 🔲 No
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	r 527	If "No," attac	ch a list. See instru	uctions
		e: ▶ WWW.MONTGOMERYCOLLEGE.EDU/PICMC		H(c) Group exem	' 	
		organization: X Corporation Trust Association Other	L Year	of formation: 201	1 M State of legal	domicile: MD
P		Summary				
Q.	1 [Briefly describe the organization's mission or most significant activities: TO SU				
anc	[] <u>I</u>	MONTGOMERY COLLEGE AND TO PROMOTE THE ADVI				
ä	2 (Check this box if the organization discontinued its operations or dispose			1	1.0
Governance	8 1				3	16
e e	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4	13
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	15
	6	Total number of volunteers (estimate if necessary)			6	0.
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 7b	0.
_	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year		
Revenue	8 (Contributions and grants (Part VIII line 1h)			Curren	0 •
	9 1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		63,46		3,462.
	10	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		70,05		9,698.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		133,51		3,160.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
"	1 45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ē	b 7	otal fundraising expenses (Part IX, column (D), line 25)	0.			
й	i 17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		33,67	8. 4	3,341.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,67	8. 4	3,341.
	19 F	Revenue less expenses. Subtract line 18 from line 12		99,84	1. 31	9,819.
or	4		Ве	ginning of Current Ye		Year
Net Assets	20	Total assets (Part X, line 16)		6,120,47		3,853.
t As	21	Total liabilities (Part X, line 26)		5,751,79		9,341.
		Net assets or fund balances. Subtract line 21 from line 20		368,68	8. 1,31	4,512.
	art II	Signature Block				
		ties of perjury, I declare that I have examined this return, including accompanying schedules			f my knowledge and	d belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer		2/22	
		Muchael Smith Signature of officer		3/8	8/22	
Sig	1	,		Date		
He	re	MICHAEL SMITH, EXECUTIVE DIRECTOR Type or print name and title				
_			Τr	Date Check	C PTIN	
De!	,	Print/Type preparer's name KRISTINA HIMROD, CPA KRISTINA HIMROD,		if		/100
Pai			CPA			
	parer Only	Firm's name ► CLIFTONLARSONALLEN LLP Firm's address ► 2523 US HIGHWAY 27 S		Firm's EIN	► 4T-0/40	143
USE	, Unity	SEBRING, FL 33870-4926		Dhona na	863-385-1	577
N/2	v the ID	S discuss this return with the preparer shown above? See instructions		į FIIOIIE IIO.	X Yes	
ivid	y uicin	S GOOGO THIS ICTUIT WITH THE PREPARED SHOWN ADDIVE! SEE INSTRUCTIONS			<u>[44]</u> 168	

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SUPPORT THE MISSION OF THE COLLEGE AND PROMOTE THE ADVANCEMENT OF
	STUDENT EDUCATION BY FOSTERING AND EXPANDING EDUCATIONAL AND RESEARCH
	OPPORTUNITIES FOR FACULTY AND STUDENTS THROUGH ACADEMIC-INDUSTRY
	PARTNERSHIPS. (CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$13,126. including grants of \$) (Revenue \$63,462.)
	SUPPORT THE MISSION OF THE COLLEGE AND PROMOTE THE ADVANCEMENT OF
	STUDENT EDUCATION BY FOSTERING AND EXPANDING EDUCATIONAL AND RESEARCH
	OPPORTUNITIES FOR FACULTY AND STUDENTS THROUGH ACADEMIC-INDUSTRY
	PARTNERSHIPS. ENHANCE AND ALIGN THE WORK OF THE COLLEGE WITH THOSE OF
	TECHNOLOGY BUSINESSES BY CO-LOCATING BUSINESSES ON CAMPUS IN AN
	INTEGRATED HUB THAT ACTIVELY PROMOTES INTERACTION BETWEEN FACULTY AND
	STUDENTS TO ACHIEVE THE COLLECTIVE GOAL OF EDUCATIONAL AND ECONOMIC SUCCESS.
	DOCCEDD:
4b	(Code:) (Expenses \$
1.0	(cooc
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 13,126.
	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.
	If "Yes," complete Schedule D, Part IV	9		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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a		X
		144		
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			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		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			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
_				_

Form 990 (2020) TECHNOLOGY A'I'

Part IV Checklist of Required Schedules (c

ı aı	Officerist of Required Scriedules (continued)			
	P::		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	Х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
270	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			v
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV 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 lines 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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_
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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥-:		
26	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?	26		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income to remove and Control in the Control in	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		,		
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Part V

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).			7.7			
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		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├─			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X			
	to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х			
e f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
	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?						
_	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?							
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	_					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a	4					
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.	40-					
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a					
h							
ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand	1					
14a	Did the second self-second self-second self-self-self-self-self-self-self-self-	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 -			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			\vdash			
	excess parachute payment(s) during the year?	15		x			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						

TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Page 6 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 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 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1 a		7a	Х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a	21	
b		7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		21
8		0-	Х	
a	The governing body?	8a_	X	
a	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na
10-	Did the exemination have level charters branches as offiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a		12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21	
С		12c	Х	
12	in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	<i>1</i> 2	
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?			
_		45.0		Х
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		- 41
160				
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		21
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ►MD			
17 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))	only	availa	hla
10	for public inspection. Indicate how you made these available. Check all that apply.	, оппу)	avalld	DIG.
10	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finar	oial	
19		ııı ıano	ıaı	
00	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 MONICA WONG - 240-567-4337			
	9221 CORPORATE BLVD, ROCKVILLE, MD 20850			
	JZZI CORIORATE DEVD, ROCKVIDDE, MD Z0030			

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<u> Page</u> **7**

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) DR. STEPHEN CAIN BOARD MEMBER	2.00	v							211 070	42 500	
		Х				-		0.	211,970.	42,589.	
(2) DR. SANJAY RAI BOARD MEMBER	2.00	х						0.	219,419.	18,320.	
(3) MARGARET LATIMER	2.00	Δ				\vdash		· ·	219,419.	10,320.	
SECRETARY	40.00	Х		х				0.	208,984.	14,139.	
(4) MARTHA A. SCHOONMAKER, CECD	2.00	^				+		1	200,904.	14,139.	
EXECUTIVE DIRECTOR	40.00	1		х				0.	143,433.	40,468.	
(5) MELANIE KANDEL	2.00					\vdash		•	143,433.	10,100.	
BOARD RELATIONS & MARKETIN	40.00	1				$ _{\mathbf{X}}$		0.	125,060.	24,457.	
(6) JIM MUIR	5.00					 					
IMMEDIATE PAST CHAIR UNTIL 2/2021		х						0.	0.	0.	
(7) WILLIAM KELLER, CFA	2.00								-		
VICE CHAIR	0.00	Х		х				0.	0.	0.	
(8) JOHN COMPTON, PH.D.	5.00										
INTERIM CHAIR	0.00	Х		Х				0.	0.	0.	
(9) ALLEN DELEON	5.00										
TREASURER	0.00	Х		Х				0.	0.	0.	
(10) DOUG WRENN	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(11) KELLI BROOKS	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(12) YUM YU CHENG, ESQ.	2.00										
BOARD MEMBER	0.00	Х						0.	0.	0.	
(13) ANGELA GRAHAM	2.00										
BOARD MEMBER	0.00	Х				_		0.	0.	0.	
(14) DEREK HARPS	2.00	1									
BOARD MEMBER	0.00	Х				_		0.	0.	0.	
(15) STEPHEN KAUFMAN	2.00							_	_	_	
BOARD MEMBER		Х				_		0.	0.	0.	
(16) PERRY PAYLOR	2.00	<u></u>							_		
BOARD MEMBER		Х				_		0.	0.	0.	
(17) TOM ROGERS	2.00								•		
BOARD MEMBER	0.00	X						0.	0.	0 • Form 990 (2020)	

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		ો than લ	one	Reportable	Reportable	;	Es	stimate	∌d
	hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensation		ar	nount (of
	week				1 0010	T	100)	from	from related			other	
	(list any hours for	irecto						the organization	organization (W-2/1099-MI		ı	pensarom the	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-1818	SC)	ı	anizati	
	organizations	Individual trustee or director	Institutional trustee		99	mpen		(** 27 1000 141100)			ı ~	d relate	
	below	dual t	utio ns		nplo,	st co	- in				l	anizatio	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) GAIL FOLENA WASSERMAN, PH.D.	2.00												
BOARD MEMBER	0.00	Х						0.		0.			0.
(19) KRISTINE WARNER	2.00												
BOARD MEMBER	0.00	Х						0.		0.			0.
1b Subtotal	•						▶	0.	908,8	66.	13	9,9	73.
c Total from continuation sheets to Part VI							•	0.	•	0.			0.
d Total (add lines 1b and 1c)							•	0.	908,8	66.	13	9,9	73.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	 e			
compensation from the organization						•		·	·				0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? <i>If</i> "Yes.	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual	· ·		4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	nplete Schedule	e J f	or su	ıch ı	pers	on .					5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of com	pensa	tion fro	om .	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	n the organization's tax y	ear.				
(A)								(B)			(0	C)	
Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
	<u> </u>												
2 Total number of independent contractors (ii	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organic)							
											Form	990 (2	2020)

Form 990 (2020)

Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Cofficable C cofficients a response	or riote to arry iiri	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
, Grants mounts	1	а	Federated campaigns 1a					
ira		b	Membership dues 1b					
Ö,		С	Fundraising events1c					
Gifts, ilar Ar			Related organizations 1d					
nig.			Government grants (contributions) 1e					
Sis			All other contributions, gifts, grants, and					
er it			similar amounts not included above 1f					
S를		~	Noncash contributions included in lines 1a-1f					
Contributions, Giff and Other Similar		-	<u> </u>					
Oe		11	Total. Add lines 1a-1f	Business Code				
			DDOODAN DENMAL INCOME	-	62.462	62 462		
<u>ce</u>	2	а	PROGRAM RENTAL INCOME	531120	63,462.	63,462.		
e s		b						
S		С						
ev		d						
Program Service Revenue		е						
ď		f	All other program service revenue					
		g	Total. Add lines 2a-2f		63,462.			
	3		Investment income (including dividends, inter-					
			other similar amounts)		299,698.			299,698.
	4		Income from investment of tax-exempt bond					
	5		Royalties	· · · · · · · · · · · · · · · · · · ·				
	Ŭ		(i) Real	(ii) Personal				
	6	_		() : 5.55.14.				
	О							
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses					
Revenue		С	Gain or (loss)7c					
Re		d	Net gain or (loss)	<u>.</u>				
her	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	1				
		h	Less: direct expenses 8t					
			Net income or (loss) from fundraising events	<u> </u>				
	0		Gross income from gaming activities. See					
	9	а		.1				
		l-	Part IV, line 19 Less: direct expenses 9a 9b					
				<u> </u>				
			Net income or (loss) from gaming activities	P				
	10	а	Gross sales of inventory, less returns					
			and allowances <u>10</u>	1				
		b	Less: cost of goods sold10	b				
		С	Net income or (loss) from sales of inventory .					
ω				Business Code				
no «	11	а						
ane Due		b						
scellaneo Revenue		С						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		363,160.	63,462.	0.	299,698.
					,			, , , , , , , , ,

	·
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	ants and other assistance to domestic organizations		expenses	general expenses	expenses
	d domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
7	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	istees, and key employees				
	mpensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	her salaries and wages				
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	her employee benefits				
	ayroll taxes				
	es for services (nonemployees):				
	anagement				
	gal				
	counting				
	bbying				
	ofessional fundraising services. See Part IV, line 17				
f Inv	vestment management fees	13,521.		13,521.	
	her. (If line 11g amount exceeds 10% of line 25,				
col	lumn (A) amount, list line 11g expenses on Sch O.)				
1 2 Ad	dvertising and promotion	13,126.	13,126.		
	fice expenses	6,197.		6,197.	
	formation technology				
	oyalties				
	ccupancy				
7 Tra	avel				
1 8 Pa	syments of travel or entertainment expenses				
for	r any federal, state, or local public officials				
9 Co	onferences, conventions, and meetings				
0 Int	erest				
. 1 Pa	lyments to affiliates				
	epreciation, depletion, and amortization				
	surance	4,705.		4,705.	
.4 Oth	her expenses. Itemize expenses not covered				
	ove (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A)				
am	nount, list line 24e expenses on Schedule O.)				
a <u>M</u>	EMBERSHIPS	5,792.		5,792.	
b					
c _					
d					
e All	other expenses				
5 Tot	tal functional expenses. Add lines 1 through 24e	43,341.	13,126.	30,215.	0
6 Joi	int costs. Complete this line only if the organization				
rep	ported in column (B) joint costs from a combined				
edı	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet

rar	ťΧ	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			66,848.	1	35,743
	2	Savings and temporary cash investments	5,671,742.	2	6,583,924		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ				6	
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		224 126			
		basis. Complete Part VI of Schedule D		384,186.	201 000		204 106
	b	Less: accumulated depreciation			381,889.		384,186
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			6 100 470	15	7 002 052
_	16	Total assets. Add lines 1 through 15 (must ed			6,120,479.	16	7,003,853 4,224
	17	Accounts payable and accrued expenses			3,213.	17	4,224
	18	Grants payable	5,748,578.	18	5,685,117		
	19 20	Deferred revenue		3,740,370.	19 20	3,003,117	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for				21	
Liabilities	22	trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				22	
ГI	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 lin	-				
		of Schedule D	– .,.			25	
	26	Total liabilities. Add lines 17 through 25			5,751,791.	26	5,689,341
		Organizations that follow FASB ASC 958, cl					
se		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			368,688.	27	1,314,512
Ва	28	Net assets with donor restrictions				28	
ם		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	s			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
	32	Tatal mat assats and mad balances		· [368,688.	32	1,314,512
<u></u>	32	Total net assets or fund balances		L	6,120,479.	عد	

TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 363,160. Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) 2 43,341. 2 $\overline{319},819.$ Revenue less expenses. Subtract line 2 from line 1 3 3 368,688. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 626,005. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,314,512. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form 990 (2020)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.
PINKNEY INNOVATION COMPLEX FOR SCIENCE &

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

45-3787207

TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) MONTGOMERY COLLEGE 52-0891845 2 X 0 0 0. **Total**

11140224 131839 026-612098

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 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.)

ction A. Public Support						
·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
, , , , , , , , , , , , , , , , , , , ,						
•						
·						
, , ,						
· · · · ·						
· '						
· · · · · · · · · · · · · · · · · · ·						
· · · · · · · · · · · · · · · · · · ·						
(0						
			1		1	•
ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
·						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
Net income from unrelated business						
activities, 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.)						
•	· ·		•			
						P
			1 (6)		144	0.4
	, ,,,	•	.,,			<u>%</u>
						%
						. .
· · · · · · · · · · · · · · · · · · ·		-				
	~					
	-					
•		Ť	-	•	· ·	\sim
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	•				•	. 5,0 0.
				-		ightharpoons
·				•		s
		,	, ,,			
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public support percentage from 2019 as 3 1/3% support test - 2020. If the organization, check this box and stop ction C. Computation of Public and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, etc. (see instructives, the form some part and stop here. The organization qualifies as a publicly support percentage from 2019 Schedule A, Part 133 1/3% support test - 2020. If the organization did not stop here. The organization qualifies as a publicly support facts-and-circumstances test - 2020. If the organization did not and stop here. The organization meets the facts-and-circumstances test. The organization meets the facts-and-circumstances tes	dar year (or fiscal year beginning in)	dairts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit to the organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Described by a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Described by the support of fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax organization, check this box and stop here Etion C. Computation of Public Support Percentage Public support percentage from 2019 Schedule A, Part II, line 14 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line stop here. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2020. If the organization did not check a box on lin and if the organization meets the facts-and-circumstances test, check this box and stop here the facts-and-circumstances test 2020. If the organization qualifies as a publicly supported organization more, and if the organization meets the facts-and-circumstances te	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization of the organization is benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtraction is from line 4. Strion B. Total Support ndar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, 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 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here. Public support percentage from 2019 Schedule A, Part II, line 14. 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. The organization meets the facts-and-circumstances test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or now, and if the organization meets the facts-and-circumstances test - 2020. If the organization qualifies as a publicly supported organization in 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, 07 more, and if the organization meets the facts-and-circumstances test - 2019. If the organization qualifies as a publicly supported organization 10% -facts-and-circumstances test	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levide for the organization without charge paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge provention 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) Public support. Subheat line 5 from line 4. **Eton B. Total Support** Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, 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). Gross necepits from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2020. If the organization idi not check the box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2020. If the organization idi not check the box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2020. If the organization idi not check a box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization and if the organization meets the facts and circumstances test, check this

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 3

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
check this box and stop here						>
Section C. Computation of Publi					<u> </u>	
15 Public support percentage for 2020 (li	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
16 Public support percentage from 2019					16	%
Section D. Computation of Inves					т г	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2020. If the						7 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	▶□
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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	No
	Х	
1	Λ	
2		Х
_		
За		Х
3b		
3c		
4a		X
41.		
4b		
4c		
5a		X
5b		
5c		
		v
6		X
7		Х
8		Х
9a		X
9b		X
9c		X
		v
10a		X
405		
10b 1990 or 99	∩_E7\	2020

Par	t 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described in line 11a above?	11b		_X_
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		_X_
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	∍d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	9	7.7	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
	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,			X
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	aon o. Type ii oupporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
	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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Soot	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.	/ :t	1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	1 1	

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a	qualifying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
All other Type III non-functionally integrated supporting organization		•	·
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses 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		
Section B - Minimum Asset Amount	, -	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amo	ount.		
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		
Section C - Distributable Amount	, -		Current Year
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-fu	inctionally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 7

	rt V Type III Non-Functionally Integrated 509				5-3767207 Page 7
	ion D - Distributions	(4)(0) 04 10 10 10 10 10 10 10	COntine	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
<u> </u>	Amounts paid to acquire exempt-use assets	os or supported organizations	,	4	
				5	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		6	
<u>6</u>	Other distributions (<i>describe in Part VI</i>). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	Ι	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	*				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<u> </u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	EAGGGG HUIII ZUTT				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

Schedule A	(Form 990 or 990-EZ) 2020	TECHNOLOGY	AT MONTGOMERY	COLLEGE FOUNDAT 4	5-3787207 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1,	mation. Provide the 6	explanations required by Pa 5, 9a, 9b, 9c, 11a, 11b, and	rt II, line 10; Part II, line 17a or 17b 11c; Part IV, Section B, lines 1 and a, and 3b; Part V, line 1; Part V, Sec	; Part III, line 12; 2; Part IV, Section C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E	E, lines 2, 5, and 6. Also com	nplete this part for any additional in	formation.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Employer identification number 45-3787207

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar F	unds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	writing that the assets held in donc	or advised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other pu	irpose conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preserva	ation of a historically important land area
	Protection of natural habitat	Preserva	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in th	e form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic	structure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, hand	ing of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcir	ng conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing co	nservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial	statements that describes the
Da	organization's accounting for conservation easements.	Aut Historical Transcorre	au Olland Cincilan Annah
Pai	t III Organizations Maintaining Collections of	•	or Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 956	,	
	of art, historical treasures, or other similar assets held for pub	·	•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treat	,	inancial gain, provide
	the following amounts required to be reported under FASB A	· ·	
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		\$

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Schedule D (Form 990) 2020

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

		JY AT MON.						45-5/			age ∠
_	- Trigarina arang aran								(contin	ued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition	d			hange program						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle							se in Part	XIII.		
5	During the year, did the organization solicit or r								7	_	7
D :	to be sold to raise funds rather than to be main								Yes		No
Pai	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered "Yes"	on Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part X										
1a	Is the organization an agent, trustee, custodian								٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fol	lowing t	able:							
	5						_		Amount	<u>:</u>	
C	Beginning balance						1c				
a	Additions during the year						1d				
e	Distributions during the year						1e				
T	Ending balance						1f		Yes	$\overline{}$	l Na
	Did the organization include an amount on Form					•			_		」No □
Par	If "Yes," explain the arrangement in Part XIII. C t V Endowment Funds. Complete if t										
		(a) Current vear		rior year	(c) Two years bac		Three	ears back	(e) Four	Veare	hack
12	Beginning of year balance	(a) Ourrent year	(6) 1	noi yeai	(C) Two years bac	,	Tilloc	rcars back	(e) i oui	yours	Dack
b	Contributions										
	Net investment earnings, gains, and losses										
q	Grants or scholarships										
٠ -	Other expenditures for facilities										
ŭ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curren		e (line 1c	ı. column (a)) held as:						
а	Board designated or quasi-endowment	•	%	,, , , , , , , , , , , , , , , , , , , ,	,						
b	Permanent endowment	%	_								
С	Term endowment > %										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	ion of the organiza	tion tha	t are held an	d administered fo	r the o	rganiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the or	rganization's endo									
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	'Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990, Par	t X, line	10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other (d) Accı	ımulate	ed	(d) Bool	k valu	е
		basis (investn		basis	(other)	depre	ciation				
1a	Land	384,	186.						384	4,1	86.
b	Buildings	1									
С	Leasehold improvements										
	Equipment	1									
	Other										

Schedule D (Form 990) 2020

384,186.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020	TEC
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Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	l-of-year market value
N En la	(b) Dook value	(c) Method of Valuation. Cost of end	1-01-year market value
Financial derivatives Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	F 000 D-+ IV I'	44 d. Oca Farm 000 Park V. Park 45	
Complete if the organization answered "Yes" o	Description	Trd. See Form 990, Part X, line 15.	(b) Book value
	2000 I PRIOTI		(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(0)			
(7)			
(7) (8)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.			(b) Book value
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			
(7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			
(7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value

032053 12-01-20

TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 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 12	ła.	•	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial Staten		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1			1	—
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	t XIII Supplemental Information.			

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 X, 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:

THE ORGANIZATION FOLLOWS ACCOUNTING GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PROVIDES GUIDANCE ON RECOGNITION, CLASSIFICATION, AND DISCLOSURE CONCERNING UNCERTAIN TAX LIABILITIES. THE EVALUATION OF A TAX POSITION REQUIRES DISCLOSURE OF A TAX LIABILITY IF IT IS MORE LIKELY THAN NOT THAT IT WILL NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE ORGANIZATION'S TAX POSITIONS, AND HAS CONCLUDED THAT AS OF JUNE 30, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT 45-3787207 Page 5 Schedule D (Form 990) 2020 Part XIII Supplemental Information (continued)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Employer identification number 45-3787207

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	_		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		l

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) DR. STEPHEN CAIN	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	211,642.	0.	328.	15,993.	26,596.	254,559.	0.
(2) DR. SANJAY RAI	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	217,826.	0.	1,593.	15,993.	2,327.	237,739.	0.
(3) MARGARET LATIMER	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	208,984.	0.	0.	13,846.	293.	223,123.	0.
(4) MARTHA A. SCHOONMAKER, CECD	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	143,094.	0.	339.	11,172.	29,296.	183,901.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	1 1/5 200) 2000

Schedule J (Form 990) 2020	TECHNOLOGY	AT MONTGOMERY C	OLLEGE FOUNDAT		45-3787207	Page 3
Part III Supplemental Information						<u> </u>
Provide the information, explanation,		d for Part I, lines 1a, 1b, 3, 4a	, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8	3, and for Part II. Also complete this	s part for any additional informatio	n.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

Employer identification number 45-3787207

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENHANCE AND ALIGN THE WORK OF THE COLLEGE WITH THOSE OF TECHNOLOGY BUSINESSES BY CO-LOCATING BUSINESSES ON CAMPUS IN AN INTEGRATED HUB THAT ACTIVELY PROMOTES INTERACTION BETWEEN FACULTY AND STUDENTS TO ACHIEVE THE COLLECTIVE GOAL OF EDUCATIONAL AND ECONOMIC SUCCESS.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR, THE IMMEDIATE PAST THE VICE CHAIR, THE SECRETARY, THE TREASURER, TREASURER COMMITTEE CHAIR, AUDIT AND GOVERNANCE COMMITTEE CHAIR, ACADEMIC PARTNERSHIPS COMMITTEE CHAIR, AND REAL ESTATE COMMITTEE CHAIR. THE EXECUTIVE COMMITTEE IS DELEGATED THE AUTHORITY AND POWERS OF THE BOARD. ACTIVITIES AND DECISIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AT THE NEXT SCHEDULED REGULAR MEETING.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BYLAWS GIVE MONTGOMERY COLLEGE THE AUTHORITY TO APPOINT THE MAJORITY OF THE VOTING BOARD MEMBERS OF THIS ORGANIZATION.

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

THE FORM 990 IS REVIEWED BY ALL BOARD MEMBERS OF THE ORGANIZATION BEFORE FILING.

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

THE CONFLICT OF INTEREST POLICY APPLIES TO EACH FOUNDATION BOARD MEMBER,

AND VOLUNTEER SERVING IN AN EQUIVALENT CAPACITY. AT THE TIME OF OFFICER LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

Employer identification number

45-3787207

TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT APPOINTMENT OR HIRING AND ANNUALLY THEREAFTER, EACH FOUNDATION BOARD MEMBER, OFFICER, OR VOLUNTEER ACTING IN AN EQUIVALENT CAPACITY MUST DISCLOSE HIS OR HER FINANCIAL INTEREST(S) AS WELL AS ANY OTHER ACTUAL OR POTENTIAL INTEREST(S) OR RELATIONSHIP(S) THAT MIGHT BE CONSTRUED AS AFFECTING HIS OR HER INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF HIS OR HER DECISION-MAKING AUTHORITY OR FIDUCIARY RESPONSIBILITY. A COVERED PERSON SHALL MAKE SUCH DISCLOSURES ON THE FOUNDATION'S DISCLOSURE FORM AND SUBMIT IT TO THE CHAIR OF THE FOUNDATION BOARD OR HIS/HER DESIGNEE AT THE TIME OF APPOINTMENT OR HIRE AND THEREAFTER ANNUALLY BY JULY 1, THE BEGINNING OF THE FOUNDATION'S FISCAL YEAR. A COVERED PERSON WITH NO REPORTABLE INTEREST SHALL SO INDICATE ON THE DISCLOSURE FORM AND SUBMIT IT TO THE FOUNDATION BOARD CHAIR OR HIS/HER DESIGNEE. IF THERE IS ANY CHANGE TO A COVERED PERSON'S FINANCIAL INTERESTS OR OTHER REPORTABLE INTERESTS OR RELATIONSHIPS DURING THE FISCAL YEAR, THE COVERED PERSON SHALL PROMPTLY AMEND HIS OR HER DISCLOSURE FORM. THE BOARD CHAIR, IN CONSULTATION WITH THE FOUNDATION'S LEGAL COUNSEL AND EXECUTIVE COMMITTEE, WILL REVIEW THE DISCLOSURE FORMS AND DETERMINE WHETHER A COVERED PERSON HAS AN ACTUAL, POTENTIAL, OR APPARENT CONFLICT OF INTEREST. A COVERED PERSON WITH AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST MAY MAKE A PRESENTATION AT A MEETING OF THE FOUNDATION BOARD OR ONE OF ITS COMMITTEES. A COVERED PERSON MUST DISCLOSE HIS OR HER INTEREST PRIOR TO THE FOUNDATION BOARD'S OR COMMITTEE'S DISCUSSION OF AND VOTE ON THE PROPOSED TRANSACTION OR ARRANGEMENT INVOLVING THE COVERED PERSON'S ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST. HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, SUCH PROPOSED TRANSACTION OR ARRANGEMENT. THE FOUNDATION BOARD OR COMMITTEE MAY APPROVE THE TRANSACTION OR ARRANGEMENT BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS PRESENT AND VOTING IF THE TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO THE FOUNDATION. TO THE EXTENT NOT Schedule O (Form 990 or 990-EZ) 2020

PINKNEY INNOVATION COMPLEX FOR SCIENCE &

Name of the organization PIN TEC	KNEY INNOVATIO CHNOLOGY AT MON				Employer identification number $45-3787207$
COVERED BY THE PR	OCEDURES DESCR	IBED ABOVE,	THE BOARD	CHAIR	IN CONSULTATION
WITH LEGAL COUNSE	L, THE EXECUTI	VE COMMITTE	E, AND THE	COVERI	ED PERSON, SHALL
DETERMINE APPROPR	IATE MEASURES	TO BE TAKEN	TO MANAGE	AN ACT	TUAL, APPARENT,
OR POTENTIAL CONF	LICT OF INTERE	ST OF AN OF	FICER OR VO	LUNTE	ER ACTING IN AN
EQUIVALENT CAPACI	TY.				
FORM 990, PART VI	, SECTION C, L	INE 19:			
THE ORGANIZATION'	S GOVERNING DO	CUMENTS, CO	NFLICT OF I	NTERES	ST POLICY, AND
FINANCIAL STATEME	NTS ARE MADE A	VAILABLE TO	THE PUBLIC	UPON	REQUEST.
	_				

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Attach to Form 990.

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

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

032161 10-28-20 LHA

PINKNEY INNOVATION COMPLEX FOR SCIENCE & TECHNOLOGY AT MONTGOMERY COLLEGE FOUNDAT

(b)

Primary activity

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 45-3787207

(f)

Direct controlling

of disregarded entity		foreign country)			e	(g) Section 512(b)(13)	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr ent	olled ity?
MONTGOMERY COLLEGE - 52-0891845				(-)(-)/		Yes	NO
9221 CORPORATE BOULEVARD	7						
ROCKVILLE, MD 20850	COLLEGE	MARYLAND	N/A	N/A	N/A		Х
For Donounced, Dodoskies Act Metics and the least of					Oakad I. R	(Farma 20	20, 2000
For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.				Schedule R	IFORM 95	U) 2020

32

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	I	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>	
	1											
	1											
	1											
	1											
	1											
	1											
-	1											
	1											
-	1											
							L		<u> </u>			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									

Schedule R (Form 990) 2020

1a

X

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organ						Х
	Performance of services or membership or fundraising solicitations by related organ				_	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х	
						Х	
	3 ()						
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х
	. , ,						
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)						Х
	If the answer to any of the above is "Yes," see the instructions for information on wh						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t involved		
(1)							
(2)							
(3)							
(4)							
(5)							
(e)							
(6)	10.20.20	I	<u> </u>	Cohod	ule R (For	m 000	2020
J32163	10-28-20	2.4		Sched	uie n (FOI	111 990	, 2020

Schedule R (Form 990) 2020

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000

032165 10-28-20 Schedule R (Form 990) 2020