

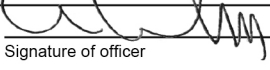
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GWINNETT COUNTY PUBLIC SCHOOLS FOUNDATION FUND, INC.		D Employer identification number 16-1764597
	Doing business as		E Telephone number 678-301-7287
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 437 OLD PEACHTREE ROAD NW		
	City or town, state or province, country, and ZIP or foreign postal code SUWANEE GA 30024-2978		G Gross receipts\$ 1,016,136
	F Name and address of principal officer: JOSEPH P. HEFFRON 437 OLD PEACHTREE ROAD, NW SUWANEE GA 30024		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: ▶ WWW.GCPS-FOUNDATION.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2006	M State of legal domicile: GA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,153,833	Current Year 879,551
	9 Program service revenue (Part VIII, line 2g)		100,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,156	9,728
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,161,989	989,279
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	410,060	807,764
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,513		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	547,261	50,388
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	957,321	858,152
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	204,668	131,127
	20 Total assets (Part X, line 16)	Beginning of Current Year 1,661,810	End of Year 1,862,751
	21 Total liabilities (Part X, line 26)	0	54,002
	22 Net assets or fund balances. Subtract line 21 from line 20	1,661,810	1,808,749

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

Sign Here	Signature of officer 		Date	
	AARON LUPULOFF Type or print name and title		SENIOR EXEC. DIR.	
Paid Preparer Use Only	Print/Type preparer's name AILEEN B. BOLGER	Preparer's signature AILEEN B. BOLGER	Date 02/24/21	Check <input type="checkbox"/> if self-employed PTIN P01259088
	Firm's name ▶ BROOKS, MCGINNIS & COMPANY, LLC			Firm's EIN ▶ 58-2161308
	Firm's address ▶ 5607 GLENRIDGE DR STE 650 ATLANTA, GA 30342-4959			Phone no. 404-531-4940