

A For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024			
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		G Gross receipts \$ 3,346,448.
	City or town, state or province, country, and ZIP or foreign postal code		
	SUWANEE, GA 30024		
F Name and address of principal officer: AARON LUPULOFF 437 OLD PEACHTREE ROAD NW, SUWANEE, GA 30024		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.	
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	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: STRENGTHEN INTERNAL AND EXTERNAL COMMUNITY RELATIONSHIPS AND PROVIDE RESOURCES AND SUPPORT TO IMPROVE THE EDUCATIONAL FUTURE OF ALL STUDENTS.		
	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	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	NONE
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,061,213.	Current Year 3,065,753.
	9 Program service revenue (Part VIII, line 2g)	NONE	NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,652.	29,646.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE	38,240.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,074,865.	3,133,639.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,576,687.	2,580,466.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25)	2,894.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	110,945.	128,339.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,687,632.	2,708,805.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	387,233.	424,834.
	20 Total assets (Part X, line 16)	Beginning of Current Year 3,006,099.	End of Year 3,429,482.
	21 Total liabilities (Part X, line 26)	56,050.	6,000.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,950,049.	3,423,482.

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		05/15/2025
	AARON LUPULOFF		Date
	SR. EXEC DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	SABRE J LINAHAN	<i>Sabre Linahan</i>	05/15/2025
	Firm's name	SMITH & HOWARD ADVISORY, LLC	Check <input type="checkbox"/> if self-employed
	Firm's address	271 17TH STREET, NW SUITE 2100 ATLANTA, GA 30363	PTIN P01372980
Firm's EIN		92-0749631	Phone no.
		404-874-6244	

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023)