Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2022 cal	end	ar year, or ta	x year beginnin	g	07-	-01	, 2022, a	nd endi	ng		30 , 20 2				
	Check if applicable: C Name of organization Prince William County								chools	Educa	tion F	Employe	er identification	number	r		
] A	Address change			Doing business as									54-14988	24			
Name change				Number and street (or P.O. box if mail is not delivered to street address)							· · · · · · · · · · · · · · · · · · ·						
5 r	itial ret	urn		PO Box 389								(703)791-8001					
٦̈́	inal retu	ırn/terminated		City or town, state or province, country, and ZIP or foreign postal code								G Gross receipts					
<u> </u>	mende	i return		Manas	sas, VA 20	108						\$,591,			
<u> </u>	pplicati	on pending		F Name and a	ddress of principal off	icer: Dawn D	avis				H(a) is this a g			i i	X No		
				Same	as C above						H(b) Are all s			-	∐ No		
ı T	ax-exer	npt status:	X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527			If "No,"	attach a list.	See instructions	ŝ			
J V	Vebsite	:	www	.powered	byspark.or	g					H(c) Group e						
K F	orm of	organization:	X	Corporation	Trust Associa	ation Other		L Ye	ear of formati	on: 198	9 M S	tate of legal	domicile: V	'A			
Pa	rt I	Sumr												334-			
	1	1 Briefly describe the organization's mission or most significant activities: To support public schools in Prince Willia													<u>m</u>		
a		County	,	, VA													
Governance																	
ž									41. 05	· · · · · · · · · · · · · · · · · · ·							
Š	2	Check th	nis b	ox 📙 if the	organization disc	continued its oper	ations or disposed	ot mor	re than 25	1% OI IIS I	· · · · ·	3			26		
ග නේ	3	Number	of v	oting member	ers of the governi	ng body (Part VI,						4			26		
es	4	Number	of i	ndependent v	oting members of	of the governing b	ody (Part VI, line 1b	0)				5			0		
Ϋ́Ε	5						? (Part V, line 2a)	• •				6					
Activities	6	Total nu	mbe	r of voluntee	rs (estimate if ne							7a			0		
•	78	Total un	rela	lated business revenue from Part VIII, column (C), line 12								7b			0		
		Net unre	et unrelated business taxable income from Form 990-T, Part I, line 11							- ; ; ; ;	Prior Year	1.5	Curre	nt Year			
										-	3,333	962		,472,	. 324		
4	8	Contribu	Continuations and grants (rate viii, into vii)												,330		
Revenue	9	9 Program service revenue (Part VIII, line 2g)											,325				
Ş.	10	IU IIIVESIIIEII IIICOINE (I ait viii, coldiiii (y, iiiles e, i, elle e e,											,891				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								<u> </u>	3,404		4	,547			
	12	Z Total revenue - aud intes o through 11 (must equal tax tax)										438,548		324,663			
	13	Grants and similar amounts paid (Part IX, Coldinit (X), lines 1-0)												0			
	14	Benefits	pa	paid to or for members (Part IX, column (A), line 4)								5,302		391	,623		
Š	15	Salaries	s, ot	other compensation, employee benefits (Part IX, column (A), line 3-10)											0		
use	16	a Profess	Professional fundraising fees (Part IX, column (A), line 11e)										100				
Expenses	.		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								2,78	0,020	3,645,581				
ú		Other e	xpe	nses (Part IA	τ, σοιατιπ (τ γ, π. σο τ τ = τ = ,						3,564,870			4,361,867			
	18	lotal ex	per	uses. Add lines 13-17 (must equal Part IX, column (A), line 25)							(160,349)		186,003				
_	19 6	Revenu	Tiuc icaa expenses. Oublider into 10 nom into 12								Beginning of Current Year		End of Year				
Š	20 Palances	Total or	al assets (Part X, line 16)								2,154,383		2,323,753				
ess	<u>ē</u> 20			ies (Part X, li							14	5,464		130	,234		
A tel	E 22					ne 21 from line 20					2,00	8,919	:	2,193	,519		
D	art II	Signature Block															
			iry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is etc. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.														
tru	e, corre	ct, and compl	ete. C	eclaration of pre	parer (other than offic	er) is based on all inion	mation of which prepared	i ilao an	, , , , , , , , , , , , , , , , , , ,								
		1	et:	er Folla	nsbee							L	<u> </u>				
Si	gn	Signature	signature of officer									Da	10				
Не	Peter Follansbee, Treasurer																
				name and title									PTIN				
		Print/	уре	preparer's name		Preparer's signature		1	Date		Chec	-		0912			
Paid		Nan	су	A. Becha		use		(09-22-2	2023		mployed	P0007	UO14			
Preparer					Bechanan	& Company					Firm's EIN						
Us	se O	nly Fim's	Firm's address 22226 Creekview Drive								Phone no.	2.01	869-374	7			
_						burg MD 208					<u> </u>			Yes	No		
		IDC diague	o th	ic return with	the preparer sho	own above? See i	nstructions · ·		<u></u>		· · · · · ·	<u> </u>					