Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity			
1	For calender year 2022, or fiscal year beginning JUL 1 , 2022, and ending JUN 30 ,	20 2 3 0000		
	Do not send to the IRS. Keep for your records.	²⁰ <u>23</u> 2022		
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.			
Name of filer		EIN or SSN		
EDUCAT	E FAIRFAX	36-4674229		
Name and title of officer or pe				
	EXECUTIVE DIRECTOR			
	Return and Return Information			
Form 5330 filers may ente or 10 a below, and the amo whichever is applicable, bl	rn for which you are using this Form 8879-TE and enter the applicable amount, if any, fro r dollars and cents. For all other forms, enter whole dollars only. If you check the box on bunt on that line for the return being filed with this form was blank, then leave line 1b, 2b ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a , 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10		
than one line in Part I. 1a Form 990 check h	ere 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	th 1,206,74		
2a Form 990-EZ che				
3a Form 1120-POL c				
4a Form 990-PF che				
6a Form 8868 check				
6a Form 990-T check		6b		
7a Form 4720 check				
8a Form 5227 check		8b		
9a Form 5330 check		9b		
10a Form 8038-CP ch				
	ion and Signature Authorization of Officer or Person Subject to Ta	X		
Inder penalties of periury	I declare that X I am an officer of the above entity or I am a person subject to t	ax with respect to (name		
personal identification nun	e confidential information necessary to answer inquiries and resolve issues related to th nber (PIN) as my signature for the electronic return and, if applicable, the consent to elec	ctronic funds withdrawal.		
		enter my PIN 48561		
	NES & MCINTYRE, PLLC to ERO firm name			
X I authorize JO	ERO firm name on the tax year 2022 electronically filed return. If I have indicated within this return that a noy(les) regulating charities as part of the IRS Fed/State program, I also authorize the afor isclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(les)	enter my PIN 48561 Enter five numbers do not enter all zer a copy of the return is being filed prementioned ERO to enter my F e tax year 2022 electronically file		
X I authorize JO as my signature with a state ager on the return's d As an officer or p return. If I have in IRS Fed/State p	ERO firm name on the tax year 2022 electronically filed return. If I have indicated within this return that a hoy(les) regulating charities as part of the IRS Fed/State program, I also authorize the afe isclosure consent screen. Derson subject to tax with respect to the entity, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen.	enter my PIN 48561 Enter five numbers do not enter all zer a copy of the return is being filed prementioned ERO to enter my F e tax year 2022 electronically file) regulating charities as part of th		
X I authorize JO as my signature with a state ages on the return's d As an officer or p return. If I have in IRS Fed/State pu Signature of officer or person subject Part III Certifica	ERD firm name on the tax year 2022 electronically filed return. If I have indicated within this return that a noy(les) regulating charities as part of the IRS Fed/State program, I also authorize the afor isclosure consent screen. Derson subject to tax with respect to the entity, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. To to tax bit to tax tion and Authentication	enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my P e tax year 2022 electronically file) regulating charities as part of th		
X 1 authorize JO as my signature with a state ager with a state ager on the return's d As an officer or preturn. If I have in IRS Fed/State pi Signature of officer or person subject Certifica Part III Certifica ERO's EFIN/PIN. Enter your Certifica	ERO firm name on the tax year 2022 electronically filed return. If I have indicated within this return that a noy(les) regulating charities as part of the IRS Fed/State program, I also authorize the afe isclosure consent screen. Derson subject to tax with respect to the entity, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. Date to tax to nand Authentication ur six-digit electronic filing identification	e enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my P e tax year 2022 electronically file regulating charities as part of the Date 3/21/20		
as my signature with a state agen on the return's d As an officer or p return. If I have in IRS Fed/State p Signature of officer or person subject Part III Certifica ERO's EFIN/PIN. Enter yo	ERD firm name on the tax year 2022 electronically filed return. If I have indicated within this return that a noy(les) regulating charities as part of the IRS Fed/State program, I also authorize the afor isclosure consent screen. Derson subject to tax with respect to the entity, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. To to tax bit to tax tion and Authentication	e enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my P e tax year 2022 electronically file regulating charities as part of the Date 3/21/20		
I authorize JO as my signature with a state ager on the return's d As an officer or preturn. If I have it IRS Fed/State p Bignature of officer or person subject Part III Certifica ERO's EFIN/PIN. Enter yon Dumber (EFIN) followed by certify that the above nursubmitting this return in action	ERD firm name on the tax year 2022 electronically filed return. If I have indicated within this return that a noy(les) regulating charities as part of the IRS Fed/State program, I also authorize the afer isclosure consent screen. Derson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. To to tax to to tax tion and Authentication your five-digit self-selected PIN. 54736548561	enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my P e tax year 2022 electronically file) regulating charities as part of th Date $3/21/2^{\mathcal{O}}$ 		
X I authorize JO as my signature with a state ages on the return's d As an officer or p return. If I have in IRS Fed/State pu Signature of officer or person subject Part III Certifica ERO's EFIN/PIN. Enter you number (EFIN) followed by certify that the above nur submitting this return in ac Business Returns.	ERO firm name on the tax year 2022 electronically filed return. If I have indicated within this return that a noy(les) regulating charities as part of the IRS Fed/State program, I also authorize the afe isclosure consent screen. Derson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. In to tax tion and Authentication your five-digit self-selected PIN. Do not enter all zeros neric entry is my PIN, which is my signature on the 2022 electronically filed return indica	enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my P e tax year 2022 electronically file) regulating charities as part of th Date $3/21/2^{\mathcal{O}}$ 		
X I authorize JO as my signature with a state ages on the return's d As an officer or p return. If I have in IRS Fed/State pu Signature of officer or person subject Part III Certifica ERO's EFIN/PIN. Enter you number (EFIN) followed by certify that the above nur submitting this return in ac Business Returns.	ER0 firm name on the tax year 2022 electronically filed return. If I have indicated within this return that a noy(les) regulating charities as part of the IRS Fed/State program, I also authorize the afer isclosure consent screen. berson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. berson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. berson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. berson and Authentication ur six-digit electronic filling identification your five-digit self-selected PIN. Date Date Date Date Date Date Date Date Date Date <td <="" colspan="2" td=""><td>e enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my F e tax year 2022 electronically file regulating charities as part of the Date $3/21/20$</td></td>	<td>e enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my F e tax year 2022 electronically file regulating charities as part of the Date $3/21/20$</td>		e enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my F e tax year 2022 electronically file regulating charities as part of the Date $3/21/20$
I authorize JO as my signature with a state ager on the return's d As an officer or preturn. If I have it IRS Fed/State preturn. If I have it IRS Fed/State preturn of officer or person subjection Bignature of officer or person subjection Part III Certifica ERO's EFIN/PIN. Enter you number (EFIN) followed by I certify that the above nursubmitting this return in ac Business Returns. ERO's signature	ERD firm name On the tax year 2022 electronically filed return. If I have indicated within this return that a noy(les) regulating charities as part of the IRS Fed/State program, I also authorize the afer isclosure consent screen. Derson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. Derson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. Automatication To nand Authentication your five-digit self-selected PIN. S4736548561 Do not enter all zeros neric entry is my PIN, which is my signature on the 2022 electronically filed return indicate cordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for A Date ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	e enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my P e tax year 2022 electronically file regulating charities as part of the Date $3/21/20$ 		
I authorize JO as my signature with a state ager on the return's d I authorize As an officer or preturn. If I have it IRS Fed/State preturn it IRS Fe	ER0 firm name on the tax year 2022 electronically filed return. If I have indicated within this return that a noy(les) regulating charities as part of the IRS Fed/State program, I also authorize the afer isclosure consent screen. berson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. berson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. berson subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(les) rogram, I will enter my PIN on the return's disclosure consent screen. berson and Authentication ur six-digit electronic filling identification your five-digit self-selected PIN. Date Date Date Date Date Date Date Date Date Date <td <="" colspan="2" td=""><td>enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my F e tax year 2022 electronically file) regulating charities as part of the Date $3/21/2^{0}$ </td></td>	<td>enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my F e tax year 2022 electronically file) regulating charities as part of the Date $3/21/2^{0}$ </td>		enter my PIN 48561 Enter five numbers, do not enter all zer a copy of the return is being filed prementioned ERO to enter my F e tax year 2022 electronically file) regulating charities as part of the Date $3/21/2^{0}$

	000	** PUBLIC DIS	CLOSURE COR Exempt Fi	_{РҮ} ** ′ от І І	ncome Tax	OMB No. 1545-0047		
For		Under section 501(c), 527, or 4947(a)(1) of the	-			2022		
Deng	artment of the Treasury	Do not enter social security numb	ers on this form as i	it may be	made public.	Open to Public		
Interr	ternal Revenue Service Go to WWW.Irs.gov/Form990 for Instructions and the latest information.							
<u>A</u> F			2022 and er	nding J	UN 30, 2023	_		
B c	Check if C Name	of organization			D Employer identificat	ion number		
	Address							
	IName	CATE FAIRFAX			36-4674229	2		
	11-141-1	business as er and street (or P.O. box if mail is not delivered to stree	t addraga)	oom/suite	E Telephone number)		
		5 GATEHOUSE RD	· · ·	400	571-423-10	131		
L		r town, state or province, country, and ZIP or foreig		<u>+00</u>	G Gross receipts \$	1,237,973		
		LS CHURCH, VA 22042			H(a) Is this a group retur			
		and address of principal officer:CINDY AND	ERSON		for subordinates?			
	ponding	AS C ABOVE			H(b) Are all subordinates inclu			
۲ I	ax-exempt status		o.) 4947(a)(1) or	527	If "No," attach a list			
JV	Vebsite: EDU	CATEFAIRFAX.ORG	• • • • •		H(c) Group exemption n	umber		
κF	orm of organization	X Corporation Trust Association	Other	L Year o	of formation: 2010 M S	tate of legal domicile: V2		
Pa	art I Summa	У						
ė		ribe the organization's mission or most significant a				\L		
Activities & Governance	EXCELI	ENCE AND PREPARE STUDENTS	FOR THE FU	JTURE	•			
ern	2 Check this	oox if the organization discontinued its o	perations or dispose	d of more	than 25% of its net asse			
NOK		oting members of the governing body (Part VI, line				2		
8		ndependent voting members of the governing body				2		
ies		er of individuals employed in calendar year 2022 (Pa						
livit		er of volunteers (estimate if necessary)						
Act		ed business revenue from Part VIII, column (C), lin				0		
	b Net unrelate	d business taxable income from Form 990-T, Part I	, line 11	<u></u>	Prior Year	0.		
	0 Osetuikutis	- and swants (Daut) (III line th)				Current Year		
Revenue		is and grants (Part VIII, line 1h) vice revenue (Part VIII, line 2g)			1,407,852.	<u>1,140,137</u>		
ver	•	ncome (Part VIII, column (A), lines 3, 4, and 7d)			2,338.	9,876		
å		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an			44,559.	56,727		
		e - add lines 8 through 11 (must equal Part VIII, col			1,454,749.	1,206,740		
		similar amounts paid (Part IX, column (A), lines 1·3)			1,331,672.	1,397,299		
					0.	0,		
。)		er compensation, employee benefits (Part IX, colur			0.	0		
Expenses		fundraising fees (Part IX, column (A), line 11e)			0.	0		
bei		ising expenses (Part IX, column (D), line 25)	14,934					
۵I		ses (Part IX, column (A), lines 11a 11d, 11f-24e)			57,475.	37,889		
		ses. Add lines 13-17 (must equal Part IX, column (A			1,389,147.	1,435,188		
		s expenses. Subtract line 18 from line 12			65,602.	-228,448		
ese Se			·		inning of Current Year	End of Year		
Fund Balances	20 Total assets	(Part X, line 16)			1,566,857.	1,543,986		
AB BB	21 Total liabiliti	es (Part X, line 26)			35,069.	240,646		
		r fund balances. Subtract line 21 from line 20			1,531,788.	1,303,340		
		re Block	· ·					
		r, I declare that I have examined this return, including acc			•	nowledge and belief, it is		
rue,	correct, and comple	te. Declaration of preparer (other than officer) is based on	all information of which	h preparer	has any knowledge.			
		officer						
Sign					Date			
Here	e LYNETT	E HENRY, EXECUTIVE DIRECT	OR					
		name and title			ata / location	DTIN		
	Print/Type p	eparer's name Preparer's si	gnature In St. J		ate Check	PTIN		

	Print/Type preparer's name	Preparer's signature	me too	Date /	Check	PTIN	
Paid	LINDA D. MCINTYRE, CPA	Vinda D.	MINUN	42424	self-employed	P00048561	
Preparer	Firm's name JONES & MCINTYRE	PLLC		Firn	n's EIN 75-	3218994	
Use Only	Firm's address 6506 LOISDALE ROA	AD, SUITE 3	30				
	SPRINGFIELD, VA 2	22150		Pho	ne no. 703 –	866-4500	
May the II	RS discuss this return with the preparer shown ab	ove? See_instruction	s			X Yes N	lo
						- 000	

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	1 990 (2022) EDUCATE FAIR			36-4674229 Page 2
Pa	rt III Statement of Program Service Ac	complishments		
	Check if Schedule O contains a response or	note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: TO ENERGIZE THE POWER OF '	THE COMMUNITY T	O INVEST IN EDUC	
	EXCELLENCE AND PREPARE ST	UDENTS FOR THE	FUTURE.	
	Did the organization undertake any significant prog		which were not listed on the	
2	·		which were not listed on the	Yes X No
3	Did the organization cease conducting, or make sig		iducts any program services?	Yes X No
Ŭ	If "Yes," describe these changes on Schedule O.	Jimodile ondingos in now it oor		
4	Describe the organization's program service accorr	plishments for each of its thre	e largest program services, as i	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are re revenue, if any, for each program service reported.	equired to report the amount o	f grants and allocations to othe	rs, the total expenses, and
4a	(Code:) (Expenses \$1, 400, 5	05. including grants of \$	1,397,299.) (Revenue	∍\$)
	SUPPORT THE FAIRFAX COUNTY	Y SCHOOL SYSTEM	IN INSPIRING, E	NABLING AND
	EMPOWERING STUDENTS AND T			
	TEACHER GRANTS: GRANTS TO			
	CURRICULUM. FIFTY-SEVEN PI		PPROVED AND WILL	IMPACT MORE
	THAN 16,000 STUDENTS ACCRO			
	KIDS IN NEED FUND: ASSIST			
	SUPPLY KITS, BACKPACKS, PI		ITEMS AND COMPL	TERS AND
	LAPTOPS TO STUDENTS WHO NI			TNG NAMEDIAL
	LITERACY AND READING: PROV			
	TO STUDENTS WHO MIGHT OTHI SUMMER MONTHS.	SKWISE NOT HAVE	ACCESS TO BOOKS	OVER THE
	SUMMER MONTHS.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue	∋\$)
	······································			
			· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	
		- · · · ·		
	· · · · · · · · · · · · · · · · · · ·			~~~~
4c	(Code:) (Expenses \$	including grants of \$) (Revenue	ə\$)
	No. 11 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
				·
				······································
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including gra	nts of \$) (Revenue \$)
4e	Total program service expenses 1	,400,505.		
				Form 990 (2022)
232002	2 12-13-22	3		

13120322 137244 FAIRF3

FAIRF3_1

^{2022.05070} EDUCATE FAIRFAX

Form	990	(2022)

EDUCATE FAIRFAX 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		-	
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.	1999-00		123233
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
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
6	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12 a	X	
α	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	104		v
10		12b 13		X
13 14a		14a		X
l4a b	Did the organization maintain an office, employees, or agents outside of the United States?	148		
2	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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		x
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. See instructions	17		x
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	х	
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
	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	L
232003	12-13-22	Form	990	(2022)

4 13120322 137244 FAIRF3 2022.05070 EDUCATE FAIRFAX

orm 990	(2022)]

 Form 990 (2022)
 EDUCATE
 FAIRFAX

 Part IV
 Checklist of Required Schedules (continued)

			γ	T
00	Did the exception report more than $45,000$ of grapts or other assistance to be for domestic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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			
	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			
00	Schedule L, Part I	25b		X
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? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If			
	"Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	 	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			<u>.</u> .
~~	"Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			- 23
	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		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		X
	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			
	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?		ĺ	v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	1	x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 31		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a3			
b				
С		No.	\	a nan shi
00000	(gambling) winnings to prize winners?	Form		(2022)
232004	4 12-13-22 5	i onn	550	12022)

13120322 137244 FAIRF3 2022.05070 EDUCATE FAIRFAX

FAIRF3_1

Form	990 (2022) EDUCATE FAIRFAX	36-4674	229	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a (
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
14	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x
h	If "Yes," enter the name of the foreign country				NANG:
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAB)			
E.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. ,	5a	111-00-00	х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				77
	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 contribut	-			
	were not tax deductible?		6b		10000000
7	Organizations that may receive deductible contributions under section 170(c).		1.9688	****	CONT
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Nane.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		Х
a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				SNN.
•		-,	8		
9	Sponsoring organizations maintaining donor advised funds.			1933	15363
			9a		
a L	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
b				a da serie	S(Spy)
10	Section 501(c)(7) organizations. Enter:	40-			
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	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	1.4.55	ACS11.	SCON!
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		Madaaraa
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1223	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			<u>UIII</u>
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			1955	anna a
16		t income?	10		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen		16	34253A	
4-	If "Yes," complete Form 4720, Schedule O.	41. data -	10000	ana ahala	are that the
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	1.44584.9	Nerver Nerver
	If "Yes," complete Form 6069.		<u>1 3888</u>		120,021
232005	12-13-22		Form	990	(2022)

13120322 137244 FAIRF3

6 2022.05070 EDUCATE FAIRFAX

Form 990 (2022)

EDUCATE FAIRFAX

36-4674229 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 no	te to any	line in this Part VI	

X

Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20							
	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 20							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	0708						
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
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	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
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		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
	Each committee with authority to act on behalf of the governing body?	8b	X					
9	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	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
		·	Yes					
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	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	1100000				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-49943	6900					
12a	•	12a	X					
	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							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>				
14	Did the organization have a written document retention and destruction policy?	14	X	- NEW TO				
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?	- 354.53	- 영화(영문	- 100 (100) 				
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b	ganta a	X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
1 6 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	102203	- SAGAR	77				
	taxable entity during the year?	<u>16a</u>	a series	X				
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		N6234	and division				
0	exempt status with respect to such arrangements?	16b		I				
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE							
17				abla				
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	is only) avail	avie				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)	dfine	noial					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u ina	ICIAI					
	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 JUDITH WILSON - 703-749-0400							
	C/O 8115 GATEHOUSE RD, FALLS CHURCH, VA 22042							
	C/O UIIJ GRIBHOUSE KD, FRIES CHUKCH, VR 44044							

232006 12-13-22

7 2022.05070 EDUCATE FAIRFAX

FAIRF3_1

Check if Schedule O contains a resp	onse or note t	o an	y lin	e in	this	Par	t VII			<u></u>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to	o be listed. Re	port	com	nper	isat	ion f	or th	ne calendar year ending	with or within the orga	nization'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 en								, ,		
 List the organization's five current highest or who received reportable compensation (box 5 of 										
\$100,000 from the organization and any related of			110	4111	103	9-1011	50,		555 NEO) OF MORE (Han	
 List all of the organization's former officers 	, key employee					com	pens	sated employees who re	eceived more than \$10	0,000 of
reportable compensation from the organization a								., e 11		
 List all of the organization's former director more than \$10,000 of reportable compensation f 									tor or trustee of the or	janization,
See the instructions for the order in which to list				na a	i iy	loiut	ou o	rgumzations.		
X Check this box if neither the organization n	•			ation	1 CO	mpe	nsat	ed any current officer.	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	itio			Reportable	Reportable	Estimated
	hours per					e than is bo		compensation	compensation	amount of
	week					or/tru		from	from related	other
	(list any	sctor						the	organizations	compensation
	hours for	ordin				ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste			bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	fcom		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CINDY ANDERSON	1.00	-	-		×		<u> </u>			
CHAIRMAN	1.00	x		x				0.	0.	0.
(2) LEN FORKAS	1.00						1		· · ·	<u> </u>
IMMEDIATE PAST CHAIR	1.00	x						0.	0.	0.
(3) BILL BROWN	2.00				-					<u> </u>
TREASURER		x		x				0.	0.	0.
(4) EUN-WOO CHANG	1.00									
DIRECTOR		x						ο.	0.	0.
(5) SUNIL BUDHRANI	1.00									
VICE CHAIR		x		x				0.	0.	0.
(6) DAVID FARAJOLLAHI	1.00									
DIRECTOR		x						0.	0.	0.
(7) DAVID BAKER	1.00									
DIRECTOR		X						0.	0.	0.
(8) KATIE KNIGHT	1.00									
SECRETARY		х		X				0.	0.	0.
(9) JOSE BANZON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KATIE CROWE	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(11) KAREN KEYS-GAMARRA	1.00									
DIRECTOR		Χ						0.	0.	0.
(12) DOUG GUERNSEY	1.00									
DIRECTOR		Χ			ļ		ļ	0.	0.	0.
(13) BRETT FOX	1.00									
DIRECTOR		X						0.	0.	0.
(14) AEHEE PARK	1.00									
DIRECTOR		X				ļ	ļ	0.	0.	0.
(15) MICHELLE REID	1.00							_	_	-
DIRECTOR		X					ļ	0.	0.	0.
(16) SAMANTHA PELOSI	1.00							_	_	-
DIRECTOR	40.00	X						0.	0.	0.
(17) ELIZABETH MURPHY	40.00									•
EXECUTIVE DIRECTOR	l	X	L	Χ	l	1		0.	0.	0.

EDUCATE FAIRFAX

Employees, and Independent Contractors

Form 990 (2022)

232007 12-13-22

13120322 137244 FAIRF3

36-4674229 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Page 7

	FAIRFAX								36-467	4229	P	age 8
Part VII Section A. Officers, Directors, T	ustees, Key Em	ploy	ees	an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box offic	not c , unle cer an	Pos heck ss pe	rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	a	(F) stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org ar	npensa rom th ganizat Id relat anizati	e ion ed
(18) MARTY SMITH DIRECTOR	1.00	x						0.	0			0.
(19) RICK LEICHTWEIS	1.00								0			
DIRECTOR (20) ASHLEY WILSON	1.00	x						0.	0	•		0.
DIRECTOR		x						0.	0	•		0.
1b Subtotal								0.	0			0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								0.	0			0.
2 Total number of individuals (including bu compensation from the organization								eceived more than \$100	,000 of reportable			0
										111111	Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for										3	1098945	X
4 For any individual listed on line 1a, is the and related organizations greater than \$	sum of reportab	le co	omp	ensa	atior	n and	d oth	her compensation from	the organization	4 view		x
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indivi	dual for services			SUCESSI SUCESSI
rendered to the organization? If "Yes," c Section B. Independent Contractors	omplete Schedul	e J f	for si	uch	pers	son .				5		X
1 Complete this table for your five highest										nsation	from	
the organization. Report compensation (A)		ear	endi	ng v	vith	or w	ithir	the organization's tax	/ear.	(C)	
Name and busine	ess address	N	ONI	2				Description of s	ervices	Compe	ensatio	on
 2 Total number of independent contractor \$100,000 of compensation from the org 		not li	mite	d to		se li: 0	sted	l above) who received n	ore than			
										Form	990	(2022)

232008 12-13-22

13120322 137244 FAIRF3

Form 990 (2022) Part VIII 9 EDUCATE FAIRFAX е

36-4674229 Page **9**

|--|

		Check if Schedule O contains	a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ice Contributions, Gifts, Grants and Other Similar Amounts	b c	 Federated campaigns Membership dues Fundraising events Related organizations 	1b 1c	9,860. 27,375.	-			
	e f	 Government grants (contributions) All other contributions, gifts, grants, an similar amounts not included above 	d 1e 1,	102,902.				
Con		Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f			1,140,137.			
	2 a	·		Business Code				
Program Service Revenue	b							
ogra Re	d e	·						
Pr		All other program service revenue						
	<u>g</u> 3		ends, intere	est, and	9,876.			9,876.
	4	Income from investment of tax-exe	• •					
	5	Royalties	(i) Real	(ii) Personal				
		Gross rents 6a						
	с	Rental income or (loss) 6c						
		assets other than inventory 7a	Securities	(ii) Other				
ther Revenue		Less: cost or other basis and sales expenses Gain or (loss)						
ther Re		Net gain or (loss) Gross income from fundraising events (including f) 27	(not					
ò		including \$27,375 contributions reported on line 1c). \$ Part IV, line 18	See 8a					
		Less: direct expenses Net income or (loss) from fundraisir		31,233.	56,727.			56,727.
		Gross income from gaming activitie Part IV, line 19	s. See					
	с	Less: direct expenses Net income or (loss) from gaming a	ctivities					
	b	Gross sales of inventory, less return and allowances Less: cost of goods sold	10a 10b					
	<u> </u>	Net income or (loss) from sales of in	ventory	Business Code				
Miscellaneous Revenue	11 a b							· · · · · · · · · · · · · · · · · · ·
Miscel Rev		All other revenue						
		Total. Add lines 11a-11d			1,206,740,	0.	0.	66,603.

232009 12-13-22

10 2022.05070 EDUCATE FAIRFAX Form 990 (2022)

Form	990	(2022)

Form 990 (2022) EDUCATE FAIRFAX Part IX Statement of Functional Expenses

X

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

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1 207 200	1,397,299.		
~	and domestic governments. See Part IV, line 21	1,397,299.	1,397,299.		
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 Compensation of current officers, directors,			a nadi ta se su na su	a na serie de la company d La company de la company de
5					
~	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					
7	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
0	Other employee benefits	:			
9 10	Payroll taxes				
11	Fees for services (nonemployees):				
a b					
	F F	10,560.		10,560.	
c d		10,000		10,500.	
e					
f	Investment management fees				
g					
Э	column (A), amount, list line 11g expenses on Sch 0.)	6,631.	225.	175.	6,231
12	Advertising and promotion	0,051.		±,3.	0/201
13	Office expenses	18,840.	2,981.	7,168.	8,691
14	Information technology	10/0100	2/3010	,,1000	07092
15	Royalties				
16	Occupancy				
17	Travel	376.	· · ·	364.	12
18	Payments of travel or entertainment expenses	0,00			site And
10	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	1,482.		1,482.	
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					
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,435,188.	1,400,505.	19,749.	14,934
 26	Joint costs. Complete this line only if the organization			A.,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

11 13120322 137244 FAIRF3 2022.05070 EDUCATE FAIRFAX Form 990 (2022)

EDUCATE FAIRFAX

Form 990 (2022) Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B) End of year
		Beginning of year		
1	Cash - non-interest-bearing	199,333.	1	164,507.
2	Savings and temporary cash investments	974,485.	2	985,194.
3	Pledges and grants receivable, net	5,125.	3	4,750.
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		EN-HE	
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined		24323	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
: 9	Prepaid expenses and deferred charges	3,654.	9	1,225
10	a Land, buildings, and equipment: cost or other		1999	
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	384,260.	15	388,310
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,566,857.	16	1,543,986
17	Accounts payable and accrued expenses	12,569.	17	1,646
18	Grants payable		18	229,000
19	Deferred revenue	22,500.	19	10,000
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	35,069.	26	240,646
- 20	Organizations that follow FASB ASC 958, check here			
3	and complete lines 27, 28, 32, and 33.			
07	Net assets without donor restrictions	576,684.	27	588,148
27	Net assets with donor restrictions	955,104.	28	715,192
28		<u> </u>	20	<u>, 23 / 25 2</u>
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.		29	
29	Capital stock or trust principal, or current funds		30	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	1,531,788.	31	1,303,340
	Total net assets or fund balances			1,543,986
33	Total liabilities and net assets/fund balances	1,566,857.	33	Form 990 (2022

FAIRF3_1

2022.05070 EDUCATE FAIRFAX

232011 12-13-22

13120322 137244 FAIRF3

	1 990 (2022) EDUCATE FAIRFAX	<u> 36-467</u>	4229	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,200				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,43				
3	Revenue less expenses. Subtract line 2 from line 1	3	$\frac{-228}{1,533}$				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6			<u>. </u>		
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	1,303	3,3	40.		
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 on Schedule		3838 1				
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	l on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis		<u> 686</u> 6	1996	distilit.		
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 separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis		49997	4484	99930		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	iedule O.	253	한학합	63333		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	aan /	(0000)		

Form **990** (2022)

.

232012 12-13-22

SCHED	UL	ΕA
-------	----	----

Department of the Treasury

Internal Revenue Service

(Form 990)

<u>Total</u>

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

2022 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

		_			_
Nam	e of	the	orgai	nizatio	on

		EDUC	ATE FAIRFA	X				3	6-4674229	
Pa	rt I	Reason for Public			omplete tl	nis part.) S	ee instruction			
The	orga	nization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1	Ū	A church, convention of ch								
2	\square	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	H	A medical research organiz					•	(iiii) Enter	the hospital's name	
4		city, and state:		njuheton with a hospital	000011000				the neepstare name,	
F		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
5										
_		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								
7	X	-	-	ntial part of its support f	rom a gov	ernmental	unit or from th	ne general	public described in	
		section 170(b)(1)(A)(vi). (C								
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a l	and-grant	college	
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of	the colleg	e or	
		university:								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributic	ons, membersh	nip fees, ar	nd gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of it	s support	from gross investment	
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the org	ganization	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized	and operated exclus	ively to test for public sa	fety. See :	section 50)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	09(a)(3). 🤇	Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and	12g.		
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	janization(s), ty	ypically by	' giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or trustee	es of the s	supporting	
		organization. You must c								
b		Type II. A supporting org	•		tion with it	s support	ed organizatio	n(s), by ha	iving	
		control or management o								
		organization(s). You mus			•					
с	Г	Type III functionally inte	•		in connec	tion with, a	and functionall	ly integrate	ed with,	
-		its supported organizatio	-					, ,		
d	Γ	Type III non-functionally						ted organi	zation(s)	
		that is not functionally int								
		requirement (see instruct								
е		Check this box if the orga	•	• •	•			II. Type III		
-		functionally integrated, or								
f	Ent	er the number of supported of								
a		vide the following information	•						•	
3		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)	
			an the WM and and a second		· · · ·					
			NA-22-24-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1		· · · ·					
									· · · · · · · · · · · · · · · · · · ·	

EDUCATE FAIRFAX

36-4674229 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.)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1,061,472.	1,749,397.	1,254,863.	1,407,852.	1,140,137.	6,613,721.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
з	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	267,364.	282,905.	290,012.	295,518.	315,781.	1,451,580.		
4	Total. Add lines 1 through 3	1,328,836.	2,032,302.	1,544,875.	1,703,370.	1,455,918.	8,065,301.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						2,050,568.		
-	Public support. Subtract line 5 from line 4.						6,014,733.		
Sec	ction B. Total Support	1							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	1,328,836.	2,032,302.	1,544,875.	1,703,370.	1,455,918.	8,065,301.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots	3,239.	5,455.	2,067.	2,338.	9,876.	22,975.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10		alogenia-sea i massing				8,088,276.		
12	Gross receipts from related activities,			· · · · · · · · · ·		12	161,876.		
13	First 5 years. If the Form 990 is for th								
Sec	organization, check this box and stor ction C. Computation of Publ						<u></u>		
	Public support percentage for 2022 (I			column (ft)		14	74.36 %		
14	Public support percentage from 2021		-				75.91 %		
	33 1/3% support test - 2022. If the c								
104	stop here. The organization qualifies								
h	33 1/3% support test - 2021. If the c								
~	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-					
b	10% -facts-and-circumstances tes								
	more, and if the organization meets th								
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	supported organ	ization			
18	Private foundation. If the organizatio	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	, check this box a	nd see instructions			

Schedule A (Form 990) 2022

232022 12-09-22

13120322 137244 FAIRF3

EDUCATE FAIRFAX

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.)

See	ction A. Public Support		-		<u>.</u>	104 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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								
	er evended en ite behelf								
E	The value of services or facilities								
5	furnished by a governmental unit to								
_	the organization without charge								
	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								
с	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support	2	·	<u></u>	~***		1		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 6		N=7						
	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								
~	Add lines 10a and 10b								
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
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.)								
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second. third.	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,		
••	check this box and stop here	•			-		, 		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2022 (column (fi)		15	%		
	Public support percentage from 2021		-			16	%		
	tion D. Computation of Inve					<u></u>			
	Investment income percentage for 20					17	%		
	Investment income percentage for	•				18	%		
	33 1/3% support tests - 2022. If the			on line 14 and lin		han f			
iya									
-	more than 33 1/3%, check this box a	•	*						
b	33 1/3% support tests - 2021. If the								
. -	line 18 is not more than 33 1/3%, che		-						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ir				
23202	3 12-09-22					Schedule /	A (Form 990) 2022		

13120322 137244 FAIRF3

16 2022.05070 EDUCATE FAIRFAX

Schedule A (Form 990) 2022

EDUCATE FAIRFAX

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

13120322 137244 FAIRF3

17 2022.05070 EDUCATE FAIRFAX

1 2 3a Зb Зc 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

	(Form 990)			
Part IV	Suppor	ting	Organizations (contin	ued)

X 36-4674229 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	- Giveryage,	1 883335	(195) -
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b	242332744	-
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	140		7493 1
ec	tion B. Type I Supporting Organizations	11c	I	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations		1	
		[]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	nontesti.	33663	anan Angaran
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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	1942192	10.0303	
2	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 on line 2, above, did the organization's supported organizations have a		0.0803	
0	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ec	tion E. Type III Functionally Integrated Supporting Organizations			
1 b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.		ns). Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	a india (mity	debile (s	
	that these activities constituted substantially all of its activities.	2 a		ane.
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	1999-1997 1997-1997	990000	
	these activities but for the organization's involvement.	2b	1999	
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	<u>3a</u>	- 1. ¹ . 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	- Course da
а		1		

18 13120322 137244 FAIRF3 2022.05070 EDUCATE FAIRFAX

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sec	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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integr	ated Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990) 2022

232026 12-09-22

FAIRF3_1

Schedule A (Form 990) 2022

000.	Distributione				Varionerou
1	Amounts paid to supported organizations to accomplish exercise	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	erform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.	1.711		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017			2352	
b	From 2018				
с	From 2019			SSN)	
d	From 2020			1999) 1	
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			N. N. H.	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019			SAND) SANA	
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022	NEW YOR HERE AND A PARTY OF A PAR			

 Schedule A (Form 990) 2022
 EDUCATE
 FAIRFAX
 Continued

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)
 Continued

Section D - Distributions

36-4674229 Page 7

Current Year

CATE FAIRFAX	36-4674229 Page
 Provide the explanations required by Part II, line 10; Part I c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectind 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, art V, Section E, lines 2, 5, and 6. Also complete this part for 	ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
	·
	Schedule A (Form 990) 2
	Provide the explanations required by Part II, line 10; Part I c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectind 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V,

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

2022

Employer identification number

Name of the	e organization
-------------	----------------

Organization type (check one):

EDUCATE FAIRFAX

2	б	_	Λ	б	7	Δ	2	2	9	
з	σ	-	4	ю	1	4	4	4	9	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box *on* line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$146,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$462,154.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$26,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$26,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022

FAIRF3_1

23 2022.05070 EDUCATE FAIRFAX

13120322 137244 FAIRF3

EDUCATE FAIRFAX

Employer identification number

36-4674229

Schedule B (Form 990) (2022)	Page
Name of organization	Employer identification number
	X.
EDUCATE FAIRFAX	36-4674229

EDUCATE FAIRFAX

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

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

13120322 137244 FAIRF3

24 2022.05070 EDUCATE FAIRFAX 3

Schedule E	3 (Form 990) (2022)			Page 4			
Name of or	rganization			Employer identification number			
EDUCAT Part III	TE FAIRFAX Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following line er	ntry. For organizations				
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-		(e) Transfer of gi	ift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-		(e) Transfer of gi	ift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		ift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee			
223454 11-15	-22	25		Schedule B (Form 990) (2022)			

13120322 137244 FAIRF3

25 2022.05070 EDUCATE FAIRFAX

FAIRF3_1

SC	HEDULE D		al Financial Statements		OMB No. 1545-0047
(For	m 990)	Complete if the orga	nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
Depar	tment of the Treasury	A	Attach to Form 990.		Open to Public
	al Revenue Service		0 for instructions and the latest informatio		Inspection
Nam	ie of the organizati	on EDUCATE FAIRFAX			identification number 6-4674229
Pa	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.	Complete if the
L		n answered "Yes" on Form 990, Part IV, lir			
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised		Yes No
6			exclusive legal control? advisors in writing that grant funds can be use		Yes No
0			or donor advisor, or for any other purpose col		
	impermissible priv			•	Yes No
Pa			ganization answered "Yes" on Form 990, Par		
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).		
	Preservation	of land for public use (for example, recrea	ation or education) Preservation of a h	istorically impo	rtant land area
	Protection o	f natural habitat	Preservation of a c	ertified historic	structure
	Preservation	of open space			
2			fied conservation contribution in the form of a		
	day of the tax year				at the End of the Tax Year
a					
b					
c d		vation easements on a certified historic sti vation easements included in (c) acquired	ructure included in (a)	2c	<u></u>
u				2d	
3			leased, extinguished, or terminated by the or		ig the tax
	year			•	•
4	Number of states	where property subject to conservation ea	sement is located		
5	Does the organizat	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
		orcement of the conservation easements i			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	vation easemen	ts during the year
_		,,,,,, _			
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements du	ring the year
8	Does each conser		ve satisfy the requirements of section 170(h)(4)(B)(i)	
0					Yes No
9			ion easements in its revenue and expense st		
Ū			note to the organization's financial statement		s the
	organization's acc	ounting for conservation easements.			
Pa		-	f Art, Historical Treasures, or Oth	er Similar A	ssets.
	·····	the organization answered "Yes" on Form	and a second		· · · · · · · · · · · · · · · · · · ·
1 a	-		58, not to report in its revenue statement and		
	,		blic exhibition, education, or research in furth	erance of public	>
	71		ncial statements that describes these items.		<i>.</i>
b	•	· ·	58, to report in its revenue statement and bala		
			c exhibition, education, or research in furthera	ance of public s	ervice,
	•	ng amounts relating to these items:		¢	
2	• •		asures, or other similar assets for financial ga		
Ē	•	ints required to be reported under FASB A	-		
а	•			\$	
		eduction Act Notice, see the Instruction			dule D (Form 990) 2022
23205	1 09-01-22				
			26		

13120322 137244 FAIRF3 2022.05070 EDUCATE FAIRFAX

FAIRF3_1

Sche		FAIRFAX						<u>36-46</u>			ige 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Histori	cal Tr	reasures, o	r Other	Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check an	y of the	following that	make sig	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	(d 🛄 Loa	n or exc	hange progra	m					
b	Scholarly research	(e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how they t	further t	he organizatio	n's exem	pt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, histor	ical trea	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be m	aintained as part of	the organiza	tion's co	ollection?				Yes		<u>No</u>
Par	t IV Escrow and Custodial Arran	i gements. Compl	lete if the org	anizatio	on answered "	Yes" on F	orm 990	D, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for con	tributior	ns or other ass	sets not in	cluded				_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanation h	as been	provided on l	Part XIII					
Par	t V Endowment Funds. Complete i	if the organization ar	nswered "Ye	s" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	(b) Prior	year	(c) Two years	s back 🛛 (d) Three y	/ears back	(e) Four	years t	Jack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1g, c	olumn (a	a)) held as:	•			•		
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100% .									
3a	Are there endowment funds not in the posse	•	ation that ar	e held a	und administer	ed for the	•				
	organization by:	Ū								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the								• [
Par	t VI Land, Buildings, and Equipm										
Linnin	Complete if the organization answere		0, Part IV, lin	e 11a. S	See Form 990,	Part X, lir	ne 10.				
<u> </u>	Description of property	(a) Cost or c			or other		umulate	ed	(d) Book	value	,,
		basis (investi		• •	(other)		eciation		1-9 21		
1a	Land	· · · · · · · · · · · · · · · · · · ·	·····								
	Buildings								*****		
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X. column (i	3). <i>line</i> 1	10c.)						0.

232052 09-01-22

13120322 137244 FAIRF3

Schedule D (Form 990) 2022 EDUCATE FAIRFAX

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(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		

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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LONG TERM GRANTS RECEIVABLE	(b) Book value 388,310.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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 25.

۱.	(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2		
(3		
(4		
(5		
(6		
(7		
(8)	
(9		
otal	, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. 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 ... X

Schedule D (Form 990) 2022

13120322 137244 FAIRF3

Sche	dule D (Form 990) 2022 EDUCATE FAIRFAX			36-4	4674229	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per R	eturn		
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,522	,521.
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	315,781.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d		- 1933) - 1933		
е	Add lines 2a through 2d			2e		<u>,781.</u>
3	Subtract line 2e from line 1			3	1,206	<u>,740.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,206	<u>,740.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With	Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			······		
1	Total expenses and losses per audited financial statements			1	1,750	<u>,969.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1				
а	Donated services and use of facilities	2a	315,781.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d		1000		
е	Add lines 2a through 2d			2e		,781.
3	Subtract line 2e from line 1			3	1,435	<u>,188.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	I				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b		Nichter L		
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	·····		5	1,435	<u>,188.</u>
Pa	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 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 EDUCATION FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY

INCOME TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN

INCOME TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

232054 09-01-22

13120322 137244 FAIRF3

Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	sing or Gaming	Activities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19, or if the	2022
Department of the Treasury		Attach to Form 990 o					Open to Public
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ctions	and t	he latest informatic		Inspection identification number
Hume of the organization		FAIRFAX				36-46	
Part I Fundrais		Complete if the organization answe	ered "Y	′es" o	n Form 990, Part IV,		
	complete this par	· · · · · · · · · · · ·					
a 🔛 Mail solicitat	ions email solicitations tations		tion of tion of	non-g gover	overnment grants		
•		or oral agreement with any individual	(inclue	ding o	fficers, directors, tru	stees, or	
	highest paid indiv	art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.			-		Yes No to be
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	(V) Amount paid to (or retained by)
			Yes	No			
						· · · · · · · · · · · · · · · · · · ·	
Total							
		n is registered or licensed to solicit o			s or has been notified	d it is exempt from	n registration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form §	990 or	990-I	ΞΖ.	Schec	lule G (Form 990) 2022

232081 10-27-22

13120322 137244 FAIRF3

EDUCATE FAIRFAX

36-4674229 Page 2

Pa	art	II Fundraising Events. Complete if the of fundraising event contributions and gr	-			
			(a) Event #1 EMPLOYEE HONORS (event type)	(b) Event #2 FAIRFAX BREAKFAST (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	55,500.	48,860.	10,975.	115,335.
ш	2	Less: Contributions	13,875.	11,375.	2,125.	27,375.
	3	Gross income (line 1 minus line 2)	41,625.	37,485.	8,850.	87,960.
	4	Cash prizes				
SS	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages		16,769.	9,316.	26,085.
	8 9	Entertainment Other direct expenses		4,460.	688.	5,148.
	10	Direct expense summary. Add lines 4 through				31,233.
Pa	11 art 1	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization		990 Part IV line 19 or		56,727.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>ت</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	з	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conducter the organization licensed to conduct gaming action of the organization licensed to conduct gaming action of the organization of the o	ctivities in each of these			Yes No
		re any of the organization's gaming licenses re Yes," explain:			year?	Yes No
2320	32 10)-27-22			Sche	dule G (Form 990) 2022

31 2022.05070 EDUCATE FAIRFAX

Schedule G (Form 990) 2022 EDUCATE FAIRFAX	36-4674229 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity former	ed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	<u>13a</u> %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and r	ecords:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	? Yes I No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the	e amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
Address	<u> </u>
16 Caming manager information:	
16 Gaming manager information:	
Name	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes 📃 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	
organization's own exempt activities during the tax year \$	mmd.mm.th.mm.mm.s
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an	d (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	· · · · · · · · · · · · · · · · · · ·
	Schedule G (Form 990) 2022
232083 10-27-22 32	
54	

FAIRF3_1

Schedule G			FAIRFAX
Part IV	Supplemental	Information (continu	ued)

232084 04-01-22	33	
		Schedule G (Form 9
		·····

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.									
Name of the organization Employer										
EDUCATE FAIRFAX Part I General Information on Grants and Assistance										
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pre- Part II Grants and Other Assistance to recipient that received more than	to substantiate the stance? ocedures for monit Domestic Organi	toring the use of grant zations and Domesti	funds in the United	d States. omplete if the org			X Yes No			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
FAIRFAX COUNTY PUBLIC SCHOOLS 8115 GATEHOUSE ROAD FALLS CHURCH, VA 22042	54-0787833	GOV	1,395,299.	0.			SUPPORT FAIRFAX CTY PUBLIC SCHOOLS/STUDENTS/TEACHERS			
						~)				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

EDUCATE FAIRFAX

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		4			

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS ARE MADE TO FAIRFAX COUNTY PUBLIC SCHOOLS AND 501(C)(3)

ORGANIZATIONS THAT SUPPORT FAIRFAX COUNTY SCHOOLS.

Schedule I (Form 990) 2022

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.

EDUCATE FAIRFAX

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

Open to Public Inspection Employer identification number

OMB No. 1545-0047

2022

Internal Revenue Service Name of the organization

36-4674229

P	art I 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			
	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,	1999	1999 1999 1999 1999 1999 1999 1999 199	
	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			
	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:			1998
а		4a		x
b				X
c				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.			1833
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		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:			19723
а	The organization?	6a		X
	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			- SAR
	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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			1972) 1970) C
	Regulations section 53.4958-6(c)?	. 9		

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

Schedule J (Form 990) 2022

232111 10-18-22

13120322 137244 FAIRF3

36-4674229

Page 2

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.

		/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(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 & (iii) Other incentive reportable compensation compensation		compensation			reported as deferred on prior Form 990	
(i)								
(ii)								
(i)								
(ii)								
(i)					·····			
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)		Children and an						
(i)								
(ii)								
(i)								
(ii)								
(i)								
(i)								

Schedule J (Form 990) 2022

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 complete this part for any additional information.

COMPENSATION FROM UNRELATED ORGANIZATION

THE STAFF OF THE FOUNDATION ARE EMPLOYED BY FAIRFAX COUNTY PUBLIC

SCHOOLS. COMPENSATION AND RELATED COSTS ARE TREATED AS DONATED SERVICES

TO THE FOUNDATION. THE VALUE IS ESTIMATED AT \$300,577.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Name of the organization

EDUCATE FAIRFAX

Employer identification number 36-4674229

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

FORM 990 IS REVIEWED AT THE ORGANIZATION'S BOARD MEETING.

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

OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST.

THIS IS DISCUSSED AT BOARD MEETINGS

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCE STATEMENTS ARE

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 Schedule O (Form 990) 2022

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.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)						
print	EDUCATE FAIRFAX		36-4674229					
File by the due date for filing your	File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.							
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. FALLS CHURCH, VA 22042								
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)					
Applicati	on	Return	Application		Return			
Is For		Code	Is For		Code			
Form 990	or Form 990-EZ	01	Form 1041-A	08				
Form 472	20 (individual)	03	Form 4720 (other than individual)	09				
Form 990)-PF	04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	P-T (trust other than above)	06	Form 8870	12				
Form 990	-T (corporation)	07						
 If this box ▶ 1 I re the ▶ 1 ↓ 	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit 	Group Exe and atta <u>MA</u> ganization's	emption Number (GEN) . I uch a list with the names and TINs of Y 15, 2024, to file s return for: d ending	f this is for f all memb the exem	r the whole <u>g</u> ers the exter npt organizat 	roup, check this		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	9, enter the	e tentative tax, less	3a	\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.		
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by					
	ng EFTPS (Electronic Federal Tax Payment System). Se	-		3c	\$	0.		
	If you are going to make an electronic funds withdrawa			453-TE ar	nd Form 8879	9-TE for payment		
	or Privacy Act and Panerwork Reduction Act Notice	. see instr	uctions.		Form 8	868 (Rev. 1-2022)		

223841 04-01-22