DLN: 93493102003162

OMB No 1545-0047

2010

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Return of Organization Exempt From Income Tax

Open to Public

Internal	Revenue	Service Prine organization may have to use a copy of this return to satisfy st	ate reporting	requirements	Inspection
A Fo	r the 2	2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011		D E	dontification number
		oplicable C Name of organization CITY OF FAIRFAX BAND ASSOCIATION INC		D Employer i	dentification number
	dress ch	Doing Business As		54-16514	184
∏ Na	me char	nge		E Telephone	number
✓ In:	tıal retur	Number and street (or 1 o box if mail is not delivered to street address)	Room/suite	(703) 298	3-0576
∏ Те	mınated	PO Box 1306			
┌ Am	nended r			G Gross receip	ots \$ 332,332
┌ _{Ap}	plication	Fairfax, VA 220381306 pending			
		F Name and address of principal officer	H(a) Isthisa	group return for affili	ates? Yes No
		John Flahive 9219 Scott Street			
		Springfield, VA 22153	• •	affiliates included	·
			_	," attach a list o exemption ni	t (see instructions)
I Ta	x-exem	pt status	H(c) Group	exemption in	umber F
J W	ebsit e	: • WWW FAIRFAXBAND ORG			
		anization 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨	L Year of form	nation 1969	M State of legal domicile VA
Pa	rt I	Summary			
		Briefly describe the organization's mission or most significant activities			
8	=	Stimulate and promote musical environment			
Activities & Governance					
E ∈	-				
Ş	1	Check this box 🔭 if the organization discontinued its operations or disposed of	more than 25	1	1
×6	1	Number of voting members of the governing body (Part VI, line 1a)		3	11
$\frac{\omega}{2}$	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
Ĕ		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	3
Ą		otal number of volunteers (estimate if necessary)		6	200
-		otal unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		7a	0
	B I	vet unrelated business taxable income from Form 990-1, fine 34	Dries	Year 7b	Current Year
	8	Contributions and grants (Part VIII, line 1h)	Piloi	102,679	276,960
9	9	Program service revenue (Part VIII, line 2g)		53,361	51,075
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		78	86
ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,409	4,211
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		-,	. ,
		12)		165,527	332,332
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		2,000	2,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
82	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10)	-	30,809	62,109
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
⊕	Ь	Total fundraising expenses (Part IX, column (D), line 25) 166			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			84,289
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		32,809	148,398
	19	Revenue less expenses Subtract line 18 from line 12		132,718	183,934
<u>አ ማ</u>		·	Beginning	of Current	<u> </u>
Not Assets or Fund Balances				ear	End of Year
18.50 18.30	20	Total assets (Part X, line 16)		85,376	265,499
2 m	21	Total liabilities (Part X, line 26)		5,236	1,375
	22	Net assets or fund balances Subtract line 21 from line 20		80,140	264,124
	rt II	Signature Block			
know		ties of perjury, I declare that I have examined this return, including accound belief, it is true, correct, and complete. Declaration of preparer (other			
		Signature of officer			
o:	_	LE SIGNATURE OF OTHER			

May the IRS discuss this return with the preparer shown above? (see instruction

Preparer's signature

John Flahive President
Type or print name and title

Print/Type preparer's name

Firm's name 🕨

Fırm's address 🕨

Here

Paid

Preparer

Use Only

Part I		n ent of Program Servic Schedule O contains a respo	e Accomplishments nse to any question in this Part :	III	୮
1 B	riefly describe	e the organization's mission			
Stımula	te and promot	e musical environment			
		ation undertake any significai	nt program services during the y	ear which were not listed on	Yes 🔽 No
If	"Yes," describ	be these new services on Sch	edule O		
se	ervices? .		ike significant changes in how it	conducts, any program	Yes 🔽 No
4 D	escribe the ex ection 501(c)	empt purpose achievements (3) and 501(c)(4) organization	for each of the organization's thr	ee largest program services by ex s are required to report the amoun m service reported	
(110,926 including grants of \$ nclude - 5 concert Symphonic Band sub- port of schools and the Commonwealth	2,000) (Revenue \$ scriptions series, free Symphonic Band and of Virginia	55,372) I ensemble summer lawn
4b (Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
- - - -					
4c (Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
- - - -					
- - -					
	Other program (Expenses \$	n services (Describe in Sche O inclu	dule O) ding grants of\$	O) (Revenue \$	0)
4e 1	Total program	service expenses►\$	110,926		

Part IV	Checklist	of Red	uired	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		Νο
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νο
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Νο
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20Ь		

1 011111	990 (2010)			Page -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
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		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	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 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Dex 3 of Form 1096. Enter -0 - final applicable De Enter the number of Forms W-2G included in line 1.6 Enter -0 - final applicable C. Did the organization comply with backup withholding rules for reportable peryments to rendom and reportable garing (paramble) within 50 members of employees reported in Firm W-3, Trespondate Wager and Train Enter the number of employees reported in Firm W-3, Trespondate Wager and Train Enter the number of employees reported in Firm W-3, Trespondate Wager and Train Firm W-3, Trespondate Wager and Train B. If Elization on a reported on line 2x, did the organization file all required deaths amployment tax returne? AND but the organization here unrelated business organization file all required deaths amployment tax returne? B. Did the organization here unrelated business organization file all required deaths amployment tax returne? B. Did the organization here unrelated business organization file all required to enter the cree instructions) D. If Yes, "has it there a form 900-T for this year? If 'Wa' provide an evolunchorm Schedule G. 30		Check if Schedule O contains a response to any question in this Part V	-	. ┌ Yes	No
Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable. De the derganization comply with backup withholding rules for reportable payments to vendors and reportable commo (camping) without prote without the protection of the common of the protection of the common of the c	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		res	NO
Did the organization comply with backup withholding rules for reportable payments to ventors and reportable gaming (gambling) winning to prize wriners? Steelenments filed for the calendar year entiring with or within the year covered by this gamble payments for filed for the calendar year entiring with or within the year covered by this gamble payments for filed for the calendar year entiring with or within the year covered by this gamble payment to the reported on time 2a, did the organization file all required feet all employment tax returns? Note. If the sum of lines 1a and 2 as it greater than 250, you may be required to -file (see instructions) Did files; has it filed a form 990-if for this year? If Not growned an explanation as Schedule 0. 3a A chain time during the calendar year, do the organization have an interest in, or a significant or other surficiency over, a financial account; and the organization in a foreign country. P. See instructions by filing figurements for Form ID F 90-22.1, Report of Foreign Bank and Financial Accounts are supported to the organization apply to a prohibited tax shelter transaction at any time during the tax year? By Did very large the organization has the remaining greater than 3100.000, and did the organization show a namual gross receipts that are normally greater than 3100.000, and did the organization have annual gross receipts that are normally greater than 3100.000, and did the organization have annual gross receipts that are normally greater than 3100.000, and did the organization have annual gross receipts that are normally greater than 3100.000, and did the organization have annual gross receipts that are normally greater than 3100.000, and did the organization have annual gross receipts that are normally greater than 3100.000, and did the organization have annual gross receipts that are normally greater than 3100.000, and did the organization have annual gross receipts that are normally greater than 3100.000, and did the organization have annual gross rece					
agammo (gamming) annings to prize winners? a Enter the number of employees apported on Form W-3, Transmirtal of Vago and Tax Statements filed for the claim of year expending with or within the year covered by the 2state of the contributions of the contribution	D				
Statements files for the calendar year-ending with or within the year covered by the bit factor of the calendar year-ending with or within the year covered by the bit factor of the calendar year of the factor of the calendar year of the sum of fines 1 and 2 as greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gress income of \$1,000 or more turning the year? b If Yes' has it filed a Form 990-1 for this year? If you' provide an explanation in Schedule 0 3 b If Yes' has it filed a Form 990-1 for this year? If you' provide an explanation in Schedule 0 4 b If Yes' has it filed a Form 990-1 for this year? If you' provide an explanation in Schedule 0 5 b If Yes' has it filed a Form 990-1 for this year? If you' provide an explanation in Schedule 0 6 b If Yes' has it filed a Form 990-1 for this year? If you' provide an explanation in Schedule 0 6 b If Yes' has it filed a Form 990-1 for this year? If you' provide an explanation in Schedule 0 6 c If Yes' a enter the name of the foreign country b 5 c If Yes' a enter the name of the foreign country b 6 c If Yes' a enter the name of the foreign country country in the year of the second of the organization in the text was or is a party to a prohibited tax is a better transaction? 6 c If Yes' to the organization file of the organization file of the organization sobol and you contribution that were not tax deductable? 6 c If Yes' of the organization file of	c		1 c	Yes	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unmaded business pross income of \$1,000 or more during the vear? All any time during the calendar year, did the organization have an indicated, in, or a signature in other returns over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts as account)? If Year, "inter the name of the foreign country by See instructions for filing requirements for Form TO F 90-22 1, Report of Foreign Bank and Financial Accounts as a bank account, securities account, or shelf in the file of the foreign accounts of the foreign country (such as a bank account, securities account, or other financial Accounts as accounts)? What he organization is a prity to a prohibited tax shelter transaction? If Year, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should the vere not tax deductible? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the vere not tax deductible? If Year, did the organization rules out it ways or is a party to a prohibited tax shelter transaction? Organization and death may receive deductible contributions under section \$100,000, and did the organization of the vere not tax deductible? Organization and death may receive deductible contributions under section \$100,000, and did the organization of the value of the goals or services provided? If Year, did the organization and excess of \$75 made party as a contribution and party for goods and service growled to the playor. If Year, did the organization in clude on the very solution of the goals of th	а	Statements filed for the calendar year ending with or within the year covered by this			
Note. If the sum of lines 1a and 2 as is greater than 250, you may be required to e-file (see instructions) Out the organization have unrelated business gross income of 51,000 or more during the peaks. The sum of the peaks of the organization for the sum of the peaks of the organization for the sum of the peaks of the organization for the sum of the peaks of the organization for the sum of the organization for the organization for the sum of the organization for organization for the organization for organization for the organization for organization for the organization for for organization for the value of the value of the organization and partly for goods and services provided? The organization for the organization for the value of the value of the organization and partly for goods and of the organization for the organization for the value of the organization for the organ	ь		_		
year?		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
b if Fives, " has it filled a Form 990-1 for this year" If "No," provide an explanation in Schedule 0. A tainy time during the celeindary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) b if "ves," enter the name of the foreign country. ▶ If "ves," enter the name of the foreign country. ▶ If "ves," enter the name of the foreign country. ▶ B Uses the organization a party to a prohibited tais shelter transaction at any time during the tax year? Sa No. No. Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sb No. No. Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sc No. No. Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sc No.	a		3a		N o
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) If "Yes," enter the name of the foreign country If "Yes," and the remaind of the foreign country Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa	b				
a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 N b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 N if "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 50 Does the organization have annual gross receipts that are normally greater than \$1.00,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization shat may receive deductible contributions under section \$170(c)\$. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization receive any funds, directly or indirectly, or pay premiums on a personal benefit contract? 7c N 1 Tithe organization received a contribution of qualified intellectual property, did the organization file form 8599 as required? 1 The programization received a contribution of qualified intellectual property, did the organization in life form 8599 as required? 5 possoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the organization make any taxable distribution to a donor, donor advised funds and section 509(a)(b) programization make any taxable distribution to a donor, donor advised funds and in the organization make any taxable distribution to a donor, donor advised funds and in the organization make any taxab	а	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		Νo
a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5	b	If "Yes," enter the name of the foreign country ►			
b Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b N c If "res" to line 5a or 5b, did the organization file Form 8886-T7 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not text deductible? b If "res," did the organization include with every solicitation an express statement that such contributions orgits were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services growided to the payor? b If "yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file form \$282? If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To both the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To both the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To both the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Form 1098-C2 If the organization make a contribution of qualified intellectual property, did the organization file a form 1098-C2 Sponsoring organizations maintaining donor advised funds and section 500(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 500(a)(3) supporting organizations. Did the supporting organization make any taxable distribution to a donor, donor advised funds. Did the organization make and distribution to a donor, don		See instructions for filling requirements for Form FD F 90-22 1, Report of Foreign Bank and Fillancial Accounts			
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Organization solicit any contributions that were not tax deductible? Organizations that may receive deduct the contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? Did the organization on the payor? Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Form \$282? Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? Tell the organization fulling the year, pay premiums, directly or indirectly, on a personal benefit contract? Tell of the organization received a contribution of qualified intellectual property, did the organization file a Form 1998 or 3 featured? Form 1998-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. Did the organization make a distribution to a donor, donor advised funds. Did the organization make a distribution to a donor, donor advised funds. Did the organization make a distribution to a donor, donor advised funds. Did the organization make a distribution to a donor, donor advised funds. Did the organizat	а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$2.82.2? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$2.82.2? Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To the organization received a contribution of qualified intellectual property, did the organization file Form \$8.99 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization. Did the supporting organizations maintaining donor advised funds and section \$50(a)(3) supporting organization, have excess business holdings at any time during the year? Sponsoring organizations make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions of the section \$50(c)(12) organizations. Enter Gros	Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
organization solicit any contributions that were not tax deductible? If "Yes," fold the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deduct fible contributions under section 170(c). Did the organization receive a payment in excess of 575 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8.282? If I'ves," indicate the number of Forms 8.292 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To be did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8.899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10.98-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distribution to a donor, donor advisor, or related person? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable d	c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "ves," (indicate the number of Forms \$282 filed during the year 7d	а		6a		No
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," (indicate the number of Forms 8282 filed during the year	b		6b		
services provided to the payor?					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? If If we organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Po Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To In the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To In No In the organization, during the year, pay premiums, directly or indirectly, and the organization file Form 8899 as a required? If the organization received a contribution of calls, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? If the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds. Did the organization make any taxable distributions under section 4966? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Sponsoring organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 . 10a Did facilities Section 501(c)(7) organizations. Enter Gross income from embers or shareholders Gross income from other sources (Do not net amounts due or paid to other sources) against amounts due or received from them The section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 22a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Briter the amount of reserves the organization is required to maintain by the states in which the organizatio	а		7a		Νo
file Form 8282?			7b		
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	С		7c		No
Tell Note organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? The programment of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. Section 501(c)(12) organizations. Enter a Gross income from members or shareholders. Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11a Section 501(c)(12) organizations trust the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 1 Steh organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a 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 Enter the amount of reserves on hand	d	If "Yes," indicate the number of Forms 8282 filed during the year			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f N If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	e		7e		N o
required?	f				No
Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand	g		7g		
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? a Did the organizations maintaining donor advised funds. b Did the organization make any taxable distributions under section 4966?	h		7h		
a Did the organization make any taxable distributions under section 4966?		the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	8		
b Did the organization make a distribution to a donor, donor advisor, or related person?		Sponsoring organizations maintaining donor advised funds.			
Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders					
1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
a Gross income from members or shareholders	1				
against amounts due or received from them)	а	1 1			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c	b				
year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 13c	2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13a	b	436			
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 c Enter the amount of reserves on hand 13c	3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
In which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c	а		13a		
In which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c	1.	Enterth amount of many the control of the control o			
13c	b	' land			
	С				
	.4a		14a		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9		ОВ	162	
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 in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
- 110	- Active Coucily		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- - Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of
- interest policy, and financial statements available to the public See Additional Data Table 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨
- Eric Lindberg 12820 Piney Point Place Oak Hill, VA 20171 (703) 298-0576

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organi	•	elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) John Flahıve President	25	х		Х				0	0	0	
(2) Albert Miller Vice President	5	х		Х				0	0	0	
(3) Ruth Bandler Secretary	5	х		Х				0	0	0	
(4) Eric Lindberg Treasurer	12	х		Х				0	0	0	
(5) Jay Berkenbilt Treasurer	12	х		х				0	0	0	
(6) Elizabeth Fike Public Relations Coordinator	12	х		х				0	0	0	
(7) Robert Pouliot Music Director	20	х		х				22,600	0	0	
(8) Rick Parrell Associate Conductor	4	х		Х				1,100	0	0	
(9) Jean-Pierre Auffret Chairman of the Board	10	х						0	0	0	
(10) William L Schmidt Director At-Large	5	х						0	0	0	
(11) Joan Cross Director At-Large	5	х						0	0	0	
(12) Patrice Winter Director At-Large	5	х						0	0	0	
(13) Jane Woods Director At-Large	5	х						0	0	0	
(14) David Bulova Director At-Large	5	х						0	0	0	

\$100,000 in compensation from the organization ▶0

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per		tion that a					Repo compe	D) ortable ensation m the	(E) Reportable compensatio from related		(F) Estimated amount of other compensation		
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	organız	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)	,	from organizat relat organiza	the ion and ed	
							<u> </u>					_			
												-			
												_			
												_			
1b	Sub-Total					<u> </u>	<u> </u>	<u> </u>				+			
с	Total from continuation sheet						<u></u>					\dashv			
d	Total (add lines 1b and 1c) .			•	-			 -		23,700		0		0	
2	Total number of individuals (ind \$100,000 in reportable compe	-				ted	above) who	receive	d more tha	n				
													Yes	No	
3	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes,"</i> complete Se							ee, o	r highest	t compens	ated employee	3		N o	
4	For any individual listed on line organization and related organi														
5	Did any person listed on line 1 services rendered to the organ								_		or individual for	5		No No	
Se	ection B. Independent Co	ntractors													
1	Complete this table for your five \$100,000 of compensation fro	e highest compe		ndep	ende	ent c	ontra	ctors	that rec	eived more	e than				
		(A) ame and business ad								Descr	(B) uption of services		(C Comper		

		2010)					Р	age 9
Part \	/111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue		(D) Revenu exclude from tax under
								512, 513, or 514
nts nts	1a	Federated campaigns	1a	0				
Bgal	b	Membership dues	. 1b	5,598				
Contributions, gifts, grants and other similar amounts	c	Fundraising events	. 1c	0				
투를	d	Related organizations	. 1d	0				
() ()	e	Government grants (contributions)	1e	51,080				
黃疸	f	All other contributions, gifts, grants similar amounts not included above	, and 1f	220,282			İ	
<u>₽</u> ₹	а	Noncash contributions included in li		2,441				
5 2	_	Total. Add lines 1a-1f		<u> </u>	276,960			
	-"	iotai. Add iiiles 1a-1i		Business Code				
Program Service Revenue	2a	Ensembles income		711130	50,250	50,250	0	
Reva	b			711130	825			
93	c							
er er	d							
ج د	e							
graf	f	All other program service rev	venue		0	0	0	
<u>&</u>	g	Total. Add lines 2a-2f			51,075			
	3	Investment income (includin	g dıvıdends, ınterest					
		and other similar amounts)			86	86	0	
	4	Income from investment of tax-ex			0	0		
	5	Royalties			0	0	0	
	_		(ı) Real 0	(II) Personal				
		Gross Rents Less rental	0	0				
	_	expenses	0					
		Rental income or (loss)		0				
	d	Net rental income or (loss)			0	0	0	
	7a	Gross amount	(ı) Securities 0	(II) O ther				
	<i>,</i> u	from sales of assets other						
		than inventory Less cost or	0	0				
	Ь	other basis and	Ü	Ĭ				
	c	sales expenses Gain or (loss)	0	0				
	d	Net gain or (loss)			0	О	О	
2		Gross income from fundraisii						
oniei vevalue		(not including \$0						
2		of contributions reported on						
5		See Part IV, line 18	a					
	ь	Less direct expenses	b	0				
'		Net income or (loss) from fur			0		0	
	9a	Gross income from gaming a	ctivities See Part IV, line 19 . a	0				
	ь	Less direct expenses		b 0				
	С	Net income or (loss) from ga	ming activities		0	0	0	
	10 a	Gross sales of inventory, les returns and allowances	s					
			a	0				
	b	Less cost of goods sold .	. b	0				
	С	Net income or (loss) from sa	les of inventory 🕒		0	0	0	
		Miscellaneous Revenue		Business Code				
	11 a	·						
	b	1						
	c	:						
	d	All other revenue	•		4,211	4,211	0	
	е	: Total. Add lines 11a-11d			4,211			
	12	Total revenue. See Instruction	one 🛌	}				
	12	iotal levenue. See Instructi	UII3		332,332	55,372	0	ĺ

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		· · · · · · · · · · · · · · · · · · ·					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,000	2,000							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0							
4	Benefits paid to or for members	0	0							
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0					
7	Other salaries and wages	59,920	31,300	28,620	0					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0					
9	Other employee benefits	0	0	0	0					
10	Payroll taxes	2,189	1,144	1,045	0					
а	Fees for services (non-employees) Management									
b	Legal									
c	Accounting	994	0	994	0					
d	Lobbying									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees	0	0	0	0					
g	Other	31,813	31,813	0	0					
12	Advertising and promotion	21,113	21,113	0	0					
13	Office expenses	3,318	2,820	332	166					
14	Information technology	168	0	168	0					
15	Royalties	0	0	0	0					
16	Occupancy	7,637	7,637	0	0					
17	Travel	1,580	1,580	0	0					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0					
19	Conferences, conventions, and meetings	522	522	0	0					
20	Interest	0	0	0	0					
21	Payments to affiliates	0	0	0	0					
22	Depreciation, depletion, and amortization	0	0	0	0					
23 24	Insurance	4,390	0	4,390	0					
а	Music purchase/rental	6,809	6,809	0	0					
b	Promotional goods/Recordings	1,508	1,508	0	0					
c	Equipment	1,496	1,496	0	0					
d	Miscellaneous	1,950	193	1,757	0					
e	Other performance expense	991	991	0	0					
f	All other expenses	1								
25	Total functional expenses. Add lines 1 through 24f	148,398	110,926	37,306	166					
26	Joint costs. Check here ► 🔽 if following	_ ::,::50		3.,220						
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a									
	combined educational campaign and fundraising solicitation	0	0	0	0					

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2010) Page **11** Part X Balance Sheet (B) (A) Beginning of year End of year 1 10,135 16,731 36.074 2 215,660 2 31,689 27,000 3 3 2.185 4 994 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 0 6 0 0 7 0 8 0 8 Prepaid expenses and deferred charges 179 9 0 10a Land, buildings, and equipment cost or other basis Complete Part 4,614 10a VI of Schedule D 10b 0 4.614 4,614 b Less accumulated depreciation 10c 0 11 0 11 0 0 12 12 Investments—other securities See Part IV, line 11 0 0 13 13 Investments—program-related See Part IV, line 11 . . 0 0 14 14 500 15 500 15 85.376 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 265.499 3.906 600 17 17 Accounts payable and accrued expenses . 0 0 18 18 1,330 775 19 19 20 Tax-exempt bond liabilities 0 20 0 Liabilities 0 0 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 0 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 0 25 Other liabilities Complete Part X of Schedule D 25 5.236 26 **Total liabilities.** Add lines 17 through 25 26 1,375 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 48,549 27 242,467 31,591 21,657 28 Temporarily restricted net assets 28 Fund Permanently restricted net assets 0 29 0 29 Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥

264,124

265,499

80,140

85.376

33

34

14 01	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_			
2	Total expenses (must equal Part IX, column (A), line 25)	2			332,333 148,398
3	Revenue less expenses Subtract line 2 from line 1	3			183,93
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			80,140
5	Other changes in net assets or fund balances (explain in Schedule O)	5			5
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2	264,12
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its chedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

54-1651484

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

CITY OF FAIRFAX BAND ASSOCIATION INC

Attach to Form 990 or Form 990-EZ. See separate instructions. **Employer identification number**

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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 section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) Name of (ii) (described on organization in organization in col (ı) lısted ın A mount of col (i) organized EIN lines 1-9 above col (ı) of your supported your governing support in the US? support? organization or IRC section document? (see Yes Yes Yes instructions)) Total

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.)

	under Part III. II tile	: organization i	ans to quanty u	idei die tests i	isted below, pie	ease co	inpiete P	'ait III.)
	ection A. Public Support endar year (or fiscal year beginning	T						
Car	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	117,93.	94,352	136,017	106,514		276,960	731,775
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0	0	0		0	0
3	The value of services or facilities furnished by a governmental unit to	1,266	6 0	0	0		0	1,266
	the organization without charge	119,198	8 94,352	136,017	106,514		276,960	733,041
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a		5 94,332	130,017	100,314		270,900	733,041
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							164,430
6	Public Support. Subtract line 5 from							568,611
S	line 4 ection B. Total Support							
	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(a) 2008	(d) 2009	/a\ 2	010	(f) Total
	ın) 🏲			(c) 2008		(e) 2		(f) Total
7	A mounts from line 4	119,198	94,352	136,017	106,514		276,960	733,041
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	374	449	92	78		86	1,079
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			50,250	50,250
11	Total support (Add lines 7 through 10)							784,370
12	Gross receipts from related activition					12		50,250
13	check this box and stop here			thırd, fourth, or fı	fth tax year as a	501(c)(:	3) organız	ation, ▶┌
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			L1 column (fi)		14	<u> </u>	72 493 %
15	Public Support Percentage for 2009						 	
	33 1/3% support test—2010. If the	•	•	on line 13 and li	ine 14 ie 33 1/204	15	check t	99 784 %
LUA	and stop here. The organization qua				ille 14 is 33 1/370	or illore	;, Clieck ti	▶ ✓
17a	33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization meeorganization	n qualifies as a pu - 2010. If the orga tion meets the "fa ts the "facts and	ublicly supported of anization did not c acts and circumsta circumstances" t	organization heck a box on lin ances" test, chec est The organiza	e 13, 16a, or 16b k this box and st ation qualifies as	o and line op here. a publici	e 14 Explain y support	▶ ┌
	10%-facts-and-circumstances test- 15 is 10% or more, and if the organization Explain in Part IV how the organization	nization meets the tion meets the "fa	e "facts and circur acts and circumst	nstances" test, c ances" test The	heck this box and organization qual	d stop h e lifies as	ere. a publicly	▶ □
18	Private Foundation If the organizations	ion ala not check	a DOX OH HINE 13,	10a, 10D, 1/a Or	1/D, CHECK THIS	DOX and	see	► □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	rm 990 or 990-EZ) 2010	Pa
Part IV	Supplemental Information. Supplemental Information. Complete this part required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Als	•
	additional information. (See instructions).	•

racts and circumstances	1 65

Explanation

The amount represents income from band recordings (\$3,957) and ensemble performance revenue (\$46,292)

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493102003162

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

erna	l Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspec	tion
	me of the organi			Emp	loyer identificat	ion numb	er
LIT	Y OF FAIRFAX BAND	D ASSOCIATION INC		54-	1651484		
Рa	rt I Organ	izations Maintaining Donor Ad	dvised Funds or Other Similar			Comple	te if the
		zation answered "Yes" to Form 99	0, Part IV, line 6.				
			(a) Donor advised funds	•	(b) Funds and ot	her accou	ınts
•	Total number a	·					
		tributions to (during year)					
3		nts from (during year)					
ŀ	Aggregate valu	ue at end of year					
•		zation inform all donors and donor advi organization's property, subject to the o	sors in writing that the assets held in d organization's exclusive legal control?	onor adv	ısed	☐ Yes	┌ No
,	used only for c		donor advisors in writing that grant fund efit of the donor or donor advisor, or for			☐ Yes	┌ No
a	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes"	'to Forn	n 990, Part IV	, lıne 7.	
2	Preservati Protection Preservati Complete lines	conservation easements held by the or ion of land for public use (e g , recreati n of natural habitat ion of open space s 2a-2d if the organization held a quali he last day of the tax year	<u> </u>	a certifie	d historic struct	ure	
					Held at the	End of the	Year
а		of conservation easements		2a			
Ь	_	restricted by conservation easements		2b			
C		servation easements on a certified his	• •	2c			
d	Number of con	servation easements included in (c) ac	equired after 8/1//06	2d			
} 	the taxable yea	ar ▶	rred, released, extinguished, or termina	ited by th	ne organization d	luring	
	Does the organ	tes where property subject to conserva nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, ha	indling of	f violations, and	☐ Yes	┌ No
	Staff and volun	nteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ements d	uring the year 🕨		
•	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easemei	nts durin	g the year 🟲 🖇 🔔		
3		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of s	ection		☐ Yes	┌ No
)	balance sheet,	- · · · · · · · · · · · · · · · · · · ·	onservation easements in its revenue a he footnote to the organization's financ nents		•		
ar			ns of Art, Historical Treasures 'Yes" to Form 990, Part IV, line 8.	, or Ot	her Similar <i>F</i>	Assets.	
la	art, historical t	treasures, or other sımılar assets held	116, not to report in its revenue stater for public exhibition, education or resea ancial statements that describes these	arch in fu			e,
b	historical treas		116, to report in its revenue statemen public exhibition, education, or research				
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets inc	luded in Form 990, Part X			► \$		
2	If the organiza	·	orical treasures, or other similar assets S 116 relating to these items	for finan			
а		uded in Form 990, Part VIII, line 1			▶ \$		
		,,					

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasur	es, or Oth	<u>er</u>	<u>Similar Asse</u>	ts (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that are	a sıgnıfıcant	use	e of its collection		
а	Public exhibition		d	Γ	Loan	orexcha	ange prograr	ns			
b	Scholarly research		e	Γ	O the	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furthe	er the or	ganızatıon's	exe	mpt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ımıl	ar	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon		"Ye:	s" to Form 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontribu	itions or	other asset	s no	rt	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ing t	able			1	A mou	nt	
С	Beginning balance						10	.	Alliou		
d	Additions during the year						10	+			
e	Distributions during the year						16	-			
f	Ending balance							-			
2a	Did the organization include an amount on Fo	orm 990 Part X lin	e 21?							Yes	
	If "Yes," explain the arrangement in Part XIV								,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990. P	art	IV. line 10.		
		(a)Current Year) Prior '						Four Y	ears Back
1a	Beginning of year balance										
ь	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	thata	are held	d and ad	mınıstered f	or th	ie	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio								3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S			•				ı	
	Description of investment					or other estment)	(b) Cost or otl basis (other		(c) Accumulated depreciation	(d) E	Book value
1a	Land					0		0			0
b	Buildings					0		0	0		0
c	Leasehold improvements					0		0	0		0
d	Equipment					0	4,6	14	0		4,614
	Other	<u> </u>				0		0	0		0
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colu	mn (B), line	10(c).))			►		4,614
									Schedule D (F	orm 9	90) 2010

Part VIII Investments—Other Securities. See I	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation year market value
(1)Financial derivatives		Cost of the of	year market varue
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	e 15. tion 5)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.)		(b) Book value
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'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
Ь	Donated services and use of facilities	-
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	_
e	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	A mounts 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 XIV)	
С	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_ 2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

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2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization CITY OF FAIRFAX BAND ASSOCIATION INC

Employer identification number

54-1651484

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	By law changes and the election of board members

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The form is distributed to board members and is open to questions

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	There is an annual statement submitted by board members

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The information is available on the organization's wiebsite and upon request

ldentifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	Adjustment for prior year accounts