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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u> </u>	or the	2012 calendar year, or tax year beginning $9/01$, 2012, and ending	8/.		, 2013
В	Check if a	pplicable C			ntification Number
	Addr	ess change CITY OF FAIRFAX BAND ASSOCIATION INC		54-165	
	Nam	e change PO BOX 1306		E Telephone nur	mber
	Initia	FAIRFAX, VA 22038-1306		(703)	298-0576
	Term	ınated			
	\vdash	nded return		G Gross receipts	\$ 200,039
	\vdash		(a) Is this	a group return for a	
	Ш Аррі	cation pending	• •	affiliates included?	H'" H'
-	T	Same AS C Above	If 'No,	attach a list (see ii	nstructions)
<u> </u>		empt status X 501(c)(3) 501(c) (_
<u>J</u>	Webs			exemption number	
<u>K</u>		forganization X Corporation Trust Association Other ► L Year of Formation	n 196	9 M State of	f legal domicile VA
Pai	rt I	Summary			
	1 B	riefly describe the organization's mission or most significant activities Over 100	perfo	rmances_a	nnually by 9
ابه		ensembles to include - 5 concert Symphonic Band subscri			
Governance	3	Symphonic Band and ensemble summer lawn concerts; a va-	riety	of city a	and county
Ë		events and support of schools and the Commonwealth of			
욁	2 0	heck this box ► If the organization discontinued its operations or disposed of mor	e than 2	5% of its net a	assets
		umber of voting members of the governing body (Part VI, line 1a)		3	1
∾ნ	4 1	umber of independent voting members of the governing body (Part VI, line 1b)		4	1
اقِ	5 T	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	
Activities		otal number of volunteers (estimate if necessary)		6	20
AC		otal unrelated business revenue from Part VIII, column (C), line 12		7.8	
	bΝ	et unrelated business taxable income from Form 990-T, line 34	- +'ng	71) (
		DECEMPED	∦ P	rior Year	Current Year
	8 0	ontributions and grants (Part VIII, line 1h)	4~₹ ¹ Ĥ	96,782.	126,929
٦	9 P	rogram service revenue (Part VIII, line 2g)	-	71,293.	58,482
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) 1 JAN 1 0 2014		223.	. 155
æ	11 (other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c (and 11e)	121	10,652.	14,473
i	12 T	otal revenue — add lines 8 through 11 (must equal Part VIII, ເວົ້າໃຫ້ກຸກັສ(ຊັ້) ເມຼົ່າຄັ້ 12) ເຂົ້າ	F. 1	178,950.	
\neg		irants and similar amounts paid (Part IX, column (A), lines 1-3)	فمداء	2,025.	. 2,000
		enefits paid to or for members (Part IX, column (A), line 4)			
1		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		83,086.	103,995
န္မ			1	65,000.	103, 55
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	-		
꽃	b⊺	otal fundraising expenses (Part IX, column (D), line 25) 28,779.			
Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	113,791.	. 96,737
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		198,902.	. 202,732
		levenue less expenses Subtract line 18 from line 12		-19,952	
8 8			Reginni	ng of Current Yea	
ets or	20 T	otal assets (Part X, line 16)	Degillini	258,405	
P &		otal liabilities (Part X, line 26)		10,758	
Net Asse Fund Bala					
		let assets or fund balances Subtract line 21 from line 20	1	247,647	. 216,24
Pa	rt II	Signature Block			
Unde	r penaltie	s of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to ti laration of preparer (other than officer) is based on all information of which preparer has any knowledge	ne best of n	ny knowledge and b	belief, it is true, correct, and
comp	nete Dec	laration of preparer (other than officer) is based on all information of which preparer has any knowledge			
		Jun fut		Her	18,2013
Sig	n	Signature of officer	Di	ate	
Hei		JOHN FLAHIVE	Pres	ident	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature Date		Check if	PTIN
D-:	a	Non-Paid Preparer		self-employed	
Pai					
	pare			Firm's EIN .	
US	e Onl	Firm's address		Firm's EIN	<u> </u>
				Phone no	
May	the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No
DA/	\ For I	Paperwork Reduction Act Notice, see the separate instructions.	A0113L 12	2/18/12	Form 990 (2

	990 (2012) CITY OF FAIRFAX BAND ASSOCIATION INC	54-165148	4 Page 2
Par	tillis Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
` 1	Briefly describe the organization's mission		
	Stimulate and promote musical environment.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior		
	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	Yes X No
	If 'Yes,' describe these changes on Schedule O		<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gothers, the total expenses, and revenue, if any, for each program service reported	es, as measure rants and alloca	ed by expenses itions to
4 a	(Code) (Expenses \$ 121,359. including grants of \$ 2,000.) (Re	venue \$	73,110.)
	Over 100 performances annually by 9 ensembles to include - 5 conce	ert Sympho	nic Band
	subscriptions series; free Symphonic Band and ensemble summer laws	concerts	;;_a
	variety of city and county events and support of schools and the (Commonweal	th of
	Virginia.		
			
4 b	(Code) (Expenses \$ including grants of \$) (Re	venue \$)
4 C	(Code) (Expenses \$ including grants of \$) (Re	venue \$)
			-
4 d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 121, 359.		
BAA	· · · · · · · · · · · · · · · · · · ·	-	Form 990 (2012)

Page 3 Form **990** (2012) CITY OF FAIRFAX BAND ASSOCIATION INC 54-1651484 Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 1 Х Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х for public office? If 'Yes,' complete Schedule C, Part I 3 **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 Х 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 Χ 5 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, Х 6 Part I 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, $Part\ III$ 8 Х 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Х permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 11 or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х D, Part VI 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Χ assets reported in Part X, line 169 If 'Yes,' complete Schedule D, Part VII 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VIII 11 c 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 X in Part X, line 167 If 'Yes,' complete Schedule D, Part IX 11 d Х 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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 Х 11 f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII 12a Х **b** 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 and XII is optional Х 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 Х 14h 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 United States? If 'Yes,' complete Schedule F, Parts II and IV X 15 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 United States? If 'Yes,' complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17

column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 complete Schedule G, Part III

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 18

19

20 20 b Х

X

X

Part IV Checklist of Required Schedules (continued) Yes No 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 Х 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 X 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 X 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25 Х 24a 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 25 a 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 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 Х Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III X 27 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) X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an Х officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV **28c** X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х and V, line 1 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a **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 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 Х 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 X 37

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Form 990 (2012)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012) CITY OF FAIRFAX BAND ASSOCIATION INC Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	17		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		x
	10	 	<u> </u> ^
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	3		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	L
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b		
4 a At any time during the calendar 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 account)?	4 a		х
b If 'Yes,' enter the name of the foreign country		· · · · · · · · · · · · · · · · · · ·	
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	-		
6 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 tax deductible as charitable contributions?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7 a	-	 X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70	T	x
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	/ (-	
	┥╻		Х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	 	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	 	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	/ y		
Form 1098-C?	7 h	-	
8 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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a	1	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	- 1	ļ	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	7		
11 Section 501(c)(12) organizations. Enter	\dashv		
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	_ 12 a	-	-
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	120	 	
· · · · · · · · · · · · · · · · · · ·	\dashv		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	122		1
a is the organization licensed to issue qualified health plans in more than one state?	13 a	 	-
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			
c Enter the amount of reserves on hand		ļ	<u> </u>
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	<u> </u>	Х
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q</i>	14 b		

Form 990 (2012)

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 in Schedule O. See instructions X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 15 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 in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 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? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 h Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 a a The governing body? X 8 b b Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 Х a Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 h operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O X 12 a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12 b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 120 Schedule O how this is done X 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? X 14 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? a The organization's CEO, Executive Director, or top management official 15 a 15 b Х b Other officers of key employees of the organization 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 16 a X taxable entity during the year? 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 taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization JOHN FLAHIVE 9219 SCOTT STREET SPRINGFIELD VA 22153 (703)

TEEA0106L 08/08/12

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

- 1 a 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. 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 organization ne	or any rela	ted org	ganız	atio	n co	mpens	sated	d any current officer, dir	ector, or trustee	
			-	(C	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	er an	less p d a d	oerso	more to more to more to more to more the more than the mor	n an e)	compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organization (W-2/1099-MISC) organization (W-2/1099-MISC) organization (W-2/1099-MISC) organization (W-2/1099-MISC) organization (W-2/1099-MISC)		related organizations (W-2/1099-MISC)	from the organization and related organizations						
(1) JOHN FLAHIVE	25									
President	0	Х		Х				0.	0.	0.
(2) ROBERT POULIOT	20									
Music Director	0	Х		X				22,600.	0.	0.
(3) DR. JEAN-PIERRE AUFFRET	10								-	
Dir/Chairman	0	Х						0.	0.	0.
(4) TOM REINSEL	5									
Vice President	0	X		Χ				0.	0.	0.
(5) RUTH BANDLER	20					-				
Secretary	0	X		X				0.	0.	0.
(6) ERIC LINDBERG	_ 12 _									
Treasurer	0	Х		Х				0.	0.	0.
(7) STEVEN WINGFIELD	_ 12 _									
PR Coordinator	0	Х		X				0.	0.	0.
(8) RICK PARRELL	44									
Assoc Conductor	0	X		X				1,300.	0.	0.
(9) THE HONORABLE DAVID BUL	5									
Director	0	Х						0.	0.	0.
(10) THE HONORABLE ELEANOR S	5									
Director	0	Х						0.	0.	0.
(11) WILLIAM SCHMIDT, ESQ	5									
Director	0	Х						0.	0.	0.
(12) RALPH SHIRTS	5	<u> </u>								
Director	0	Х						0.	0.	0.
(13) DAVID SEARS	5									
Director	0	Х						0.	0.	0.
(14) THE HONORABLE PATRICE W	5									
Director	0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	(B)	Tey	LII	ipic	_	C S, 6	anc	i nighest con	iperisateu Emp	loyees (cong	<u>' </u>
(A) Name and title	Average hours per week (list any	box	, unle cer ar	heck ss pe id a d	erson direct	than or/trust	n an lee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations	(F) Estimated amount of other compensation	r
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(15) THE HONORABLE JANE WOODS Director	- <u>5</u> -	х						0.	0.		0.
<u>(16)</u>	 	-									
(17)											
(18)		-									
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Sub-total		•					>	23,900.	0.		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	n A						>	23,900.	0.		0.
2 Total number of individuals (including but not limited to from the organization ▶ 0	o those I	ısted	abo	ve) v	who	recer	ved			ensation	<u> </u>
3 Did the organization list any former officer, director	or or trus	stee,	key	em	ploy	vee, c	or hi	ighest compensat	ed employee	20 2 2 2 2 2	No
 on line 1a? If 'Yes,' complete Schedule J for such For any individual listed on line 1a, is the sum of the organization and related organizations greater 	eportab	le co	mpe	ensa If '\	ation	and	oth	er compensation	from	3	<u>X</u>
such individual 5 Did any person listed on line 1a receive or accrue	comper	nsatio	on fr	om	anv	unre	late	ed organization or	ındıvıdual	4	<u>X</u>
for services rendered to the organization? If 'Yes, Section B. Independent Contractors	' comple	ete S	chec	lule	J fo	r suc	h p	erson		5	X
Complete this table for your five highest compens. compensation from the organization Report compens.	ated ind ation for	epen the c	iden alen	t co dar	ntra year	ctors end	tha	it received more to	han \$100,000 of ganızatıon's tax year	,	
(A) Name and business addre	ess							(B) Description ((C) Compensation	
						<u> </u>					
2 Total number of independent contractors (including but		ited t	o the	ose	liste	d abo	ve)	who received more	than		
\$100,000 in compensation from the organization	0										

	Check if Schedule O contains a response to any questi	on in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 aFederated campaigns1 abMembership dues1 b8,210.cFundraising events.1 cdRelated organizations1 deGovernment grants (contributions)1 e58,831.fAll other contributions, gifts, grants, and similar amounts not included above1 f59,888.gNoncash contributions included in lns 1a-1f.3,256.hTotal. Add lines 1a-1f>	126,929.			
쀨	Business Code	120,525.		· · · ·	
ROGRAM SERVICE REVE	2a Ensemble Income b Tuition c Ticket Sales d Honoraria e Audition/Registration Fee f All other program service revenue	33,464. 15,714. 6,429. 1,500. 1,375.	33,464. 15,714. 6,429. 1,500. 1,375.		
_=	g Total. Add lines 2a-2f	58,482.			ļ
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	155.	155.		
	(i) Real (ii) Personal 6 a Gross rents. b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b				
	c Net income or (loss) from gaming activities	-			
	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a b c	14,473.	14,473.		
	d All other revenue				
	e Total. Add lines 11a-11d	14,4/3.			
	12 Total revenue. See instructions	200,039.	73,110.	0	. 0.

Part IX | Statement of Functional Expenses

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 to any question in this Part IX (A) (B) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII **expenses** general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 2,000 2,000 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 23,900 0 0. 23,900 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 19,000 31,753 25,000. 75,753 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes 1,913. 4.342 2,429 Fees for services (non-employees) a Management **b** Legal 916 c Accounting 916. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) 32,154 32,154 Advertising and promotion 12 719 719 13 Office expenses 710 2,380 330 14 Information technology 1,904 1.904 15 Royalties 327 327 16 Occupancy 11,814 9,914 1,900 17 Travel 5,192 4,218 968 6. Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 265 265. 20 Interest 1,662 662 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 6,266 6,266 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 22,568 20,328 1,623 617. a Printing and Publications b MUSIC PURCHASE & RENTAL 2,787 2,787 <u>2,6</u>95 <u>2,695</u> c LOGISTICS & TRANSPORTATION d EQUIPMENT & SUPPLIES 1,557 1,557 e All other expenses 3,201 2,087 466 648. 52,594 28,779 25 Total functional expenses Add lines 1 through 24e 202,732 121,359 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 37,640 37,294. Savings and temporary cash investments 181,368 2 177,568. Pledges and grants receivable, net 34,283 3 7,684. Accounts receivable, net 4 875. Loans and other receivables from current and former officers, directors Part II of Schedule L 5 Loans and other 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) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 2,458. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4,614 10b 10 c **b** Less accumulated depreciation 4,614 4,614. 11 Investments - publicly traded securities. 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 500 500. 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 258,405 16 230,994. 16 Accounts payable and accrued expenses -2,75417 17 -3,422.18 18 Grants payable 19 Deferred revenue 13,512 19 18,175. 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 Total liabilities. Add lines 17 through 25 10,758 26 14,753. X and complete Organizations that follow SFAS 117 (ASC 958), check here > lines 27 through 29, and lines 33 and 34. 27 194,936. Unrestricted net assets 224,943 27 28 Temporarily restricted net assets 22,704 21,305. 28 29 Permanently restricted net assets P Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 Total net assets or fund balances 247,647 216,241 34 Total liabilities and net assets/fund balances 258,405 34 230,994.

BAA

Part X

Balance Sheet

Forn		<u>4-1651</u>	484	Pa	ge 12
Paı	TXI Reconciliation of Net Assets				
	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)	1	2	00,0	39.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	02,7	<u>32.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		-2,6	<u> 93.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	47,6	47.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		28,7	13.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2	216,2	241.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			_	_
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	L	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both	ewed on a	a		,
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 t	<u> </u>	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			į
	Separate basis Consolidated basis Both consolidated and separate basis			_	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,	20		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				1
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	3 8	_	х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	31	<u> </u>	
BA	A		For	n 990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of th	e organization							Employer	r identificat	ion number		
CITY	OF FAIRFAX BAN	D ASSOCIATION	INC					54-16	551484	l		
Part I	Reason for Publ	ic Charity Status	(All organizations	must d	comple	te this	part.)	See II	nstructi	ions.		
The orga	anization is not a privat	te foundation because	e it is (For lines 1 thro	ugh 11,	check o	nly one	box)			-		
1	1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).											
2	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).											
4	A medical research o	rganization operated	in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) En	iter the hos	pital's	
L	name, city, and state											
5	An organization operat	ed for the benefit of a manager and a manage	college or university own	ed or ope	erated by	a gover	nmental	unit des	scribed in	section		
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 🗓	in section 170(b)(1)(A	\)(vi). (Complete Par			-	ental uni	t or from	n the ger	neral publ	lic described		
8	A community trust de	scribed in section 17	'0(b)(1)(A)(vi). (Comple	te Part I	1)							
9	An organization that no related to its exempt fu unrelated business taxable (Complete Part III)	rmally receives (1) moi inctions — subject to ce e income (less section 51	re than 33-1/3% of its supertain exceptions, and (2' 1 tax) from businesses acqu	port from) no mor uired by th	n contribu e than 33 ne organiz	itions, me 3-1/3% o ation afte	embersh f its sup r June 30	ip fees, a port fron), 1975 S	and gross a gross in See section	receipts from nvestment in n 509(a)(2).	n activ come	ities and
10		· ·	xclusively to test for pu		-		• •					
11	An organization organiz supported organization supporting organization	s described in section	ively for the benefit of, to 509(a)(1) or section 509(s 11e through 11h.	perform (a)(2) Se	the funct ee sectio	ions of, on 509(a)	or carry (out the p ck the bo	urposes o x that de	of one or more scribes the t	e publ ype of	icly
	a Type I b Type II c Type III — Functionally integrated d Type III — Non-functionally integrated											
e [By checking this box, other than foundation r section 509(a)(2)	I certify that the orginal anagers and other that	anization is not controll an one or more publicly s	led direction	ctly or in d organiz	directly ations de	by one escribed	or more in section	dısqualı on 509(a)	fied person (1) or	S	
f	* * * *	eived a written determin	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting o	organizati	on,		
g	Since August 17, 200	6, has the organizati	on accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	7		
										ſ	Yes	No
	(i) A person who depends the gove	lirectly or indirectly co erning body of the sup	ontrols, either alone or opported organization?	togethe	r with pe	ersons d	escribe	d ın (ıı)	and (III)	11 g (i)		
	(ii) A family member	er of a person descril	oed in (i) above?							11 g (ii)	ł	
	(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h	Provide the following	information about th	e supported organization	on(s)							1	
	(i) Name of supported organization	(n) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	Is the sation in its listed in overning ment?	(v) Did yo the organi column (i supp	zation in	organiz	s the ration in mn (i) ed in the S ?	(vii) Amount supp		etary
				Yes	No	Yes	No	Yes	No			
												
(A)					<u> </u>							
(B)												
(C)												
(D)												
(E)												
Total	:											

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	136,017.	106,514.	276,960.	96,782.	126,929.	743,202.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,	,		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	136,017.	106,514.	276,960.	96,782.	126,929.	743,202.
6	Public support. Subtract line 5 from line 4						743,202.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	136,017.	106,514.	276,960.	96,782.	126,929.	743,202.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92.	78.	86.	223.	155.	634.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				30,753.	33,464.	64,217.
11	Total support. Add lines 7 through 10						808,053.
12	Gross receipts from related activ	rities, etc (see inst	ructions)		<u>-</u>	12	0.
13	First five years. If the Form 990 is organization, check this box and		's first, second, thi	rd, fourth, or fifth to	ax year as a section	n 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pul	blic Support P	ercentage				· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 20	12 (line 6, column	(f) divided by lin	e 11, column (f)).		14	91.97_%
15	Public support percentage from :	2011 Schedule A,	Part II, line 14			15	99.89%
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the lolicly supported or	oox on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more, c	heck this box
ŀ	33-1/3% support test — 2011. If the and stop here. The organization	he organization di qualifies as a pub	d not check a boo blicly supported or	c on line 13 or 16 ganization	a, and line 15 is 3	33-1/3% or more, o	theck this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this	box and stop her	e. Explain in Part I	Ⅳ how
	0 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances est The organiza	' test, check this tion qualifies as a	box and stop here a publicly supporte	e. Explain in Part led organization	V how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see inst	ructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the b	ox on line 9 of Part I or if the o	organization failed to qualify	under Part II If	the organization fails
to qualify under the tests listed be				

Sect	tion A. Public Support						
Calend	dar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants')						
2	Gross receipts from admis-						
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's				ĺ		
3	tax-exempt purpose Gross receipts from activities					 	
J	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
5	its behalf The value of services or						
3	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
8	Public support (Subtract line						
	7c from line 6)						
	tion B. Total Support	4 > 0000	4 > 0000	() 0010	(-I) 0011	(-) 2012	(O Total
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6 Gross income from interest,						
10 4	dividends, payments received						
	on securities loans, rents, royalties and income from						
b	sımılar sources Unrelated busıness taxable						
_	income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b				-		
11	Net income from unrelated business						
	activities not included in 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 IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secon	nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pu	blic Support F	Percentage				
15	Public support percentage for 20)12 (line 8, colum	n (f) dıvıded by lır	ne 13, column (f)).	15	%
16	Public support percentage from					16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage f				umn (f))	17	%
18	Investment income percentage f					18	ે
19 a	33-1/3% support tests — 2012. It is not more than 33-1/3%, check	f the organization	did not check the	box on line 14,	and line 15 is mor	e than 33-1/3%, a orted organization	and line 17
ŀ	33-1/3% support tests — 2011. If	f the organization	did not check a b	ox on line 14 or	line 19a, and line	16 is more than 3	33-1/3%, and
	line 18 is not more than 33-1/3%	check this box	and stop here. Th	ie organization qi	ualifies as a public	ly supported orga	anization 🟲 📙
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	20 000 57 2012

Schedule A (Form 950 of 950-E2) 2012 CITY OF FAIRFAX BAND ASSOCIATION INC 54-1651464 Fage 4
Part V Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Additional Explanation of Other Income
The amount represents \$33464 of Ensemble Income

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number CITY OF FAIRFAX BAND ASSOCIATION INC 54-1651484 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year). Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No Yes impermissible private benefit? | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 a a Total number of conservation easements 2 b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2 4 structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items ▶\$ (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items ▶\$ a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

▶\$

Schedule D (Form 990) 2012 CITY Part Organizations Maintai	OF FAIRFA	X BAND ASSOCIA	TION INC	54-165	1484	Page 2
• 3 Using the organization's acquisition					······································	
items (check all that apply)	, accession, and	other records, check ar	ly of the following that a	ire a significant use of its	conection	
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e 🔲 Other				
c Preservation for future gener						
4 Provide a description of the organiz Part XIII						
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or re nan to be maint	eceive donations of art ained as part of the or	, historical treasures, rganization's collectior	or other similar assets	Yes	No
Part IV Escrow and Custodial Arra	angements. Co	mplete if the organiza			e 9, or	
reported an amount or	n Form 990,	Part X, line 21.				
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian,	or other intermediary	for contributions or ot	her assets not included	Yes	□No
b If 'Yes,' explain the arrangement	in Part XIII and	d complete the following	ng table			
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		·
e Distributions during the year				1 e		
f Ending balance		000 D 1 V 1 - 013		1 f		
2 a Did the organization include an a		·	tion has been provide	d in Dort VIII	Yes	No
b If 'Yes,' explain the arrangement	III FAIT AIII CI	eck here if the explan	idon nas been provide	u III Fart Allt	l	
Part V Endowment Funds. C	omplete if th	ne organization an	swered 'Yes' to Fo	orm 990. Part IV. lir	ne 10.	
	(a) Current	(b) Prior yea		(d) Three years	(e) Four ye	ars
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the current	year end balance (lin	e 1g, column (a)) held	l as:		
a Board designated or quasi-endowm		······································				
b Permanent endowment ►		_				
c Temporarily restricted endowmer		 %				
The percentages in lines 2a, 2b,	and 2c should	equal 100%				
3 a Are there endowment funds not in to organization by	the possession of	f the organization that a	re held and administere	d for the	Yes	No
(i) unrelated organizations	3a(i)					
(ii) related organizations		3a(ii)	 			
b If 'Yes' to 3a(II), are the related of	3b					
4 Describe in Part XIII the intended						
Part; VI Land, Buildings, and Description of property		See Form 990, Pa	(b) Cost or other	(c) Accumulated	(d) Book v	
Description of property	1,	(investment)	basis (other)	depreciation	(d) Book (aiuc
1 a Land				· 14. 14. 1. 1. 1.		
b Buildings						
c Leasehold improvements						
d Equipment			4,614.		4	1,614.
e Other				ļ		
Total. Add lines 1a through 1e (Colum	าก (d) must equ	ial Form 990, Part X, o	column (B), line 10(c)			1,614.
BAA				Sched	lule D (Form 99	0) 2012

Part VII	Investments - Other Securities. S	<u>ee Form 990, Part X</u>	, line 12. N/A	
	(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) Financ	ial derivatives			
(2) Closely	r-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				_
(F)				
(G)				_
(H)				
(l)		·		_
	nn (b) must equal Form 990, Part X, column (B) line 12)	•		_
	Investments – Program Related. S		, line 13. N/A	
Fart VIII	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or	
	(a) Description of investment type	(b) Book value	end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				_
(9)				
(10)				_
	nn (b) must equal Form 990, Part X, column (B) line 13)	•		_
Part IX	Other Assets. See Form 990, Part	X. line 15. N/Z	A	
1.4.4.174		Description	(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				_
(7)				
(8)				_
(9)				
(10)				_
	olumn (b) must equal Form 990, Part X, colun	n (B), line 15)	>	_
Part X	Other Liabilities. See Form 990, Pa			
I alt X	(a) Description of liability	(b) Book value	e	_
(1) Fede	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)	 			
(7)				
(8)			 	
(9)			 	
(10)		-	·	
			 	
(11)	(h) must so at Farm 200 Bart V at 1 (B) 1 (C)	•	 	
	mn (b) must equal Form 990, Part X, column (B) line 25)		al statements that reports the organization's liability for uncertain tax position	nne
under FIN 48	ASC 740) Footnote in Part XIII, provide the text of the foot (ASC 740) Check here if the text of the footnote has beer	note to the organization's infancial provided in Part XIII	ar statements that reports the organization's hability for uncertain tax position	

Schedule D (Form 990) 2012 CITY OF FAIRFAX BAND ASSOCIATION INC

54-1651484

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	D (Form 990) 2012 CITY OF FAIRFAX BAND ASSOCIATION	INC	54-1651484	Page 4
Part XI	Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	venue per Return N/A	
1 Tota	al revenue, gains, and other support per audited financial statements		1	
2 Amo	ounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net	unrealized gains on investments	2 a		
b Don	ated services and use of facilities	2 b		
c Rec	overies of prior year grants	2 c		
d Oth	er (Describe in Part XIII.)	2 d		
	lines 2a through 2d	L	2 e	
3 Sub	tract line 2e from line 1		3	
4 Amo	ounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Inve	estment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Oth	er (Describe in Part XIII)	4 b		
c Add	lines 4a and 4b	L	4 c	
5 Tota	al revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statem		penses per Return N/A	
	al expenses and losses per audited financial statements		1	
2 Am	ounts included on line 1 but not on Form 990, Part IX, line 25			
	ated services and use of facilities	2 a		
b Prio	r year adjustments	2 b		
c Oth	er losses	2 c		
d Oth	er (Describe in Part XIII)	2 d		
e Add	lines 2a through 2d		2 e	
3 Sub	tract line 2e from line 1		3	
4 Am	ounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Inve	estment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Oth	er (Describe in Part XIII)	4 b		
c Add	lines 4a and 4b		4 c	
	al expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5	
Part XII	I Supplemental Information			
Complete line 4, Pa	this part to provide the descriptions required for Part II, lines 3, 5, and 9, art X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also contact Also contac	Part III, lines Ta	to provide any additional informatio	
 			Schedule D (Form 99	0) 2012
			Scriedule D (1 Offil 33	0) 2012

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545 0047 2012

Department of the Treasury Internal Revenue Service

Open to Public Inspection ► Attach to Form 990 or 990-EZ. Name of the organization Employer identification number 54-1651484 CITY OF FAIRFAX BAND ASSOCIATION INC Form 990, Part VI, Line 11b - Form 990 Review Process Tax return is emailed to Board Members before submission to IRS. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available Documents are available to the public on website and upon request.

2012 Schedule A, Part IV - Supplemental Information									Pa	age !			
CITY OF FAIRFAX BAND ASSOCIATION INC											54-1	65148	
Part II, Line 10 - Oth	er Income												
Nature and Sour	<u>ce</u>		2012	2011		2010			2009			2008	
ENSEMBLE INCOME	Total	<u>\$</u>	33,464. \$ 33,464. \$	30,753. 30,753.	\$		0.	\$		0.	\$		0.
								-					

2012

Schedule O - Supplemental Information

Page 2

CITY OF FAIRFAX BAND ASSOCIATION INC

54-1651484

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B) Program	(C) Management	(D) Fund-
		Total	Services	& General	raising
AD HOC MUSICIANS		250.	250.		
CONCERT HOST/EMCEE		1,000.	1,000.		
GUEST ARTIST FEES		1,750.	1,750.		•
PERFORMER EXPENSE PAYMENTS		27,104.	27,104.		
STAGE/LIGHTING/SOUND		2,050.	2,050.		
	Total	\$ 32,154.	\$ 32,154.	\$ 0.	\$ 0.