Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form, as it may be made public.

➤ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	Car th	0001 selendes year exten year baginning				
_	For the	2021 calendar year, or tax year beginning and ending	D Em-	lover :	antification number	
0 6	applicab	e: C Name of organization	D Employer identification number			
	Addre	ss change	51 0006450			
	Name	change FAIRLINGTON CITIZENS ASSOCIATION, INC.			226453	
	Initial	Total 1		Telephone number		
	termi		7	03-3	379-6435	
	Amen		F Group Exemption			
	Applica	tion pending ARLINGTON, VA 22206	Number >			
		ting Method: X Cash Other (specify)	H Che	eck 🖊	X if the organization is	
1	Websit	e: ▶ WWW.FCA-FAIRLINGTON.ORG	not	required	to attach Schedule B	
J	Tax-ex	empt status (check only one) $-$ 501(c)(3) \times 501(c) (4) \blacktriangleleft (insert no.) 4947(a)(1) or 527	(Fo	rm 990)	·	
K	orm o	forganization: X Corporation Trust Association Other				
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I	l,			
	column	(B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		> \$	93491.	
	art I		ctions	for Part	1)	
		Check if the organization used Schedule O to respond to any question in this Part I			X	
	1	Contributions, gifts, grants, and similar amounts received		1		
	2	Program service revenue including government fees and contracts		2	93275.	
	3	Membership dues and assessments		3		
	4	Investment income See Schedule O		4	216.	
	5a	Gross amount from sale of assets other than inventory 5a				
	b	Less: cost or other basis and sales expenses 5b				
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c		
	6	Gaming and fundraising events:				
d)	a	Gross income from gaming (attach Schedule G if greater than				
Ž		\$15,000) 6a				
Revenue	b	Gross income from fundraising events (not including \$ of contributions				
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000) 6b				
	C	Less: direct expenses from gaming and fundraising events 6c				
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d		
	1	Gross sales of inventory, less returns and allowances 7a				
		Less: cost of goods sold 7b				
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c		
	8	Other revenue (describe in Schedule O)		8		
	9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	93491.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10		
	11	Benefits paid to or for members		11		
	12	Salaries, other compensation, and employee benefits	*****	12		
	13	Professional fees and other payments to independent contractors		13	38427.	
	14	Occupancy, rent, utilities, and maintenance		14		
	15	Printing, publications, postage, and shipping		15	43523.	
	16	Other expenses (describe in Schedule O) See Schedule O		16	5929.	
	17	Total expenses. Add lines 10 through 16		17	87879.	
	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	5612.	
sets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
Ass		(must agree with end-of-year figure reported on prior year's return)		19	53870.	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.	
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	59482.	
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2021)	

Page 2

	rt II	Balance Sheets (see the instructions for Part II)					W
		Check if the organization used Schedule O to res	ond to any quest	ion in this Part II			
				(A) Beginning of year		(B) E	nd of year
22	Cash,	savings, and investments		53870	. 22		59482.
23		and buildings			23		
24	Other	assets (describe in Schedule O)			24		
25		assets		53870			59482.
26	Total	liabilities (describe in Schedule O)		0	_		0.
27	Nota	ssets or fund balances (line 27 of column (B) must agree with line 21)		53870			59482.
		Statement of Program Service Accomplishmen			- 21		penses
ı a	i C III		,	,	X		for section
Mhat	io the o	Check if the organization used Schedule O to respondentiation's primary exempt purpose? See Schedule O	bond to any quest	ion in this Part III	Λ	501(c)(3)	and 501(c)(4)
						organization others.)	ons; optional for
		rganization's program service accomplishments for each of its three largest program be the services provided, the number of persons benefited, and other relevant inform		enses. In a clear and concise		0111613.)	
		. 2		TIT 32		-	
		OUCTION OF THE FAIRLINGTON BULLE					
		SLETTER WHICH IS DISTRIBUTED TO		TY TO			
-		/IDE COMMUNITY INFORMATION TO RE					
-	Grants) If this amount includes foreign g	rants, check here	<u> </u>		28a	
29 _							
_							
(Grants	s\$) If this amount includes foreign of	rants, check here)		29a	
30 _							
_							
-	Grants		rants, check here	>		30a	
31	Other p	orogram services (describe in Schedule O)		,			
(Grants	s \$) If this amount includes foreign of	rants, check here			31a	
32	Total p	program service expenses (add lines 28a through 31a)			>	32	0.
Pa	rt IV	List of Officers, Directors, Trustees, and Key E	mployees (list each o	one even if not compensated -	see the	instructions f	or Part IV)
		Check if the organization used Schedule O to res	and to any quest	ion in this Dort IV			
		Check if the organization asea Schedule O to res	John to any quest	ion in this Part IV			
		Officer in the organization used defiedule of to res	(b) Average hours	(C) Reportable		ealth benefits,	(e) Estimated
		(a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC/	cont	ributions to oyee benefit	amount of other
			(b) Average hours	(C) Reportable compensation (Forms	cont empl plans,	ributions to	1 ,
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 X activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х 35a on lines 2, 6a, and 7a, among others)? X b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions **b** Did the organization file Form 1120-POL for this year? X 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a N/A b If "Yes," complete Schedule L, Part II, and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A **b** Gross receipts, included on line 9, for public use of club facilities N/A **40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A; section 4912 N/Asection 4911 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any X of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ VA Telephone no. $\triangleright 703 - 379 - 6435$ **42a** The organization's books are in care of ► EDWARD HILZ Located at ▶ P.O. BOX 6182, ARLINGTON, ZIP+4 ► 22206 b 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 Yes No 42b account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? X If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-F7 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 45a b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions Form 990-EZ (2021)

rm 990-EZ	(2021)	FAIRL	11101011										,	Vani	NIO
6 Did the	ornanizatio	on engage, direc	tly or indirect	ly, in politic	cal campaig	n activities o	n behalf of o	r in oppositio	n to candid	ates for pu	blic offic	:e?	CONTRACTOR OF THE	Yes	OR PERSONAL PROPERTY.
If "Vac"	" complete !	Schedule C. Par	t1										46		X
DAHAWI	Section	Schedule C, Par on 501(c)(3)	Organiza	ations (Only								The same of the sa		
SHIPPARKE	All cocti	ion 501(c)(3) o	roanizations	must an	swer ques	stions 47-49	b and 52, a	and complet	e the tabl	es for line	s 50 ar	nd 51.			
	Chack i	if the organizat	tion used Sc	hedule O) to respor	nd to any o	uestion in t	his Part VI .							
	CHECK	i the organizat	1011 0360 00	modulo o	to roope.									Yes	No
7 Did the	arganizatio	on engage in lob	hvina activitie	es or have :	a section 5	01(h) electio	n in effect du	ring the tax y	ear?						
		Sch. C, Part II											47		
IT Yes,	complete	n a school as de	acultud in acc	tion 170/h		If "Voc " con	notete Sched	ulo F			••••••		48		
8 Is the o	rganization	n a school as de	scribed in sec	נוטוו ויטנט))(11 165, 601	nineties?	uic L	•••••	••••••			49a	_	
9a Did the	Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization?												49b	-	
b If "Yes,	," was the re	elated organizati	on a section 5	o2/ organi	ization?			iaava diraata		and key or	malayar	o) who		hovinod	more
O Comple	ete this tab	le for the organi	zation's five n	ignest con	npensated 6	employees (C	omer man on	icers, director	s, ii usiees	, and key ei	ithioyec	S) WIIU	Sacii i c	PEINER	IIIUIE
than \$	100,000 of	compensation f	rom the organ	nization. If	there is nor	ne, enter 'No		as baurs	(0)-		(d) Has	ith benefi	. 1	e) Estim	atad
		(a) Name and t				ige hours devoted to	(C) Reportable compensation (Forms		contributions to employee benef		1	ount of			
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											1				
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1 Comp	olete this tab lization. If th	other employees ble for the organ here is none, ent nd business add	nization's five t ter "None."	highest coi	mpensated	Independent	t contractors	who each rec	eived more		,000 of			from th	
1 Comp	olete this tab lization. If th	ble for the organ here is none, ent	nization's five t ter "None."	highest coi	mpensated	Independent	t contractors	who each rec			,000 of			***	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FAIRLINGTON CITIZENS ASSOCIATION, INC.

Employer identification number 51-0226453

Form 990-EZ, Part I, Line 4, Other Investment Income:	********************************
Description of Property:	Amount:
INTEREST INCOME	216.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	
DUES & SUBSCRIPTIONS	2784.
OFFICE SUPPLIES	219.
WEBSITE	637.
COMMUNITY EVENTS	1289.
DONATIONS	1000.
Total to Form 990-EZ, line 16	5929.
Form 990-EZ, Part III, Primary Exempt Purpose - FORM 990-EZ, PRIMARY EXEMPT PURPOSE - PROMOTE SOCIAL WELFARE OF THE FAIRL COMMUNITY.	
Form 990-EZ, Part V, Information Regarding Personal Benefit	Contracts:
The organization did not, during the year, receive any funds	s, directly,
or indirectly, to pay premiums on a personal benefit contract	ct.
The organization, did not, during the year, pay any premiums	s, directly,
or indirectly, on a personal benefit contract.	

990-W

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) Form 990-T

2022

OMB No. 1545-0047

Go to www.irs.gov/Form990W for instructions and the latest information.
 Keep for your records. Do not send to the Internal Revenue Service.

Unrelated business taxable income expected in the tax year Tax on the amount on line 1. See instructions for tax computation Alternative minimum tax for trusts. See instructions Total. Add lines 2 and 3 Estimated tax credits. See instructions 5 Subtract line 5 from line 4 Other taxes. See instructions Total. Add lines 6 and 7 9 Credit for federal tax paid on fuels. See instructions 10a Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions b Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c c 2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount 1280. Adjusted To from line 10a on line 10c 04/18/22 06/15/22 09/15/22 12/15/22 11 Installment due dates. See instructions Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal 320 320 320. 320. installment method, or is a "large organization." 12 2021 Overpayment. See instructions 13

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_HA For Paperwork Reduction Act Notice, see instructions.

Payment due (Subtract line 13 from line 12)

Form **990-W** (2022)

320.

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