Form	99	0
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Department of the Treasury

Return of Organization	Exempt From Income Tax
··· · · · · ·	

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

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

Open to Public

OMB No. 1545-0047

Inter	nal Reve	nue Service	Go to www.ii	s.gov/Form990 fc	or instructions an	d the latest in	formation	•		Inspection
Α	For the	e 2022 calen	dar year, or tax year begin	ning 7/01	, 2	022, and endir	<b>1g</b> 6/	30	,	, <b>20</b> 2023
		applicable:	C	<b>0</b> ., •=	,	,	<b>0</b> •7	•		ification number
						TNO				
		dress change	THE FAIRFAX COUN			INC.			2019	
	Nar	me change	12055 GOVERNMENT		ARKWAY #404			E Telepho	one numi	ber
	Initi	ial return	FAIRFAX, VA 2203	0				(70	3) 3	24-8581
	Fina	I return/terminated								
								6		\$ 2,024,267
		ended return						G Gross r		
	App	plication pending	F Name and address of principal				.,	a group retur		103 110
			12055 GOVERNMENT CEN	TER PARKWAY	#404 FAIRFAX,	VA 22035	H(b) Are all	subordinates ' attach a list	s include	d? Yes No
I	Tax-e	exempt status:	X 501(c)(3) 501(c) (	) (inser	t no.) 4947(a)(	1) or 527	11 140,	attacin a list	. 000 1113	structions.
J	Web	site: WW	W.FAIRFAXPARKFOUN			,	H(a) Group	exemption nu	umber	
-						1				573
K		of organization:	X Corporation Trust	Association	Other	L Year of formation	tion: 200	T Mis	State of I	egal domicile: VA
Pa	rt I	Summar								
	1 [	Briefly descri	be the organization's missi	on or most sigr	nificant activities:	THE FAIRF	'AX COU	NTY PA	RK F	OUNDATION
~		SUPPORTS	THE FAIRFAX COUN	ITY PARK A	UTHORITY BY	RAISING	PRIVA	CE FUNI	DS. (	OBTAINING
ğ			ND CREATING PARTN							
nal	-		Y'S NEEDS FOR PAR		ACTITUTES Z	ND SERVI	CEC		<u></u>	
/er		Check this bo						EQ( of ito		
05	_		ting members of the gover							
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									3	9
S			dependent voting members						-	9
Activities & Governance			of individuals employed in						5	0
ïï			of volunteers (estimate if						6	0
Ac			ed business revenue from F						7a	0.
	b	Net unrelated	business taxable income t	rom Form 990	T, Part I, line 11				7b	0.
							P	rior Year		Current Year
	8 (	Contributions	and grants (Part VIII, line	1h)			1	,084,4	111	2,032,047.
ue			ice revenue (Part VIII, line					,001,1		2,002,017.
ren		0	come (Part VIII, column (A	0,				-	393.	2,220.
Revenue			e (Part VIII, column (A), lin	-					595.	2,220.
-								004 0	0.4	0 004 067
			e – add lines 8 through 11					.,084,8		2,034,267.
	13 (	Grants and s	milar amounts paid (Part I	X, column (A),	lines 1-3)			839,4	164.	1,317,292.
	<b>14</b> E	Benefits paid	to or for members (Part IX	, column (A),	ine 4)					
	15	Salaries, othe	er compensation, employee	benefits (Part	IX, column (A), I	ines 5-10)				
es			fundraising fees (Part IX, c	-		-				
sue			- ·							
Expenses	b	Total fundrais	ing expenses (Part IX, col	umn (D), line 2	5)	13,998.				
ш	17 (	Other expens	es (Part IX, column (A), lir	es 11a-11d. 1 <sup>-</sup>	f-24e)			75,8	320	110,544.
			es. Add lines 13-17 (must e				-	915,2		1,427,836.
		Revenue less	expenses. Subtract line 18	s non nine 12.				169,5		606,431.
Net Assets or Fund Balances								ng of Currer		End of Year
aets	20	Total assets	(Part X, line 16)				1	,231,0	95.	1,851,013.
Å	21	Total liabilitie	s (Part X, line 26)						0.	0.
det	<b>22</b> [	Net assets or	fund balances. Subtract lin	ne 21 from line	20		1	,231,0	05	1,851,013.
	rt II				20		I 1	,251,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,031,013.
		Signatur								
Unde	er penalti	ies of perjury, I de	clare that I have examined this retu rer (other than officer) is based on a	n, including accom	panying schedules and	statements, and to	the best of m	ny knowledge	and beli	ef, it is true, correct, and
com	Jiele. Dei		Ter (other than oncer) is based on a			iowieuge.				
Sic	in	Signature of	officer				Date			
Sig He	re	ΔΝΤͲΔ	HERRERA			ſ	CHAIR			
			name and title			(				
				Dropororia airea i	~	Dete		<u>г</u>	<del></del>	
			reparer's name	Preparer's signatu	e	Date		Check		PTIN
Pai	id	MARK J	. RHODES, CPA					self-employ	ed	P00734909
	epare			IP & RHODE	S. PLC	•				
	e Onl					SULTER 110		Firm's EIN	51.	-1972062
					AID DAINE S	JOTIE 110				
			CHANTILLY, VA		<b>a</b>			Phone no.	1036	6318940
Maι	∕the IF	⊰S discuss th	is return with the preparer	shown above?	See instructions					X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022)	THE FAIRFAX COU	NTY PARK FOUNDATION,	INC.	54-2019179	Page <b>2</b>
Par			rvice Accomplishments response or note to any line in	this Port III		
1		ribe the organization's miss			<u></u>	· · · · · · · ·
•	-	-	FOUNDATION SUPPORTS	THE FAIRFAX COUNTY	PARK AUTHORITY B	Y
			BTAINING GRANTS AND			
			UNITY'S NEEDS FOR PA			
	Did the organ	sization undortako ony aignifi	cant program services during the	waar which ware not listed on the	prior	
2	-			-	Yes	X No
		cribe these new services on S				A NO
3			, or make significant changes in	how it conducts, any program	services? Yes	X No
		cribe these changes on Sche				
4	Describe the Section 501	e organization's program se (c)(3) and 501(c)(4) organi	ervice accomplishments for each zations are required to report the	h of its three largest program s	ervices, as measured by extions to others, the total ex-	xpenses. penses
	and revenue	e, if any, for each program	service reported.	ie amount of grants and anotal		penses,
4a	(Code:		1,317,292. including gran			)
	AUTHORI		ACTIVITIES AND FAC	ILIIIES OF THE FAIRE	AX_COUNTY_PARK	
	<u>KUIIIOKI</u>	<u>+</u>				
4b	(Code:	) (Expenses \$	including gram	nts of \$)	(Revenue \$	)
40	(Codo:	) (Expanses \$	including gray	atc of ¢	(Povonuo Ś	
40	(Code:	) (Expenses \$)	including gram	ιις UI Υ)	(Revenue \$	)
					<b></b>	
4d	Other progra	am services (Describe on S	Schedule O.)			
	(Expenses	\$	including grants of \$	) (Revenue	\$	)
		m service expenses	1,317,292.			
R۵۵			TEE 001021 09	/01/22	Form	990 (2022)

Part IV						/	
Form 990 (	2022) T	'HE	FAIRFAX	COUNTY	PARK	FOUNDATION,	INC.

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1	Is the experimentation described in section $E(1/c)/2$ or $1047/c)/(1)$ (other then a private foundation)? If "Vec." complete		Yes	No
I	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Х	
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, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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 "Yes," complete Schedule G, Part II</i>	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	

Form 990 (2022) TH NC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
ł	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		
c	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ł	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27		27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
ł	• A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part IL.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1:	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		res	INO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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HE	FATRFAX	COUNTY	PARK	FOUNDATION.	TI

Form	990 (2022) THE FAIRFAX COUNTY PARK FOUNDATION, INC. 54-2019175	)	F	Page 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<b>—</b>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	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?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70 7c		X
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	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	14		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		┝──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	If "Yes," complete Form 4720, Schedule O.			
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Pa	<b>t VI</b> Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b b a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	elow nges	, and on	d for
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	I Enter the number of voting members of the governing body at the end of the tax year       1a       9         If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.       1a       9			
t	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			v
E	since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		X X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets ? Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Х	
Ł	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni		<u> </u>
10-	Did the execution have level shorters, hypershee, or effiliates?	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Χ
L	operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
t	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	: Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE0.	15a	Х	
Ł	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		Х
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 available for public inspection. Indicate how you made these available. Check all that apply.	)1(c)(3	)s on	ly)
	X       Own website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year.	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	-		- 0 1

THE ORGANIZATION 12055 GOVERNMENT CENTER PARKWAY, #404 FAIRFAX VA 22035
-------------------------------------------------------------------------

Form 990 (2022) THE FAIRFAX COUNTY PARK FOUNDATION, INC.	54-2019179 F	Page <b>7</b>
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Hig Independent Contractors	phest Compensated Employees,	and
Check if Schedule O contains a response or note to any line in this Part VII	·····	📋
Section A. Officers, Directors, Trustees, Key Employees, and Highest Comp	ensated Employees	
<b>1a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year organization's tax year.	ending with or within the	
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or org compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	anizations), regardless of amount of	

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)						
(A) Name and title	(B) Average hours per	Pos thar is	s both	an c	ot che unles officer /truste			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) ROBERTA LONGWORTH	40									
EXECUTIVE DIR.	0			Х				0.		0.
(2) HARRISON A. GLASGOW	1									
DIRECTOR	0	Х		Х				0.	0.	0.
(3) MICHAEL GAILLIOT	1									
DIRECTOR	0	Х						0.	0.	0.
(4) LAURA EAKIN ERLACHER	1									
VICE CHAIR	0	Х		Х				0.	0.	0.
(5) KEVIN TA	1									
DIRECTOR	0	Х						0.	0.	0.
(6) ROBIN WALKER	1									
SECRETARY	0	Х						0.	0.	0.
(7) THOMAS CHENNIKARA	1									
DIRECTOR	0	Х						0.	0.	0.
(8) RICH HARPE	1									
TREASURER	0	Х		Х				0.	0.	0.
(9) ANITA HERRERA	1									
CHAIR	0	Х		Х				0.	0.	0.
(10) GARY W. KIRKBRIDE	1									
DIRECTOR	0	Х						0.	0.	0.
(11)										
(12)										
(13)										
(14)										
BAA	TEEA0	107L	09/01	/22						Form <b>990</b> (2022)

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54-201	91/9

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Ра	ae	8

Par	t VII Section A. Officers, Directors, Tru	stees,	Key	Emj	ploy	yee	es, ai	nd	l Highest Com	pensated Em	oloyees (continued)
		(B)			(C)						
	<b>(A)</b> Name and title	Average hours per week	box, offic	not ch unles er and	s pers 1 a dir	nore f son is rector	than on s both a r/trustee	an e)	<b>(D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		(list any hours for related	Individual or director	nstitution	Officer	Key employee	Highest c	- ormer	(W-Ž/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
		organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee		loyee	r orrier Highest compensated employee				
(15)				()			led				
(16)					+	_					
(17)					+	_					
(18)											
(19)					+	_		_			
(20)								_			
(21)					+						
(22)								-			
(23)											
(24)											
(25)											
1b	ubtotal							-	0.		. 0.
	Total from continuation sheets to Part VII, Section							-	0.	0	. 0.
	Total (add lines 1b and 1c).								0.	O of superstable open	. 0.
	from the organization 0		Isteu	above	e) wi		eceive		more man \$100,00		Yes No
3	Did the organization list any <b>former</b> officer, direct on line 1a? If "Yes, "complete Schedule J for such	or, truste <i>individu</i>	ee, ke al	y err	iploy	yee,	or hi	igh	est compensated	employee	3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	r than \$1	50,00	0? /	f "Ye	es,"	comp	ble	te Schedule J for		<b>4</b> X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i> "										
	ion B. Independent Contractors										
I	Complete this table for your five highest compens compensation from the organization. Report compens	sated ind sation for	epeno the ca	dent alend	cont ar ye	tract ear e	tors th ending	hat j w	t received more th rith or within the or	nan \$100,000 of ganization's tax yea	ar.
	(A) Name and business addre	ess			-				( <b>B</b> ) Description of	of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including bu \$100,000 of compensation from the organization	ut not lim	ited to	thos	se lis	sted	above	e) v	who received more	than	

# Form 990 (2022) THE FAIRFAX COUNTY PARK FOUNDATION, INC. Part VIII Statement of Revenue

54-2019179

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Check if Schedule O contains a response or note to any line in this Part VIII         (A)       (B)       (C)         Total revenue       Related or exempt function revenue       Unrelated business revenue         1a       16, 168.       16         b       Membership dues.       1b       1c         c       Fundraising events.       1d       1c         d       Related organizations.       1d       1e         f       All other contributions, gifts, grants, and similar amounts not included in lines 1a-1f.       1f       2,032,047.	(D) Revenue excluded from tax under sections 512-514
Image: system     Image: system     Image: system     Image: system       Image: system     Image: system     Image: system     Image: system       Image: system     Image: system     Image: system     Image: system	
b Membership dues 1b	
c Fundraising events 1c	
d Related organizations 1d	
F All other contributions, gifts, grants, and	
similar amounts not included above <b>1f</b> 2,015,879.	
<b>g</b> Noncash contributions included in lines 1a-1f	
Ines         1a-1f         1g           h         Total. Add lines         1a-1f         2,032,047.	
2,002,01,1	
Business Code       Business Code         b	
ອີ່b	
<u></u>	
ଞ୍ଚି d	
f     All other program service revenue       g     Total. Add lines 2a-2f	
3 Investment income (including dividends, interest, and other similar amounts)2,220.	2,220.
4 Income from investment of tax-exempt bond proceeds	
5 Royalties	
(i) Real (ii) Personal	
6a Gross rents	
b Less: rental expenses 6b	
c Rental income or (loss)       6c         d Net rental income or (loss)	
(i) Securities (ii) Other	
<b>7a</b> Gross amount from sales of assets	
other than inventory <b>7a</b> <b>b</b> Less: cost or other basis	
and sales expenses 7b	
c Gain or (loss) 7c	
d Net gain or (loss)	
Ba Gross income from fundraising events	
Image: Construction of the second	
8a       Gross income from fundraising events (not including \$	
b Less: direct expenses 8b	
c   Net income or (loss) from fundraising events	
9a Gross income from gaming activities.	
See Part IV, line 19	
b Less: direct expenses     9b	
10a Gross sales of inventory, less returns and allowances	
b Less: cost of goods sold 10b	
c Net income or (loss) from sales of inventory	
Business Code	
Image: State of the s	
e Total. Add lines 11a-11d	
Image: Total revenue. See instructions	0. 2,220.

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 r		line in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,317,292.	1,317,292.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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	0.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees): Management				
	Accounting	7,058.		7,058.	
	Lobbying	1,000.			
е	Professional fundraising services. See Part IV, line 17				
g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion.				
13	Office expenses	662.		662.	
14	Information technology	6,355.		6,355.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	49,460.		49,460.	
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	730.		730.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	730.		/30.	
а	PRINTING AND PUBLICATIONS	20,389.		20,389.	
	DIRECT MAILING EXPENSE	11,425.			11,425.
c	WEBSITE	7,217.		7,217.	
	MISC	3,145.		3,145.	
	All other expenses.	4,103.		1,530.	2,573.
25	Total functional expenses. Add lines 1 through 24e	1,427,836.	1,317,292.	96,546.	13,998.
26	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)				
RΔΔ					Form 990 (2022)

Part X

<b>F</b> 4	001	017	^
54-	201	917	9

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#### **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X ..... (A) Beginning of year (B) End of year 1 1 Cash – non-interest-bearing..... 1,028,133 950,062. Savings and temporary cash investments..... 2 2 3 3 Pledges and grants receivable, net. Accounts receivable, net ..... 4 202,962 4 532,169. 5 Loans and other receivables from any current or former officer, director, controlled entity or family member of any of these persons ..... 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ..... 6 7 Notes and loans receivable, net..... 7 8 Inventories for sale or use..... Assets Prepaid expenses and deferred charges..... 9 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ..... 10a 10a 10c Investments – publicly traded securities. 11 368,782 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 14 Intangible assets. 15 Other assets. See Part IV, line 11..... 15 1,231,095. 16 1,851,013. 16 Total assets. Add lines 1 through 15 (must equal line 33).... 17 Accounts payable and accrued expenses ..... 17 18 18 Grants payable ..... 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 22 Secured mortgages and notes payable to unrelated third parties ..... 23 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 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..... 0. 26 0. Organizations that follow FASB ASC 958, check here Х Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 253,757. 27 278,373. Net assets with donor restrictions 28 977,338. 28 1,572,640. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 5 Capital stock or trust principal, or current funds..... 29 29 Net Assets Paid-in or capital surplus, or land, building, or equipment fund..... 30 30 Retained earnings, endowment, accumulated income, or other funds..... 31 31 32 Total net assets or fund balances..... 32 1,231,095 1,851,013. Total liabilities and net assets/fund balances. 33 1,231,095. 33 1,851,013. BAA TEEA0111L 09/01/22 Form 990 (2022)

Form	n 990 (2022) THE FAIRFAX COUNTY PARK FOUNDATION, INC. 54-20	019179		Pa	ge <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,03	4,2	67.
2	Total expenses (must equal Part IX, column (A), line 25)		1,42	7,8	36.
3	Revenue less expenses. Subtract line 2 from line 1	3	60	6,4	31.
4			1,23	1,0	95.
5	Net unrealized gains (losses) on investments.	5	1	3,4	87.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10		10	1,85	1,0	13.
Par	rt XII Financial Statements and Reporting	*			
	Check if Schedule O contains a response or note to any line in this Part XII				
				<b>í</b> es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	[			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	l on a			
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
с	<ul> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> </ul>		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R Part 200, Subpart F?	niform	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/01/22		Form	990 (	2022)

SCHEDULE	Α
(Form 990)	

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-F7

Attach to Form 990	J OF FORM 990-EZ.	

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service		G	Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization							Employer identifica	tion number		
THE			FOUNDATION, I				54-201917			
Par	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instruct						tions.			
The 1 2 3	A church, conv A school desc	vention of church cribed in <b>sectio</b>	nes, or association of ch on 170(b)(1)(A)(ii). (Att	For lines 1 through 12, nurches described in <b>sec</b> ach Schedule E (Form ization described in <b>se</b> c	<b>tion 170(</b> 990).)	b)(1)(A)(	i).			
4		edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's e, city, and state:								
5	section 170(b	<b>)(1)(A)(iv).</b> (Co	omplete Part II.)	с ў			a governmental unit de	escribed in		
6 7		-	-	ntal unit described in s art of its support from a			( <b>A)(∨).</b> it or from the general put	blic described		
8	in section 170	<b>)(b)(1)(A)(vi)</b> .	(Complete Part II.)	A)(vi). (Complete Part	-					
9							on with a land-grant colle and state of the college o			
10	from activities	s related to its come and unre	exempt functions, sub	ject to certain exception	ons; and	(2) no r	utions, membership feon nore than 33-1/3% of it usinesses acquired by t	s support from gross		
11	An organizatio	on organized a	nd operated exclusive	ly to test for public saf	ety. See	sectior	n 509(a)(4).			
12	or more public	cly supported of	organizations describe	ly for the benefit of, to d in <b>section 509(a)(1)</b> ( upporting organization	or <b>sectio</b>	n 509(a	ctions of, or to carry of (2). See section 509(a)	ut the purposes of one <b>)(3).</b> Check the box on		
а	X Type I. A support organization(s)	orting organizat	ion operated, supervise equiarly appoint or elect	d, or controlled by its sur	oported o	raanizat	ion(s), typically by giving he supporting organization	the supported on. <b>You must</b>		
b	management o	porting organiz of the supporting te Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its control or	support manage	ed organization(s), by the supported organization	having control or ion(s). <b>You</b>		
С	Type III function organization(s	nally integrated s) (see instruct	I. A supporting organizat ions). <b>You must comp</b>	ion operated in connectio plete Part IV, Sections	n with, ar <b>A, D, an</b>	nd functio <b>d E.</b>	onally integrated with, its	supported		
d	functionally in	tegrated. The	organization generally	anization operated in con must satisfy a distribu <b>s A and D, and Part V.</b>	ition regi	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see		
e	integrated, or	Type III non-fu	unctionally integrated	en determination from supporting organizatior	า.		a Type I, Type II, Type	e III functionally		
a			on about the supported					<u>1</u>		
	(i) Name of supported of	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)	FAIRFAX COU	N'I'Y PARK	AUTHORITY 54-0787833	6			0.	0.		
			51 0707000							
<u>(B)</u>										
(C)										
(D)										
<u>(E)</u>										
Tota	I						0.	0.		

#### THE FAIRFAX COUNTY PARK FOUNDATION, INC. 54-2019179

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

Jec	don A. I ublic Support								
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	<b>(e)</b> 2022	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support	r	Γ	1	I	r			
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	<b>(e)</b> 2022	<b>(f)</b> Total		
•	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see in	structions)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	ifth tax year as a	section 501(c)(3)			
	tion C. Computation of Pul								
	Public support percentage for 20 Public support percentage from 2	-					%		
	<b>33-1/3% support test-2022.</b> If t	he organization d	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, check	this box		
b	and stop here. The organization qualifies as a publicly supported organization								
17a	a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	s test, check this tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part Ved organization	VI how the		
18	Private foundation. If the organized	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions		

Schedule A (Form 990) 2022

#### THE FAIRFAX COUNTY PARK FOUNDATION, INC.

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54-2019179

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
•	any "unusual grants.").						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons.						
h	Amounts included on lines 2						
U	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.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part VI.)						
12	Total support. (Add lines 9,						
15	10c, 11, and 12.).						
14	First 5 years. If the Form 990 is						
	organization, check this box and						
	tion C. Computation of Pu			10		1 1	
15	Public support percentage for 20	-			-		%
16	Public support percentage from					16	00
Sec	tion D. Computation of Inv						
17	Investment income percentage f	or 2022 (line 10c	, column (f), divid	ed by line 13, col	umn (f)).	17	010
18	Investment income percentage f	rom <b>2021</b> Schedu	ile A, Part III, line	17			olo
19a	33-1/3% support tests-2022. If	the organization of	did not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	l line 17 🛛 🗖
	is not more than 33-1/3%, check						
b	<b>33-1/3% support tests</b> -2021. If the 19 is not more than 22 1/2%	the organization of	lid not check a bo	ox on line 14 or line	ne 19a, and line 1	6 is more than 33-	1/3%, and
	line 18 is not more than 33-1/3%		-				
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, 0	check this box and	a see instructions	

#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Х	
2	Did the organization have any supported organization that does not have an IRS determination of status under section			
	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was cribed in section 509(a)(1) or (2).			Х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		Х
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Sa		Λ
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		Х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was	5a		x
	accomplished (such as by amendment to the organizing document).	БС		Λ
D	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of	6		Х
	the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		Λ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	0		Х
•	complete Part I of Schedule L (Form 990).	8		Λ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		Х
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		Х
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI.</b></i>	9c		Х
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		Х
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 <b>0</b> b		

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Part IV Supporting Organizations (continued)			_
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		Х
<b>b</b> A family member of a person described on line 11a above?	11b		Х
C A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		Х

THE FAIRFAX COUNTY PARK FOUNDATION. INC.

#### Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

#### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section D. All Type III Supporting Organizations

			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).					
	the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played					
	in this regard.	3				
-						

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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Page 5

Yes

Х

1

2

No

Х

Part V

# A (Form 990) 2022 THE FAIRFAX COUNTY PARK FOUNDATION, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization			through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
c	<b>1 Total</b> (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

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Schedule A (Form 990) 2022

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## THE FAIRFAX COUNTY PARK FOUNDATION, INC.

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54-2019179

Par	t V   Type III Non-Functionally integrated 509(a)(3) Si	upporting Organiza	ations (continue	ea)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes				
	in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
-	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
	From 2018				
-	From 2019				
-	From 2020				
	From 2021				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
-	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	THE FAIRFAX COUNTY PAR	K FOUNDATION, INC.	54-2019179	Page 8
B, lines 1 and 2; Pa 3a, and 3b; Part V,	formation. Provide the explanations ection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, : IV, Section C, line 1; Part IV, Section D, ne 1; Part V, Section B, line 1e; Part V, S o complete this part for any additional in	lines 2 and 3; Part IV, Section ection D, lines 5, 6, and 8; and	n E, lines 1c, 2a, 2b,	

#### Schedule B (For

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OMB No. 1545-0047

(Form 990)	Schedule of Contributor	2022			
Department of the Treasury Internal Revenue Service	2022				
Name of the organization		Employer ide	ntification number		
THE FAIRFAX CO	UNTY PARK FOUNDATION, INC.	54-2019	9179		
Organization type (che	ck one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation			

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

#### General Rule

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

#### Special Rules

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

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

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

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

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

	SCHEDULE D Supplemental Financial Statements					OMB No. 1545-0047		
(Fo	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					2022		
Depar Intern	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection		
Name	of the organization				Employer i	dentification number		
тнг	FATREAX CO	UNTY PARK FOUNDATI	ON THC		54-201	9179		
Par			nor Advised Funds or Other Si	milar Funds or				
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 6.	1				
1	Total number at a	and of year	(a) Donor advised funds	(b)	Funds and	other accounts		
1		end of year	_					
3		ints from (during year)						
4	Aggregate value	at end of year						
5	Did the organizati are the organizati	ion inform all donors and do ion's property, subject to the	nor advisors in writing that the assets h organization's exclusive legal control?	neld in donor advise	ed funds	Yes No		
6	for charitable pur	poses and not for the benefit	rs, and donor advisors in writing that g t of the donor or donor advisor, or for a	any other purpose o	onferring _	- — ∏Yes ∏No		
Par		vation Easements.						
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 7.					
1		nservation easements held by f land for public use (for exam	y the organization (check all that apply	'). Preservation of a his	torically imp	ortant land area		
		natural habitat		reservation of a ce	5 1			
		of open space				0 311 401 41 0		
2		through 2d if the organization I	neld a qualified conservation contribution	in the form of a cons	ervation ease	ement on the		
					Held at the	End of the Tax Year		
		2	fied historic structure included in (a)					
			n (c) acquired after July 25, 2006 and					
	historic structure	listed in the National Registe	er	<b>2 d</b>				
3	Number of conserv tax year	ration easements modified, tran	nsferred, released, extinguished, or termin	nated by the organiza	tion during th	ie		
4	· · · · · · · · · · · · · · · · · · ·	where property subject to co	onservation easement is located					
5			garding the periodic monitoring, inspec		olations,	¬.,		
~			nts it holds? inspecting, handling of violations, and enf			Yes No		
6		nours devoted to monitoring,	inspecting, nandling of violations, and en	ording conservation	easements ut	uning the year		
7	Amount of expense	es incurred in monitoring, inspe	ecting, handling of violations, and enforcir	ng conservation ease	ments during	the year		
8	Does each conse and section 170(h	rvation easement reported on n)(4)(B)(ii)?	n line 2(d) above satisfy the requireme	nts of section 170(I	n)(4)(B)(i)	Yes No		
9	In Part XIII, descuinclude, if application conservation ease		oorts conservation easements in its rev to the organization's financial statemer	renue and expense nts that describes t	statement a ne organizat	nd balance sheet, and ion's accounting for		
Par	t III Organiz	zations Maintaining Co	Ilections of Art, Historical Trea "Yes" on Form 990, Part IV, line 8.	sures, or Other	Similar A	ssets.		
1 8	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its re Id for public exhibition, education, or re Il statements that describes these item	esearch in furtheraı	nd balance s nce of public	sheet works of art, service, provide in		
ł	b If the organization elected, as permitted under FASB 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:							
	<ul><li>(i) Revenue inclu</li><li>(ii) Assets includ</li></ul>	uded on Form 990, Part VIII, ed in Form 990, Part X	line 1		\$ \$			
2	If the organization	received or held works of art, h	nistorical treasures, or other similar assets ASC 958 relating to these items:	s for financial gain, p	rovide the fol	lowing		
ä	amounts required Revenue included	to be reported under FASB I on Form 990, Part VIII, line	ASC 958 relating to these items:		\$			

<b>b</b> Assets included in Form 990, Part X	
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	

Schedule D (Form 990) 2022 THE H				54-2019		Page 2
Part III Organizations Main	taining Collection	ons of Art, Histor	rical Treasures, o	or Other Similar As	<b>sets</b> (conti	nued)
<b>3</b> Using the organization's acquisition items (check all that apply):	, accession, and othe	r records, check any o	of the following that ma	ake significant use of its o	collection	
a Public exhibition		<b>d</b> Loan or e	xchange program			
<b>b</b> Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII.	ation's collections an	d explain how they fur	ther the organization's	s exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receiv	e donations of art, hi d as part of the organ	storical treasures, on nization's collection?	r other similar assets	Yes	No
Part IV Escrow and Custod reported an amount on Fo	<b>ial Arrangemen</b> t orm 990, Part X, line	t <b>s.</b> Complete if the or 21.	rganization answered	"Yes" on Form 990, Par	t IV, line 9, or	
<b>1 a</b> Is the organization an agent, trus	stee, custodian or ot	her intermediary for	contributions or othe	er assets not included		
on Form 990, Part X? <b>b</b> If "Yes," explain the arrangement ir				· · · · · · · · · · · · · · · · · · ·	Yes	No
		Jan 1			Amount	
<b>c</b> Beginning balance				1c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1e		
f Ending balance						
<b>2 a</b> Did the organization include an a					Yes	No
<b>b</b> If "Yes," explain the arrangemen	t in Part XIII. Check	here if the explanati	on has been provide	ed on Part XIII	· · · · · · · · · · · L	
	0 1 1 :01			L IV 1: 10		
Part V Endowment Funds.					+	
1 - Deginning of year belongs	(a) Current year	(b) Prior year	(c) Two years back		(e) Four year	
1 a Beginning of year balance	540,798					,434.
<b>b</b> Contributions	3,153	551	. 73,937	7. 9,979.	336,	,335.
c Net investment earnings, gains, and losses	15,707.	393	. 1,549	9. 2,035.	1,	,585.
d Grants or scholarships					<b>_</b>	
e Other expenditures for facilities and programs				0.		
f Administrative expenses		F 40, 700	<b>520.05</b>	464.260	450	254
g End of year balance	559,658			/	452,	,354.
2 Provide the estimated percentage	-		g, column (a)) neid a	as:		
a Board designated or quasi-endov	vment <u></u> ۶	ô				
<b>b</b> Permanent endowment	°					
c Term endowment	0	09/				
The percentages on lines 2a, 2b, and		0%.				
<b>3a</b> Are there endowment funds not in t	he possession of the	organization that are h	neld and administered	for the	Yes	No
organization by: (i) Unrelated organizations					3a(i)	X
(ii) Related organizations					3a(i)	X
<b>b</b> If "Yes" on line 3a(ii), are the rel					3b	
4 Describe in Part XIII the intended	-	•			55	
Part VI Land, Buildings, an						
Complete if the organizati		n Form 990 Part IV	line 11a See Form 9	90 Part X line 10		
Description of property						
	(i	st or other basis ( nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Book va	alue
<b>1 a</b> Land						
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
e Other						
Total. Add lines 1a through 1e. (Colum	nn (d) must equal Fo	rm 990, Part X, colu	mn (B), line 10c.)			0.
BAA				Schedu	ule D (Form 990	J) 2022

Schedule D	(Form 990) 2022	THE FAIRFAX COUNT	Y PARK F	OUNDATI	ON, INC.	54-2019	179 Page <b>3</b>
Part VII		<ul> <li>Other Securities.</li> </ul>			N/A		
		organization answered "Yes" o					
		egory (including name of security)	<b>(b)</b> Boo	ok value	(c) Method o	f valuation: Cost or end-of-y	ear market value
	held equity interes	sts					
(3) Other							
(A)							
(B)			-				
$\frac{(C)}{(D)}$							
$\frac{(D)}{(E)}$							
<u>(E)</u> (F)							
$\frac{(G)}{(G)}$			-				
$\frac{(G)}{(H)} = $							
$\frac{1}{(l)}$			-				
	(b) must equal Form 9	990, Part X, column (B) line 12.)					
Part VIII		<ul> <li>Program Related.</li> <li>organization answered "Yes" o</li> </ul>			N/A		
	Complete if the c	organization answered "Yes" o	n Form 990,	Part IV, line	11c. See Form 990,	Part X, line 13.	
	(a) Description of	finvestment	<b>(b)</b> Boo	k value	(c) Method of va	luation: Cost or end-of	f-year market value
(1)							
(2)							
(3)							
(4)							
(5) (6)							
(7)							
(8)							
(9)							
(10)							
Total. (Column	(b) must equal Form 9	990, Part X, column (B) line 13.)					
Part IX	Other Assets			N/A			
	Complete if the c	organization answered "Yes" o	n Form 990, I escription	Part IV, line	11d. See Form 990,	, Part X, line 15.	(b) Book value
(1)		(a) D(	scription				
(2)							
(3)							
(4)							
(5)							
(6) (7)							
(8)							
(9)							
(10)							
Total. (Colu	ımn (b) must equa	al Form 990, Part X, column	(B) line 15.).				
Part X	Other Liabilit	ties.	-			000 D	
	Complete if the c	organization answered "Yes" o			11e or 11t. See For	m 990, Part X, line 25.	
(1) Federa	al income taxes	(a) Desc	ription of lial	ollity			(b) Book value
(2)							
(3)							
(4) (5)							
(5)							
(6)							
(7)							
(8) (9)							
(10)							
(11)							
	(b) must equal Form G	990, Part X, column (B) line 25.)					
		. In Part XIII, provide the text of the f				reports the organization's lia	bility for uncertain

SEE PART XIII. X tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.....

Schedule D (Form 990) 2022 THE FAIRFAX COUNTY PARK FOUNDATION, INC.	54-2019179	Page 4
Part XI         Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	2,497,969.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities	2.	
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines <b>2a</b> through <b>2d</b>	. 2e	463,702.
3 Subtract line 2e from line 1.	. 3	2,034,267.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	2,034,267.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	1,891,538.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,
a Donated services and use of facilities		
<b>b</b> Prior year adjustments	<u> </u>	
c Other losses. 2c	_	
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	. 2e	463,702.
3 Subtract line 2e from line 1	. 3	1,427,836.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		_, ,
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	-	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	1,427,836.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X - FASB ASC 740 FOOTNOTE

UNCERTAIN TAX POSITIONS - AS OF JUNE 30, 2023, THE FOUNDATION HAD NO UNCERTAIN TAX

POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS. THE TAX YEARS SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES ARE THE

YEARS ENDED JUNE 30, 2020 THROUGH 2022.

Schedule D (Form 990) 2022

Construction       Covernments, and Individuals in the United States Complete if the organization answerd "Ver" on Form 990, Part IV, line 21 or 22. Nation for 990, Construction       Construction       Construction         The set of the January Part II Construction on Grants and Assistance       Image: Construction on Grants and Assistance         1       Data the organization answerd "Ver" on Grants and Assistance for assistance, the grantees' eligibility for the grants or assistance, and the selection orteria used and the grants or assistance.       Image: Construction on Grants and Assistance for Grants and Obmestic Congnizations and Domestic Congnizations and Domestic Congnizations and Domestic Congnization answerd "Vers" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       Image: Construction on Grants and Other organizations and Domestic Congnizations and Domestic Congniza	SCHEDULE I		Gra	ants and Ot	her Assistance	to Organizatior	ıs.	L	OMB No. 1545-0047
Description         Content from 990.         Content form 990. <th< th=""><th></th><th></th><th>Gove</th><th>ernments, a</th><th>nd Individuals i</th><th>n the United St</th><th>ates</th><th></th><th>2022</th></th<>			Gove	ernments, a	nd Individuals i	n the United St	ates		2022
THE FAILFRAX COUNTY PARK FOUNDATION. INC.       54-2019179         Part I General Information on Grants and Assistance       Image: County Park Foundation to mean substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: County Park Foundation Park Park Park Park Park Park Park Park	Department of the Treasury Internal Revenue Service		Complet		Attach to Form 990.				Open to Public Inspection
Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection chans used to award the grants or assistance.       Image: Constraint of the grants or assistance and the selection chans used to award the grants or constraints and Omesaic Governments. Complete if the organization approaches for organizations and Omesaic Governments. Complete if the organization approaches of the grant of the selection and where d'Yes" on form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       Image: Constraint of the organization of the constraint of the selection of grants and Other selection of the selectic of the selection of the selectic of the selection of					0			Employer identifi	cation number
Part II General Information on Grants and Assistance?       Image: Status of the substantiable the anothol of the grants or assistance, the grantes of assistance, and the selection criteria used to award the grants or assistance?       Image: Status of the grants of the substance of grant funds in the United States.       SEE PART IV         2 Describe in Part IV the organization sproxedures for monitoring the use of grant funds in the United States.       SEE PART IV       Image: Status of Comparization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Nume and address of organization of grant funds in the United States.       (a) Amount of criteria used of available of grant funds in the United States.       (b) Method of visuates       (b) Method of visuates       (b) Purpose of grant grants and Other States.         (1) Annual and address of organization of grant funds in the United States.       (c) Amount of criteria used to available of grant funds in the United States.       (c) Method of visuates	THE FAIRFAX CO	UNTY PARK FOU	UNDATION, INC.					54-20191	79
Ite selection criteria used to award the grants or assistance?       Image: Comparization in the selection criteria used to award the grants or assistance?       Image: Comparization in the selection criteria used to award the grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of transmission       (b) EN       (c) EN       (c) Amount of cash grant and the selection of the				nce				1	
2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       SEE PART IV       Commentation         Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       Image: Commentation or government       (e) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       (f) Partone of grant additional space is needed.         Image: Commentation or government       (e) EIN       (e) IRC accion of the organization or government.       (f) Amount of cerein grant (f) additional space is needed.       (f) Partone of grant (f) additional space is needed.         Image: Commentation or government       (f) EIN       (f) IRC accion of the organization or government.       (f) Amount of cerein grant (f) additional space is needed.       (f) Partone of grant (f) additional space is needed.         Image: Commentation or government       (f) EIN       (f) IRC accion (f) Amount of cerein grant (f) additional space is needed.       (f) Partone of grant (f) Amount of cerein grant	1 Does the organizat the selection crite	ion maintain records ria used to award th	to substantiate the amo ne grants or assistance	unt of the grants or e?	assistance, the grantees	eligibility for the grants	or assistance, and		X Yes No
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization organizatio organizatio organization organization organization org	2 Describe in Part IV	the organization's pr	ocedures for monitoring	the use of grant fu	nds in the United States.		SEE F	PART IV	
(1)									
Image: Constraint of the second se	<b>1 (a)</b> Name and addr or gove	ess of organization rnment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant		(book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	<u>(1)</u>								VARIOUS
44	12055_GOVT_CNTR	PRKWY,STE 927	54-0787833		1,317,292.	0.			THE PARK
	(3)								
	<u>(4)</u>								
	<u>(5)</u>								
	<u>(6)</u>								
	<u>(7)</u>								
	<u>(8)</u>								
2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table         3       Enter total number of other organizations listed in the line 1 table         BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.       TEEA3901L 06/29/22         Schedule I (Form 990) 202	3 Enter total number	er of other organizat	ions listed in the line	table					

#### Schedule | (Form 990) 2022 THE FAIRFAX COUNTY PARK FOUNDATION, INC.

54-2019179

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					

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

#### PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

WHEN GRANT FUNDS ARE PAID TO THE FAIRFAX COUNTY PARK AUTHORITY, THE FAIRFAX COUNTY

PARK FOUNDATION REQUIRES THE PARK AUTHORITY TO SIGN A STATEMENT THAT THE FUNDS

RECEIVED WILL BE SPENT ON THE PROJECTS IDENTIFIED IN THE SIGNED STATEMENT. THE

STATEMENTS LISTS EACH PROJECT AND THE AMOUNT ASSOCIATED WITH EACH PROJECT.

Department of the Treasury Internal Revenue Service Name of the organization

rm990 for the latest information.		Open to Public Inspection
	Employer identifica	ation number
		-

#### THE FAIRFAX COUNTY PARK FOUNDATION, INC

## 54-2019179

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT OF THE FORM 990 WAS GIVEN TO THE EXECUTIVE DIRECTOR AND THE MEMBERS OF THE AUDIT/FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW. ADDITIONS AND CORRECTIONS WERE MADE AS NECESSARY.

#### FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE DIRECTOR AND FOUNDATION EMPLOYEES ARE FAIRFAX COUNTY GOVERNMENT EMPLOYEES. THEIR COMPENSATION AND OTHER TERMS OF EMPLOYMENT ARE DETERMINED BY THE FAIRFAX COUNTY MERIT SYSTEM ORDINANCE AND PERSONNEL REGULATIONS. THE ORDINANCE AND REGULATIONS ARE ADMINISTERED INDEPENDENTLY BY THE FAIRFAX COUNTY HUMAN RESOURCES DEPARTMENT WHICH SETS COMPENSATION RANGES BASED ON COMPARABILITY STUDIES AND REGULATES AND OVERSEES ALL COMPENSATION ADJUSTMENTS.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE FAIRFAX COUNTY PARK FOUNDATION'S FORM 990, FINANCIAL STATEMENTS AND ANNUAL REPORT ARE AVAILABLE ON ITS WEBSITE AND THE FOUNDATION'S FORM 990 IS AVAILABLE ON THE GUIDESTAR WEBSITE. THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

#### SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-2019179

Department of the Treasury Internal Revenue Service Name of the organization

THE FAIRFAX COUNTY PARK FOUNDATION, INC.

## Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)			ctivity	or foreign of		<b>(d)</b> Total income	<b>(e)</b> End-of-year	assets	<b>(f)</b> Direct controlling entity
(2)									
(3)									
Part I	Identification of Related Tax-Exempt Organization of related tax-exempt organization of more related tax-exempt organization.	anizations. Complete nizations during the ta	e if the org ax year.		answered "Ye	es" on Form 99	0, Part IV,	line 34, t	because it

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Sec 512 controlled	<b>))</b> (b)(13) d entity?
						Yes	No
(1) FAIRFAX COUNTY PARK AUTHORITY							
12055 GOVT CNTR PRKWY, STE 927	MANAGE PARKS AND						
FAIRFAX, VA 22035	OPEN SPACE IN						
54-0787833	FAIRFAX COUNTY	VA			N/A		Х
(2)							
(3)							
(4)							

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

#### Schedule R (Form 990) 2022 THE FAIRFAX COUNTY PARK FOUNDATION, INC.

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		o roracoa	organization			anoromp	aanng		Joan						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	excluded under s	int income unrelated, from tax ections	(f) Share o incol	of total	Sha end-o	<b>g)</b> are of of-year sets	Dispi tior	h) ropor- nate itions?	(i) Code V-UBI amount in bo 20 of Schedul K-1 (Form 1065)	Gene x man	<b>j)</b> eral or aging tner?	<b>(k)</b> Percentage ownership
		country)		512-	514)					Yes	No	1065)	Yes	No	
(1)	-														
	-														
(2)															
	_														
(3)	-														
	-														
Part IV Identification of IV, line 34, bec	f <b>Related Orga</b> cause it had one	nizations or more	Taxable as	a Corpora anizations	tion or treated a	<b>Trust.</b> Co as a corr	omplete	if the on or trus	organiza st during	tion a the ta	nswei ax yea	l red "Yes" on ar.	Form	990, F	art
(a) Name, address, and EIN			(b) ary activity	(c) Legal domici	le D	(d) Direct		<b>e)</b> of entity	<b>(f)</b> Share	) e of		(g) are of end-of-	<b>(h)</b> Percenta		<b>(i)</b> 512(b)(13) rolled entity?
				(state or forei country)		ntrolling entity	(C corp or t	, S corp, rust)	total in	come	-	year assets	ownersh		
														Y	es No
<u>(1)</u>															
		+													
(2)															
··															
(3)															

# Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis	sted in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1 b	Х	
c Gift, grant, or capital contribution from related organization(s).				1 c		Х
d Loans or loan guarantees to or for related organization(s).				1 d		Х
e Loans or loan guarantees by related organization(s)				1 e		Х
f Dividends from related organization(s)				1 f		Х
g Sale of assets to related organization(s)			1	1 g		Х
h Purchase of assets from related organization(s)				1 h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
				-		
k Lease of facilities, equipment, or other assets from related organization(s)				1 k	Х	
Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)				1 m	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1 n		Х
o Sharing of paid employees with related organization(s)				10		Х
p Reimbursement paid to related organization(s) for expenses				1 p		Х
<b>q</b> Reimbursement paid by related organization(s) for expenses.				1 q		Х
				-		
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cover			Į	1		
(a) Name of related organization	_ (b)	<b>(c)</b> Amount involved	Method	(d)	)	
Name of related organization	Transaction type (a-s)	Amount involved	Method	i of de ount ir	eterm	nining ed
	3 p c (u c)		Gine	, and the		
(1) FAIRFAX COUNTY PARK AUTHORITY	В	1,346,585.	<u>λ ΜΟΓΙΝ</u>	ם ידינ	חדגי	
	В	1,540,505.	AMOON	VI I	AID	
	77	14 665	0000	<b>0 H</b>	~==	топ
(2) FAIRFAX COUNTY PARK AUTHORITY	K	14,665.	SQFT	OF	OFF	ICE
(3) FAIRFAX COUNTY PARK AUTHORITY	М	449,037.	AMOUN	IT P	PAID	
(4)						
(5)						

#### **Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all sec 501( organiz	tion	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	tior	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	<b>(k)</b> Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(	Yes	No	t
(1)													
	-												
	-												
(2)													
	-												
(3)													
	-												
	-												
(4)													
	-												
	-												
(5)													
	-												
(6)													
	-												
	-												
(8)													
<u></u>	]												
RAA											ula <b>P</b> (l		

BAA

 Schedule R (Form 990) 2022 THE FAIRFAX COUNTY PARK FOUNDATION, INC.
 54-201917

 Part VII
 Provide additional information for responses to questions on Schedule R. See instructions.