** PUBLIC DISCLOSURE COPY **



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.

Department of the Treasury Internal Revenue Service Go to w

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2022 calendar year, or tax year beginning $ m JUL1$, 2022 and endir	ng JUN 30, 2023	}					
В	Check if applicab	e: C Name of organization	D Employer identif	ication number					
	Addre								
	Name		54-09526	0952630					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	I/suite E Telephone numb						
	Final		703-246-						
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,569,572.					
	Amen return	Fairiax, VA 22050-4000	H(a) Is this a group						
	Applie tion pendi	F Name and address of principal officer. Det with Over con	for subordinate						
		same as C above	H(b) Are all subordinates						
-		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		a list. See instructions					
-	Websi		H(c) Group exemption						
	art I	f organization: X Corporation Trust Association Other L Summary	Year of formation: 1971	M State of legal domicile: VA					
		Briefly describe the organization's mission or most significant activities: Provide	s supportive s	ervices to					
Activities & Governance	1'	justice-involved individuals and their fami	lies.						
nar	2	Check this box if the organization discontinued its operations or disposed o		ssets					
ver	3		3	10					
ğ		Number of independent voting members of the governing body (Part VI, line 1b)		10					
80		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		31					
/itie		Total number of volunteers (estimate if necessary)		48					
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12		0.					
4		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.					
			Prior Year	Current Year					
e	8	Contributions and grants (Part VIII, line 1h)	1,934,369.						
Revenue	9	Program service revenue (Part VIII, line 2g)							
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4 000 005						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	A						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,096,084.						
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 22,321.		0.					
Ä				472,109.					
_	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	E04 400	-176,715.					
L S	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assots (Part V, line 16)							
Asse Bals	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	100 611						
Net /	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	014 000	740,393.					
	art II			, 10,000					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Derwin Overton 11-3										
Sign	Signature of officer	Date									
	Derwin Overton, Executive Director										
	Type or print name and title										
	Print/Type preparer's name Preparer's signature Date	Check PTIN									
Paid		30/23 ^{if self-employed} P00639819									
Preparer	Firm's name Rogers & Company PILC	Firm's EIN 58-2676261									
Use Only	Firm's address 8300 Boone Boulevard, Suite 600										
	Vienna, VA 22182	Phone no. (703) 893-0300									
May the II	May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	¹³²⁰⁰¹ 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

Form	990 (2022) OAR of Fairfax County 54-0952630 Page	2
Pa	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	5
1	Briefly describe the organization's mission: To rebuild lives and create a safer community with opportunities,	
	alternatives, and resources for justice-involved individuals and their	
	families.	
		—
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 680,856. including grants of \$) (Revenue \$	_)
	Re-Entry and Family Program: The organization provides services to Fairfax, Prince William, and Loudoun County residents who are	
	justice-involved by assessing their needs and providing case	
	management, employment, and/or emergency services aimed at addressing	
	those needs. Family support and emergency services are provided to	—
	family members of the justice-involved individuals.	—
4b	(Code:) (Expenses \$465,066. including grants of \$) (Revenue \$))
	Alternative Sentencing and Court Program: The Organization provides	
	support services to Fairfax County residents through case management	
	and community service placement in lieu of fines and/or jail time.	
4c	(Code:)(Expenses \$ 297,645. including grants of \$) (Revenue \$) (Revenu)
		-
	members who are arrested and engaged with the criminal justice system	
	in Fairfax County. OAR's Taking Root Diversion Program is designed as	
	an alternative to prosecution. This program is designed to assist	
	first time offenders, offenders with low-level crimes, and those	
	without violent or sexual crimes with an opportunity to participate in	
	the program. Participants are referred by the CA's office for an	
	intake and assessment to ensure they are a good fit for the program. Once they have been assessed a service plan is completed and they go	
	back to court for it to approved by a judge.	
	See Schedule O for continuation	
4d	Other program services (Describe on Schedule O.)	
Ψu	(Expenses \$ 159,983 • including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,603,550.	
	Form 990 (202	22)

 Form 990 (2022)
 OAR of Fairfax County

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	x
	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		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		
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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
-	"Yes," complete Schedule L, Part IV	28c		x
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? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
35 0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		<u> </u>
5	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 31		x								
b											
3a											
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	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		X							
b	b If "Yes," enter the name of the foreign country See instructions for filing requirements for EinCEN Form 114, Papert of Foreign Bank and Financial Accounts (FRAP)										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	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		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	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							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37							
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			v							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X							
f											
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. 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.	0-									
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10											
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
a	Gross income from members or shareholders 11a										
	Gross income from other sources. (Do not net amounts due or paid to other sources against										
5	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
с	Enter the amount of reserves on hand										
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. 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.										

Form 990 (2022)

OAR of Fairfax County

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 10									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10									
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 since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
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						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	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? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Δ							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10	х							
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	х							
10	on Schedule O how this was done	12c	X							
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14	X							
14 15		14								
15	Did the process for determining compensation of the following persons include a review and approval by independent									
9	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	х							
	Other officers or key employees of the organization	15a 15b		Х						
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100								
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 VA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's 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 fi									
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	OAR of Fairfax County - (703)246-3033									
	10700 Page Ave, Ste 200, Fairfax, VA 22030-4006									

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

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 Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one box, unless person is both an				one	Reportable	Reportable	Estimated	
	hours per	box	, unless person cer and a direc		rson	is bot	h an	compensation	compensation	amount of
	week		cer an	ia a a I	recto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1039-1120)	and related
	below	d ual t	itiona		nploy	st co I	5	1000 1120)		organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Derwin Overton	40.00	_	_	_			_			
Exec Dir / Ex-Officio				X				90,811.	0.	6,066.
(2) Evan Vanhouny	9.00									
Chair		Х		X				0.	0.	0.
(3) Vincent Smith	7.00									
Vice-Chair		Х		Х				0.	0.	0.
(4) Jemal Finney	7.00									
Secretary		Х		Х				0.	0.	0.
(5) George "Larry" Warren	4.00									
Treasurer		Х		Х				0.	0.	0.
(6) A. Van Graves	4.00									_
Board Member		Х						0.	0.	0.
(7) Janani Umamaheswar	4.00									
Board Member		Х						0.	0.	0.
(8) Grant Ehat	4.00									•
Board Member		Х						0.	0.	0.
(9) Lisa D'Alonzo	4.00								0	0
Board Member	1 00	Х						0.	0.	0.
(10) Joshua Cagney	4.00	37							0	0
Board Member	1 00	Х						0.	0.	0.
(11) Alan Davis	4.00	37						0.	0.	0
Board Member		х						0.	0.	0.

Form 990 (2022)

											630	Page 8	
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box,	not cl , unle:	ss per	ition ^{more} rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	n	(F) Estima amour othe	ated nt of	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	zations compens 99-MISC/ from t			
								90,811.		0.	6	066.	
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0. 90,811.		0.		0.000	
2 Total number of individuals (including but r compensation from the organization								eceived more than \$100),000 of reportable	e		0	
3 Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s			-	•	•		Ŭ		-		Ye:	s No X	
 For any individual listed on line 1a, is the si and related organizations greater than \$15 	um of reportabl	e co	ompe	ensa	ation	n and	d otl				4	x	
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	-				-			-			5	X	
1 Complete this table for your five highest co										pensa	ation from		
the organization. Report compensation for (A) Name and business		endii DNE	ending with or within the organization's tax year. (B)							(C) Compensation			
2 Total number of independent contractors (\$100,000 of compensation from the organi	•	ot lir	nite	d to		se lis D	sted	l above) who received n	nore than				

Ра	rt V	/111								
			Check if Schedule O c	contains a	response	or note to any lin		(5)	(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
s s			<u> </u>							sections 512 - 514
ant	'				1a 1b					
βĒ										
ľfts,			Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		1d	823,802.				
			Government grants (contr All other contributions, gifts, g	,	1e	023,002.				
		'	similar amounts not included			683,356.				
Ę∃					1f	21,550.				
no Da		-	Noncash contributions included in		1g \$		1,507,158.			
0.			Total. Add lines 1a-1f	<u></u>	<u></u>	Business Code	1,307,1300			
Ð	2	2	Client fees			624190	61,829.	61,829.		
, vic	2	b				021290	01,0191	01/0150		
Ser		c								
E e		d								
Program Service Revenue		ē								
Pre		f	All other program service	revenue						
			Total. Add lines 2a-2f				61,829.			
	3		Investment income (incluc							
			other similar amounts)	-			526.			526.
	4		Income from investment o							
	5		Royalties							
) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss)) <u></u>						
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
Revenue				7b						
eve			· · · · · · · · · · · · · · · · · · ·	7c						
er B			Net gain or (loss)							
Othe	8	а	Gross income from fundraisir	ng events (r						
0			including \$		- ^{of}					
			contributions reported on	-						
		h	Part IV, line 18 Less: direct expenses		8a 8b					
			Net income or (loss) from t							
			Gross income from gamin		~ <u> </u>					
	ľ	u	Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from							
			Gross sales of inventory, I	0 0						
			and allowances			3				
		b	Less: cost of goods sold							
			Net income or (loss) from							
s						Business Code				
Miscellaneous Revenue	11	а	Refunds			900099	59.			59.
lan. enu		b								
lev sel		с								
Mis		d	All other revenue							
		е	Total. Add lines 11a-11d				59.	(1		E 0 E
	12		Total revenue. See instructio	ons			1,569,572.	61,829.	0.	585.

OAR of Fairfax County

Form 990 (2022)

54-0952630

Page 9

	rt IX Statement of Functional Expense				
secti	ion 501(c)(3) and 501(c)(4) organizations must comp		-	omplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX (B)	(C)	l (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 100	100 000	4 504	
	trustees, and key employees	112,120.	107,386.	4,734.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	982,465.	940,983.	41,482.	
8	Pension plan accruals and contributions (include	F 400	D 11 C	21.4	
	section 401(k) and 403(b) employer contributions)	7,429. 91,102.	7,115. 87,256.	314.	
9	Other employee benefits			3,846.	
10	Payroll taxes	81,062.	77,639.	3,423.	
11	Fees for services (nonemployees):				
а	Management				
b		10.005		10.005	
С	9 H	18,965.		18,965.	
d	, j				
е	, , , , , , , , , , , , , , , , , , ,			700	
f	Investment management fees	700.		700.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	110 010	05 104	22.010	
3	Office expenses	119,010.	85,194.	33,816.	
4	Information technology	110,520.	105,854.	4,666.	
15	Royalties		14 125		
6	Occupancy	14,758.	14,135.	623.	
17	Travel	1,181.	1,131.	50.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F0 040			
				1 000	

50,842.

26,410.

118,096.

1,746,287.

11,627.

27,316.

25,295.

113,110.

1,603,550.

11,136.

1,205.

1,115.

4,986.

120,416.

491.

Check here [232010 12-13-22

All other expenses

19

20

21

22

23

24

а

b С d

е

25

26

Interest

Insurance

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),

amount, list line 24e expenses on Schedule 0.)

Dues and subscription

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Direct assistance

.....

Form **990** (2022)

22,321.

22,321.

OAR of Fairfax County

Pa	πλ	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X		<u> </u>	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		591,682.	1	327,740.
	2	Savings and temporary cash investments		136,519.	2	136,574.
	3	Pledges and grants receivable, net		-	3	
	4	Accounts receivable, net		264,438.	4	312,905
	5	Loans and other receivables from any curren				•
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of t			5	
	6	Loans and other receivables from other disqu			_	
		under section 4958(f)(1)), and persons descri			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		250.	9	33,952
		Land, buildings, and equipment: cost or othe				
	.00	basis. Complete Part VI of Schedule D				
	ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		8,951.	11	11,599.
	12	Investments - other securities. See Part IV, lir		0,551	12	11,000
	13	Investments - program-related. See Part IV, III			13	
	13				14	
	14	Intangible assets	20,900.	14	26,131	
	16	Other assets. See Part IV, line 11	1,022,740.	16	848,901	
	17	Total assets. Add lines 1 through 15 (must e Accounts payable and accrued expenses	31,857.		26,489	
	18			51,057.	18	20,1090
	19	Grants payable		76,787.		76,788.
	20	Deferred revenue		10,1010	20	10,100
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Comple			20	
	21				21	
Liabilities	22	Loans and other payables to any current or fu				
ilid		trustee, key employee, creator or founder, su			22	
Lia	00	controlled entity or family member of any of t			22	
	23 24	Secured mortgages and notes payable to un Unsecured notes and loans payable to unrela			23	
	24 25	Other liabilities (including federal income tax,			24	
	25	parties, and other liabilities not included on li				
		of Schedule D	les 17-24). Complete Part X	0.	25	5,231.
	26	Total liabilities. Add lines 17 through 25		108,644.	25	108,508.
	20	Organizations that follow FASB ASC 958, or	**	100,0110	20	100,000
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		684,096.	27	722,224.
3al	28	Net assets with donor restrictions		230,000.	28	18,169.
р	20	Organizations that do not follow FASB AS		250,0000	20	10/100
Ъ		and complete lines 29 through 33.				
P	20		da		20	
ets	29	Capital stock or trust principal, or current fun Baid in or capital surplus, or land, building, or			29 30	
Ass	30	Paid-in or capital surplus, or land, building, or				
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		914,096.	31	740,393.
z	32	Total net assets or fund balances		1,022,740.	32	848,901.
	33	Total liabilities and net assets/fund balances		1,044,140.	33	040,901.

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

	1 990 (2022) OAR of Fairfax County	54-0	952630	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,569		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,746		
3	Revenue less expenses. Subtract line 2 from line 1	3	-176		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			96.
5	Net unrealized gains (losses) on investments	5		3,0	12.
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	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	74(),3	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	, 5 1 , 5	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A

Department of the Treasury

(Form 990)

L

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-FZ

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

2022	
Open to Public Inspection	

OMB No. 1545-0047

Internal Revenue Service Name of the organization

lam	ne of t	he organization	a – 1 a						identification number					
_		OAR	of Fairfax	County				54-0952630						
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.						
he	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)								
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	l)(A)(i).							
2		A school described in sect	l in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X	An organization that norma						he general	public described in					
		section 170(b)(1)(A)(vi). (C	-		Ũ			0						
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)									
9		An agricultural research org				ed in coniu	inction with a	land-grant	college					
		or university or a non-land-g				-		-	-					
		university:	5 5 5	· · · · · · · · · · · · · · · · · · ·		, ,	,							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributic	ns. members	hip fees. a	nd aross receipts from					
		activities related to its exen												
		income and unrelated busir												
		See section 509(a)(2). (Cor				0000 4090		gamzation						
11		An organization organized a	,	ively to test for public sa	fetv. See	section 50)9(a)(4).							
12		An organization organized a	-	•	•			arry out the	purposes of one or					
		more publicly supported or	•		•		-							
		lines 12a through 12d that												
а		Type I. A supporting orga				-		-	, aivina					
		the supported organization		-	•									
		organization. You must c												
b		Type II. A supporting org	-		tion with it	s support	ed organizatio	on(s) by ha	vina					
~		control or management o	-				•		-					
		organization(s). You mus						go the oup	portou					
c		Type III functionally inte	-		in connec	tion with	and functiona	llv integrat	ed with					
Ŭ		its supported organization						ny mograt						
d		Type III non-functionally						rted organi	zation(s)					
u		that is not functionally int						-						
		requirement (see instruct			•		-	aunation						
е		Check this box if the orga						II. Type III						
C		functionally integrated, or					гтурст, турс	n, type m						
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0	Lation.								
		vide the following information	•	ad organization(s)										
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other					
	-	organization		(described on lines 1-10	Yes	No	support (see ir	structions)	support (see instructions)					
				above (see instructions))										
Tota														
ULC							1		1					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,621,950.	1,502,288.	1,549,748.	1,934,369.	1,507,158.	8,115,513.
2	Tax revenues levied for the organ-						
	ization'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	163,006.	110,000.	125,655.	137,788.	130,570.	667,019.
4	Total. Add lines 1 through 3	1,784,956.	1,612,288.	1,675,403.	2,072,157.	1,637,728.	8,782,532.
5							
	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)						224,273.
6	Public support. Subtract line 5 from line 4.						8,558,259.
	ction B. Total Support						, , ,
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,784,956.	1,612,288.	1,675,403.	2,072,157.	1,637,728.	8,782,532.
8			_/ _//	_, _, _, _			, , , , ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
		2,295.	173.	342.	468.	526.	3,804.
0	and income from similar sources Net income from unrelated business	2,255.	175.	542.	400.	520.	5,004.
J							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						0 706 226
	Total support. Add lines 7 through 10		````				8,786,336. 371,527.
	Gross receipts from related activities,	-					5/1,52/.
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section s	501(C)(3)	
<u> </u>	organization, check this box and stor		rooptogo				
-	ction C. Computation of Publ						97.40 %
	Public support percentage for 2022 (14	
	Public support percentage from 2021					15	,-
16a	a 33 1/3% support test - 2022. If the c	-					
	stop here. The organization qualifies						
b	o 33 1/3% support test - 2021. If the c	•					
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pi	ublicly supported of	organization		
b	o 10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a		
						Calcadula A	(Form 990) 2022

Schedule A (Form 990) 2022

OAR of Fairfax County

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.)

Se	ction A. Public Support	, I	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20)22	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
5	furnished by a governmental unit to							
	the organization without charge							
~							+	
	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and							
Ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received							
Ľ	from other than disgualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year						—	
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support	1	1		1			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20)22	(f) Total
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
k	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.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) o	rganizatic	on,
	check this box and stop here			·	•			
Se	ction C. Computation of Publ							
15	Public support percentage for 2022 (line 8, column (f), (divided by line 13,	column (f))		15		%
16	Public support percentage from 202					16		%
Se	ction D. Computation of Inve							
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17		%
18	Investment income percentage from					18		%
	33 1/3% support tests - 2022. If the						nd line 17	
	more than 33 1/3%, check this box a	-						
ł	33 1/3% support tests - 2021. If the							
~	line 18 is not more than 33 1/3%, che	•						
20	Private foundation. If the organization							
		ale liet on ook u		., 2 , 0.1001(1			<u></u>	

OAR of Fairfax County

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

1

2

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a 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		
b A family member of a person described on line 11a above?	11b		
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		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	bid the governing body, members of the governing body, officers acting in their official capacity, of membership of one of	- 11
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ľ
2	Did the organization operate for the benefit of any supported organization other than the supported	
		- 11

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		
Sec	ction 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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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 yea(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.*

Yes No

Schedule A (Form 990) 2022

2a

2b

За

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

232026 12-09-22

232027 12-09-22

Schedule A	. (Form 990) 20	OAR	of	Fairfax	County	
Part V	Type III N	on-Functionally	Integ	grated 509(a)	(3) Supporting Organ	izations (continued)

54-095263	0 Page 7

		(ieu)	
Secti	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
۹	Excess from 2022				

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

54-0952630

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

OAR of Fairfax County Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

OAR of Fairfax County

Employer identification number

54-0952630

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$411,794.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>35,915.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$92,145.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>199,720.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>172,031.</u>	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$306,353.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Name of organization

54-0952630

OAR of Fairfax County

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

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		(¢	
3453 11-15	-22 -22	\$	Schedule B (Form 990) (2

Name of or	ganization		Emp	loyer identification number
OAR of	Fairfax County		5	4-0952630
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	nrough (e) and the following line er aritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that to	tal more than \$1,000 for the yea
(a) No.	Use duplicate copies of Part III if additional sp	bace is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held
		(e) Transfer of g		
	Transferee's name, address, and	<u>a zip + 4</u>	Relationship of transfero	or to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held
		(e) Transfer of g	[
_	Transferee's name, address, and	d ZIP + 4	Relationship of transfero	or to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held
		(e) Transfer of g	 ft	
	Transferee's name, address, and	d ZIP + 4	Relationship of transfero	or to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held
		(a) Transfor of a		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship			or to transferee

SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047		
(Form 990)	90) For Organizations Exempt From Income Tax Under section 501(c) and section 527					202	22	
	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.						Open to F	
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for ins					Inspect	
 Section 501(c)(3) org Section 501(c) (othe Section 527 organization 	ganizations: Con r than section 50 ations: Complete	•	plete Part I-C. Parts I-A and C below.	. Do not complete P	art I-B.		es), then	
 Section 501(c)(3) or 	ganizations that	1 Form 990, Part IV, line 4, or For have filed Form 5768 (election unc have NOT filed Form 5768 (electio	ler section 501(h)): Co	omplete Part II-A. Do	not cor	nplete l		I-Δ
		n Form 990, Part IV, line 5 (Proxy						
Tax) (See separate inst		······································		,		,	,	
), or (6) organiza	tions: Complete Part III.						
Name of organization	OAR of	Fairfax County			Emplo	-	ntification 09526	
Part I-A Comple		anization is exempt unde	r section 501(c)	or is a section	527 or			
i	-	•				-		
	-	ation's direct and indirect political			<u>,</u>			
		ures						
3 Volunteer hours for	political campai	gn activities						
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)((3).				
1 Enter the amount o	f any excise tax	incurred by the organization unde	r section 4955		\$			
		incurred by organization manager					1	
		n 4955 tax, did it file Form 4720 fo				上	Yes	No No
						L	Yes	└── No
b If "Yes," describe in	n Part IV. ete if the ord	anization is exempt unde	r section 501(c)	excent section	501(c)(3)		
-		d by the filing organization for sect		-	· ·	<u>,,,,,</u>		
		ization's funds contributed to othe			····· • <u>-</u>			
exempt function ac			-		\$			
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,					
					_			
			- f - ll tion - 507				Yes	No No
made payments. For contributions received	or each organiza ved that were pr	nployer identification number (EIN) tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid	from the filing organiz separate political orga	ation's funds. Also e anization, such as a	enter the	amour	nt of politic	al
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid filing organizati funds. If none, en	on's	contrib pron delive polit	mount of p utions reco nptly and c ered to a s ical organi none, ente	eived and directly eparate zation.

Schedule C (Form 990) 2022

			fax County)952630 Page 2
Part II-A Complete if the orga	anizatior	n is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).						
A Check if the filing organizati	ion belongs	s to an affi	liated group (and list ir	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	e of excess	lobbying	expenditures).			
B Check if the filing organizati	ion checke	d box A ar	nd "limited control" pro	ovisions apply.		
Limite	s on Lobby	/ina Expei	nditures		(a) Filing	(b) Affiliated group
	-		ints paid or incurred.)	organization's totals	totals
			-		totais	
1a Total lobbying expenditures to influe		• •				
b Total lobbying expenditures to influe						
c Total lobbying expenditures (add lin	nes 1a and	1b)				
d Other exempt purpose expenditures						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Enter		nt from the	e following table in bot	th columns.		
If the amount on line 1e, column (a) or	r (b) is:		bying nontaxable am			
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000			0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50	,		0 plus 10% of the exc	, ,		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (ent		,				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zero	-					
reporting section 4911 tax for this y				0		Yes No
(Some organizations the			raging Period Under		of the five columns	helow
			ate instructions for li			
			ditures During 4-Yea			
	2000					
Calendar year (or fiscal year beginning in)	(a) 20	019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description					(b)	
of the	e lobbying activity.	Yes	1	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	x				
а	Volunteers?			v		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			X X		
	Mailings to members, legislators, or the public?			Х		
	Publications, or published or broadcast statements?			Х		
	Grants to other organizations for lobbying purposes?			Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				631.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			Х		
	Other activities?			Х		
i	Total. Add lines 1c through 1i					631.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Х		
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5),	or se	ection	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b)	Part		e 3, is
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal				
	expenses for which the section 527(f) tax was paid).					
	Current year			2a		
	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	political				
_	expenditures next year?			4		
5	Taxable amount of lobbying and political expenditures. See instructions			5		
Par						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, li	nes 1 a	and 2 (See	
	<pre>ictions); and Part II-B, line 1. Also, complete this part for any additional information. It II-B, Line 1, Lobbying Activities:</pre>					
Ba	and G - Each year we make contacts with legislators	and s	sta	ff	to	
adv	vocate for their support on re-entry. Sometimes we	speal	c w	vith	them	
abo	out funding or just to make them aware of who we ar	e and	wh	ıy w	e are	a
plı	is to their community.					

SCHEDULE I	D
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(Form 9	90)
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Supplemental Financial Statements 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. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	OAR of Fairfax Cou	nty	54-0952630
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring
_	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
_	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
~	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforcing consonvat	ion assemants during the year
'	Amount of expenses incurred in monitoring, inspecting, har		ion easements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	J. J	
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

		Fairfax Co		0.1)952630 Page 2
Ра	rt III Organizations Maintaining C			-		
3	Using the organization's acquisition, accessi collection items (check all that apply):	ion, and other record	ls, check any of the	e following that make	significant use of	its
а	Public exhibition	d		change program		
b	Scholarly research			change program		
c	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's ex	empt purpose in F	Part XIII
5	During the year, did the organization solicit o	-	-	-		
Ŭ	to be sold to raise funds rather than to be ma					Yes No
Pa	rt IV Escrow and Custodial Arran					
	reported an amount on Form 990, Pa		ere in the englishment			,
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributio	ns or other assets no	t included	
	on Form 990, Part X?		-			Yes No
b	If "Yes," explain the arrangement in Part XIII					
						Amount
с	Beginning balance				1c	
	Additions during the year					
	Distributions during the year					
f	Ending balance				1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodial account liab	oility?	Yes No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.					
Pa	rt V Endowment Funds. Complete i	<u> </u>				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ick (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur			(a)) held as:		
a	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
с		%				
0-	The percentages on lines 2a, 2b, and 2c sho			an al a duainiata ya al fay	4h a	
38	Are there endowment funds not in the posse organization by:	ession of the organiz	ation that are new	and administered for	life	Yes No
	0					
	(i) Unrelated organizations					
h	(ii) Related organizations					
4	Describe in Part XIII the intended uses of the			•		
	rt VI Land, Buildings, and Equipm					
	Complete if the organization answere		0, Part IV, line 11a.	See Form 990, Part >	(, line 10.	
	Description of property	(a) Cost or o basis (investr	ther (b) Cos	t or other (c)	Accumulated epreciation	(d) Book value
1a	Land					
	Buildings					
	Leasehold improvements					
	Equipment					
	Other					
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)		0.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	OAR	of	Fairfax	County
Part VII	Investr	nents - Ot	ther Se	ecuri	ties.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description	The See Form 930, Fart A, line 13.	(b) Book value
	Description		
<u>(1)</u>			
(2)			
<u>(3)</u>			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Lease liabilities - opera	ting		
₍₃₎ lease			5,231.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(3)			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 OAR of Fairfax County			54-	0952630 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,715,409.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,012.		
b	Donated services and use of facilities	2b	143,525.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	146,537.
3	Subtract line 2e from line 1			3	1,568,872.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	700.		
b	Other (Describe in Part XIII.)	4b			
С				4c	700.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,569,572.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Witl	n Expenses per	Retu	
Pa	Int XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			Retu	irn.
P a 1	rt XII Reconciliation of Expenses per Audited Financial Statemer			Retu 1	
	Int XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				irn.
1	Int XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				irn.
1 2	Int XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities				irn.
1 2 a	Int XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a			irn.
1 2 a b	Int XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b			ırn.
1 2 a b c	Int XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	143,525.		rrn. <u>1,889,112.</u> 143,525.
1 2 b c d	Int XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	143,525.	1	ırn.
1 2 b c d e	Int XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Add lines 2a through 2d	2a 2b 2c 2d	143,525.	1	rrn. <u>1,889,112.</u> 143,525.
1 2 b c d e 3	Int XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	143,525.	1	rrn. <u>1,889,112.</u> 143,525.
1 2 b c d 3 4	Int XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	143,525.	1	rn. 1,889,112. 143,525. 1,745,587.
1 2 3 4 4	Int XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	143,525.	1 2e 3 4c	rn. <u>1,889,112.</u> <u>143,525.</u> <u>1,745,587.</u> 700.
1 2 b c d e 3 4 b c 5	Int XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	143,525.	1 2e 3	rn. 1,889,112. 143,525. 1,745,587.

OAR of Fairfax County

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

Part X, Line 2:

Management	has	evaluated	the	Organization's	s	tax	positions	and	has

concluded that the Organization has taken no uncertain tax positions that

require adjustment to the financial statements to comply with the

provisions of this guidance.

54-0952630 Dage 4

SCHEDULE O (Form 990) Complete to provide information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2022
Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Name of the organization OAR of Fairfax County	Employer identification number 54-0952630
Form 990, Part III, Line 4c. Diversion Program (continued	1):
After a participant has been officially enrolled into the	e program they
work towards the completion of their goals on the service	e plan, which
can include classes taught by OAR, applying for mainstrea	am benefits,
employment, housing, CSB, and any other goals that need t	co be addresses
to assist a participant in becoming and remaining stable	Participants
that complete their service plans return to court and the	eir charges are
dismissed and are made expungable from their record. Fail	lure to
complete the conditions required in the program contract	results in
prosecutorial review and appropriate legal action.	
Form 990, Part III, Line 4d, Other Program Services:	
Volunteer Program: The Organization provides support acro	oss the entire
agency by recruiting, screening, and training volunteers	to meet the
needs of the clients.	
Expenses \$ 159,983. including grants of \$ 0. Revenue	\$ 0.
Form 990, Part VI, Section B, line 11b:	
A copy of the Form 990 is first reviewed by the Executive	e Director, then
forwarded to the Board of Directors for review and approv	val.
Form 990, Part VI, Section B, Line 12c:	

The Organization monitors potential conflicts of interest by requiring an

annual disclosure statement from each member.

Form 990, Part VI, Section B, Line 15a:

The salary for the Executive Director is determined and approved by the

Board of Directors.

Form 990, Part VI, Section C, Line 19:

Federal Form 990 and governing documents are made available upon request

and the Organization's website. The Organization also provides a Public

Disclosure Copy of its 990 to be posted on Guidstar.

Form 990, Part XII, Line 2c:

The Board of Directors assumes responsibility for the oversight of the

audit of its financial statements and the selection of an independent

accountant. The process is consistent with previous years.

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Filo a	sonarato	application	for	oach	roturn

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	or Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)		
print	OAR of Fairfax County				54-0952630		
File by the due date for filing your return. See	the te for Number, street, and room or suite no. If a P.O. box, see instructions.						
instructions.	ctions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Fairfax, VA 22030-4006						
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)				
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
Form 990	OAR of Fairfax	07					
 If the c If this box ▶ I I re the ▶ ▶ 2 If tt 	none No. ► (703)246-3033 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization tax year beginning or X tax year beginningJUL 1, 2022 tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta <u>Ma</u> anization's , an heck reas	emption Number (GEN) I ich a list with the names and TINs of y 15, 2024, to file s return for: d ending	f this is fo f all memb e the exem	r the whole ers the ext npt organiz 	group, check this	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
	 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 				- ¥		
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8		nd Form 88		