

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

## 2018

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

**THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.**

Employer identification number

**51-0232459**

Name and title of officer

**EILEEN ELLSWORTH  
PRESIDENT AND CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>24,494,908.</b>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **RENNER AND COMPANY, CPA, P.C** to enter my PIN **16011**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *E. Ellsworth* Date ▶ 11/13/19

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**54672416011**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Ande [Signature]* Date ▶ 11/12/19

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>		<b>D</b> Employer identification number <b>51-0232459</b>	
	Doing business as		<b>E</b> Telephone number <b>703-879-7638</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2940 HUNTER MILL ROAD 201</b>		<b>G</b> Gross receipts \$ <b>49,933,163.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>OAKTON, VA 22124</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	<b>F</b> Name and address of principal officer: <b>EILEEN ELLSWORTH</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527  
**J** Website: **WWW.CFNOVA.ORG**  
**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1978** **M** State of legal domicile: **VA**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA IS TO GROW PHILANTHROPY TO RESPOND</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>12</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>24</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>3,675.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	13,578,890.	20,058,694.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	602,205.	675,873.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,422,384.	3,707,510.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,823.	52,831.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,684,302.	24,494,908.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	7,173,506.	5,401,320.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	731,879.	802,991.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,185,522.	1,380,238.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,090,907.	7,584,549.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	7,593,395.	16,910,359.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	56,476,448.	72,458,387.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,575,727.	249,441.

**Part II Signature Block**

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.

Sign Here	Signature of officer		Date
	<b>EILEEN ELLSWORTH, PRESIDENT AND CEO</b> Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<b>ANDREW E. YOUNG, CPA</b>	<b>ANDREW E. YOUNG, CPA</b>	
	Firm's name <b>RENNER AND COMPANY, CPA, P.C</b>	Firm's EIN <b>54-1498950</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01203950</b>
	Firm's address <b>700 NORTH FAIRFAX ST, SUITE 400</b> <b>ALEXANDRIA, VA 22314</b>	Phone no. <b>703-535-1200</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA IS TO GROW PHILANTHROPY TO RESPOND TO CRITICAL NEED AND SEED INNOVATION IN THE REGION. COMPRISED OF DONOR ADVISED FUNDS, DISCRETIONARY FUNDS, SCHOLARSHIP FUNDS, AND GIVING CIRCLES, WE HELP ENGAGE DONORS IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No 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 \$ 5,702,951. including grants of \$ 4,344,429. ) (Revenue \$ 672,198. ) DONOR ADVISED FUNDS: THE COMMUNITY FOUNDATION OFFERS DONOR ADVISED FUNDS (DAFS) TO DONORS IN THE REGION. A DAF IS A TYPE OF CHARITABLE GIVING FUND THAT IS ESTABLISHED BY A DONOR TO SUPPORT A CAUSE OR CAUSES THAT THE DONOR CARES ABOUT. DAFS ALLOW DONORS TO REMAIN INVOLVED IN ACTIVE CHARITABLE GIVING BY RETAINING "ADVISORY PRIVILEGES" TO RECOMMEND HOW THE COMMUNITY FOUNDATION SHOULD MAKE GRANTS FROM THAT FUND. FOR THE YEAR ENDING JUNE 30, 2019, THE COMMUNITY FOUNDATION HELD 160 SEPARATE DONOR ADVISED FUNDS THAT AWARDED \$4,344,429 IN TOTAL GRANTS.

4b (Code: ) (Expenses \$ 305,074. including grants of \$ 305,074. ) (Revenue \$ ) SCHOLARSHIP FUNDS: THE COMMUNITY FOUNDATION MANAGES AND ADMINISTERS 28 SCHOLARSHIP FUNDS ESTABLISHED BY INDIVIDUAL DONORS THAT HELP GRADUATING HIGH SCHOOL SENIORS WITH FINANCIAL CHALLENGES ATTEND 2 AND 4 YEAR COLLEGES AND UNIVERSITIES. FOR THE YEAR ENDING JUNE 30, 2019, THE COMMUNITY FOUNDATION AWARDED \$305,074 IN TOTAL SCHOLARSHIPS TO 85 STUDENTS.

4c (Code: ) (Expenses \$ 604,711. including grants of \$ 604,711. ) (Revenue \$ ) DISCRETIONARY GRANT FUNDS: IN ADDITION TO DONOR ADVISED FUNDS AND SCHOLARSHIP FUNDS, THE COMMUNITY FOUNDATION CONTINUOUSLY DEVELOPS AND BUILDS DISCRETIONARY FUNDS THAT HELP RESPOND TO LOCAL NEED AND SEED INNOVATION IN THE REGION. DISCRETIONARY FUNDS INCLUDE OUR COMMUNITY INVESTMENT FUNDS WHICH HELP RELIEVE THE SUFFERING CAUSED BY POVERTY, LEVEL THE PLAYING FIELD FOR LOCAL CHILDREN AND YOUTH, PROVIDE ACCESS TO HEALTH CARE AND MENTAL HEALTH CARE, CREATE JOB OPPORTUNITIES FOR OUR MOST VULNERABLE AND MARGINALIZED RESIDENTS, HELP SENIORS AGE IN PLACE, AND HELP MILITARY FAMILIES ATTAIN FINANCIAL SECURITY. OUR INNOVATION FUND HELPS LAUNCH NEW CYBERSECURITY AND CODING COURSES OF STUDY IN LOCAL PUBLIC SCHOOLS AND SUPPORT PROGRAMS WITH INNOVATIVE APPROACHES TO STEM EDUCATION ACROSS NORTHERN VIRGINIA. OUR HEALTH KIDS GRANTS ARE

4d Other program services (Describe in Schedule O.) (Expenses \$ 147,106. including grants of \$ 147,106. ) (Revenue \$ )

4e Total program service expenses 6,759,842.

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	



THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 12		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	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?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			

**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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 24		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 24		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **EILEEN ELLSWORTH - (703) 879-7640**  
**2940 HUNTER MILL ROAD, SUITE 201, OAKTON, VA 22124**

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN P. DESANTO DIRECTOR/CHAIRMAN	2.00	X		X				0.	0.	0.
(2) BERNARD MUSTAFA DIRECTOR/VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(3) MARC WISHKOFF DIRECTOR/SECRETARY	2.00	X		X				0.	0.	0.
(4) DEAN PETERSON DIRECTOR/TREASURER	2.00	X		X				0.	0.	0.
(5) CINDY ANDREOTTI DIRECTOR	1.00	X						0.	0.	0.
(6) JOHN CHAPEL DIRECTOR	1.00	X						0.	0.	0.
(7) ADRIAN CHAPMAN DIRECTOR	1.00	X						0.	0.	0.
(8) BRANDON ELLEDGE DIRECTOR	1.00	X						0.	0.	0.
(9) ANITA GUPTA DIRECTOR	1.00	X						0.	0.	0.
(10) KEN HUNTSMAN DIRECTOR	1.00	X						0.	0.	0.
(11) CHERYL JANEY DIRECTOR	1.00	X						0.	0.	0.
(12) HARRY KLAFF DIRECTOR	1.00	X						0.	0.	0.
(13) MELINDA MERK DIRECTOR	1.00	X						0.	0.	0.
(14) SUSAN NOLAN DIRECTOR	1.00	X						0.	0.	0.
(15) RICHARD PINEDA DIRECTOR	1.00	X						0.	0.	0.
(16) STEVE REEDER DIRECTOR	1.00	X						0.	0.	0.
(17) CATHERINE SCHOTT MURRAY DIRECTOR	1.00	X						0.	0.	0.



THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(19) JOSH STILLMAN DIRECTOR	1.00	X						0.	0.	0.
(20) DONALD STREHLE DIRECTOR	1.00	X						0.	0.	0.
(21) SYLVIA VON BOSTEL DIRECTOR	1.00	X						0.	0.	0.
(22) MITCH WEINTRAUB DIRECTOR	1.00	X						0.	0.	0.
(23) GEORGE WILSON DIRECTOR	1.00	X						0.	0.	0.
(24) JOHN WOLFF DIRECTOR	1.00	X						0.	0.	0.
(25) EILEEN ELLSWORTH PRESIDENT AND CEO	40.00			X				208,750.	0.	28,510.
(26) GINO ZACCARDELLI GENERAL COUNSEL	1.00			X				0.	0.	0.
<b>1b Sub-total</b>								208,750.	0.	28,510.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								208,750.	0.	28,510.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	404,908.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	19,653,786.				
	g	Noncash contributions included in lines 1a-1f: \$		16,778,938.				
	h	<b>Total.</b> Add lines 1a-1f		20,058,694.				
Program Service Revenue	2 a	FEE INCOME	Business Code	900099	672,198.	672,198.		
	b	ADVERTISING INCOME	Business Code	900099	3,675.		3,675.	
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		675,873.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,719,313.			1,719,313.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			1,988,197.			1,988,197.
	8 a	Gross income from fundraising events (not including \$ 404,908. of contributions reported on line 1c). See Part IV, line 18	a		231,641.			
		Less: direct expenses	b		190,510.			
		Net income or (loss) from fundraising events			41,131.			41,131.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	OTHER INCOME	Business Code	900099	11,700.			11,700.	
	b							
	c							
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d			11,700.			
12	<b>Total revenue.</b> See instructions			24,494,908.	672,198.	3,675.	3,760,341.	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,401,320.	5,401,320.		
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, trustees, and key employees	239,475.	83,816.	71,843.	83,816.
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	509,742.	178,410.	152,923.	178,409.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,242.	1,135.	972.	1,135.
10 Payroll taxes	50,532.	17,686.	15,160.	17,686.
11 Fees for services (non-employees):				
a Management	671,947.	671,947.		
b Legal				
c Accounting	21,092.		21,092.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	46,731.	8,268.	4,495.	33,968.
12 Advertising and promotion	28,399.		1,503.	26,896.
13 Office expenses	33,334.	2,149.	31,185.	
14 Information technology	87,842.	18,866.	50,116.	18,860.
15 Royalties				
16 Occupancy	31,729.		31,729.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,423.	2,526.	2,526.	3,371.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,001.		7,001.	
23 Insurance	9,938.		9,938.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>BANK AND INVESTMENT MAN</b>	350,183.	343,481.	3,616.	3,086.
b <b>OTHER</b>	30,297.	11,450.	7,213.	11,634.
c <b>DUES, SUBSCRIPTIONS AND</b>	19,179.		18,185.	994.
d <b>COMMUNITY PARTNERSHIPS</b>	18,792.	9,904.	485.	8,403.
e All other expenses	15,351.	8,884.	1,481.	4,986.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,584,549.	6,759,842.	431,463.	393,244.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,143,701.	<b>1</b>	1,290,131.
	<b>2</b> Savings and temporary cash investments .....	2,137.	<b>2</b>	3,318.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	12,400.	<b>4</b>	14,000.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	68,632.	<b>9</b>	52,406.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 103,343.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 78,690.		
	<b>11</b> Investments - publicly traded securities .....	55,199,868.	<b>11</b>	71,056,691.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	22,866.	<b>15</b>	17,188.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	56,476,448.	<b>16</b>	72,458,387.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	60,112.	<b>17</b>	61,463.
	<b>18</b> Grants payable .....	1,399,175.	<b>18</b>	35,500.
	<b>19</b> Deferred revenue .....	116,440.	<b>19</b>	152,478.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,575,727.	<b>26</b>	249,441.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	49,334,292.	<b>27</b>	66,656,172.
	<b>28</b> Temporarily restricted net assets .....	4,185,780.	<b>28</b>	4,172,125.
	<b>29</b> Permanently restricted net assets .....	1,380,649.	<b>29</b>	1,380,649.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	54,900,721.	<b>33</b>	72,208,946.	
<b>34</b> Total liabilities and net assets/fund balances .....	56,476,448.	<b>34</b>	72,458,387.	

Form 990 (2018)

**Part 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	24,494,908.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,584,549.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,910,359.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,900,721.
5	Net unrealized gains (losses) on investments	5	397,866.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	72,208,946.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC. Employer identification number 51-0232459

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A 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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5900337.	6195880.	12777571.	13578890.	20058694.	58511372.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5900337.	6195880.	12777571.	13578890.	20058694.	58511372.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						21903366.
<b>6 Public support.</b> Subtract line 5 from line 4.						36608006.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	5900337.	6195880.	12777571.	13578890.	20058694.	58511372.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	805,173.	911,077.	797,612.	1260454.	1719313.	5493629.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	19,633.	7,875.	16,975.	5,700.	11,700.	61,883.
<b>11 Total support.</b> Add lines 7 through 10						64066884.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,945,521.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	57.14 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	64.52 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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>b</b> Did the activities described in (a) 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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in Part VI.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			



THE COMMUNITY FOUNDATION FOR NORTHERN

**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, 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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.**

Employer identification number

**51-0232459**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>10,883,073.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,348,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,117,314.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,004,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>516,562.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 493,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
1	37,549 ISHARES TR CORE MSCI EAF	\$ 2,214,640.	11/30/18
1	21,193 SHARES I SHARES INC CORE MSCI	\$ 1,048,418.	11/30/18
1	38,488 SHARES SPDR US FINANCIAL SECTOR	\$ 1,038,021.	11/30/18
1	7,082 SHARES VANGUARD INDUSTRIAL ETF	\$ 962,727.	11/30/18
1	5,092 SHARES VANGUARD INFORMATION	\$ 930,156.	11/30/18
1	3,500 SHARES BERKSHIRE HATHAWAY INC. DEL CL B	\$ 763,840.	11/30/18

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
1	4,990 SHARES VANGUARD CONSUMER STAPLES	\$ 724,897.	11/30/18
1	1,337 SHARES SPDR S&P 500 ETF TRUST	\$ 373,424.	12/03/18
1	3,014 SHARES ISHARES NASDAQ BIOTECH	\$ 328,827.	11/30/18
1	ONE SHARES BERKSHIRE HATHAWAY INC. DELAWARE CL A	\$ 326,000.	11/30/18
1	1,829 EXACT SCIENCES CORP COM	\$ 142,625.	11/30/18
1	6,362 SHARES ADVANCED MICRO D INC	\$ 135,511.	11/30/18



Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
1	80 SHARES AMAZON COM INC COM	\$ 135,214.	11/30/18
1	1,178 SHARES MICROSOFT CORP	\$ 130,628.	11/30/18
1	2,790 SHARES PFIZER INC.	\$ 128,982.	11/30/18
1	638 SHARES ISHARES U.S. HEALTHCARE	\$ 128,047.	11/30/18
1	4,033 SHARES AT&T INC.	\$ 125,991.	11/30/18
1	1,803 SHARES SELECT SECTOR SPDR TR	\$ 125,200.	12/03/18

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
1	2,014 SHARES VERIZON COMMUNICATIONS COM	\$ 121,444.	11/30/18
1	500 SHARES SALESFORCE COM INC	\$ 71,380.	11/30/18
1	127 INTUITIVE SURGICAL INC	\$ 67,420.	11/30/18
1	402 SHARES VMWARE INC.	\$ 67,271.	11/30/18
1	411 SHARES NVIDIA	\$ 67,170.	11/30/18
1	485 SHARES CATERPILLAR INC. DEL	\$ 65,800.	11/30/18

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
1	60 SHARES ALPHABET INC SHS CL C	\$ 65,666.	11/30/18
1	226 SHARES NETFLIX COM INC	\$ 64,665.	11/30/18
1	355 SHARES HOME DEPOT INC.	\$ 64,014.	11/30/18
1	2,303 SPDR US FINANCIAL SECTOR	\$ 62,112.	11/30/18
1	558 SHARES JP MORGAN CHASE & CO	\$ 62,044.	11/30/18
1	530 SHARES DISNEY(WALT) CO COM STK	\$ 61,210.	11/30/18

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
1	330 SHARES APPLE INC. _____ _____ _____	\$ 58,931.	11/30/18
1	785 SHARES TARGET CORP COM _____ _____ _____	\$ 55,704.	11/30/18
1	134 SHARES HOME DEPOT INC. _____ _____ _____	\$ 24,163.	11/30/18
2	17,055 SHARES OF FOUNDATIN MEDICINE INC. _____ _____ _____	\$ 2,333,124.	07/26/18
2	110 SHARES FOUNDATION MEDICINE INC _____ _____ _____	\$ 15,026.	07/03/18
3	800 SHARES UNITED TECHNOLOGIES COMMON _____ _____ _____	\$ 87,120.	01/09/19

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
3	800 SHARES VERIZON COMMUNICATIONS INC _____ _____ _____	\$ <u>46,704.</u>	<u>01/09/19</u>
3	400 SHARES WALT DISNEY CO COMMON _____ _____ _____	\$ <u>44,568.</u>	<u>01/09/19</u>
3	1000 SHARES ARCHER DANIELS-MIDLAND CO _____ _____ _____	\$ <u>42,700.</u>	<u>01/09/19</u>
3	100 SHARES BLACKROCK INC. _____ _____ _____	\$ <u>39,791.</u>	<u>01/09/19</u>
3	200 SHRES 3M CO COMMON _____ _____ _____	\$ <u>38,336.</u>	<u>01/09/19</u>
3	800 SHARES INTEL CORP COMMON _____ _____ _____	\$ <u>38,192.</u>	<u>01/09/19</u>

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
3	800 SHARES COCA-COLA CO COMMON	\$ 37,984.	01/09/19
3	400 SHARES PROCTOR & GAMBLE CO. COMMON	\$ 36,984.	01/09/19
3	100 SHARES EQINIX INC.	\$ 36,186.	01/09/19
3	200 SHARES MARTIN MARIETTA MATERIALS COMMON	\$ 35,696.	01/09/19
3	200 SHARES FEDEX COPR COMMON	\$ 33,404.	01/09/19
3	600 SHARES DOWDUPONT INC.	\$ 33,234.	01/09/19

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
3	300 SHARES PEPSICO INC COMMON _____ _____ _____	\$ 33,174.	01/09/19
3	300 SHARES MARRIOTT INTERNATIONAL INC _____ _____ _____	\$ 32,928.	01/09/19
3	300 SHARES HERSHEY FOODS COMMON _____ _____ _____	\$ 31,941.	01/09/19
3	1000 SHARES AT&T INC. COMMON _____ _____ _____	\$ 31,280.	01/09/19
3	500 SHARES PACCAR INC. COMMON _____ _____ _____	\$ 29,765.	01/09/19
3	400 SHARES EXXON MOBIL COMMON _____ _____ _____	\$ 28,816.	01/09/19

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
3	300 SHARES WALMART INC. COMMON	\$ 28,560.	01/09/19
3	200 SHARES JOHNSON & JOHNSON COMMON	\$ 25,992.	01/09/19
3	1000 SHARES SYNCHRONY FINANCIAL COMMON	\$ 25,420.	01/09/19
3	600 SHARES SCHLUMBERGER LTD COMMON	\$ 24,402.	01/09/19
3	200 SHARES IBM CORP COMMON	\$ 23,966.	01/09/19
3	2000 SHARES GENERAL ELECTRIC CO. COMMON	\$ 17,120.	01/09/19



Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
5	55,000 SHARES OF BANK OF AMERICA CORPORATION	\$ 738,100.	12/27/18
6	13,745 SHARES DFA T A U S CORE	\$ 246,310.	03/25/19
6	1,063 SHARES OF FOUNDATION MEDICINE	\$ 145,578.	07/24/18
6	256 SHARES UNITED HEALTH GROUP	\$ 62,600.	12/20/18
6	256 SHARES UNITED HEALTH GROUP	\$ 62,074.	12/21/18
		\$	

Name of organization <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b>	Employer identification number <b>51-0232459</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization** THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC. **Employer identification number** 51-0232459

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	160	57
2 Aggregate value of contributions to (during year) .....	17,549,509.	1,483,601.
3 Aggregate value of grants from (during year) .....	4,117,257.	692,102.
4 Aggregate value at end of year .....	57,885,420.	11,250,391.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above 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 conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a 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.

Schedule D (Form 990) 2018

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,566,429.	5,535,902.	5,366,819.	5,732,487.	6,034,465.
b Contributions			530.	529.	252.
c Net investment earnings, gains, and losses	302,815.	363,946.	460,855.	-24,011.	8,831.
d Grants or scholarships	142,270.	180,675.	158,156.	216,545.	156,825.
e Other expenditures for facilities and programs					
f Administrative expenses	174,200.	152,744.	134,146.	125,641.	154,236.
g End of year balance	5,552,774.	5,566,429.	5,535,902.	5,366,819.	5,732,487.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  24.86 %
- c Temporarily restricted endowment  75.14 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		37,041.	20,972.	16,069.
d Equipment		43,907.	41,159.	2,748.
e Other		22,395.	16,559.	5,836.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,653.

**Part VII Investments - Other Securities.**

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

(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)		
<b>Total.</b> (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)		
<b>Total.</b> (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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	24,424,694.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	397,866.	
b	Donated services and use of facilities	2b	13,357.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		411,223.
3	Subtract line 2e from line 1		3	24,013,471.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	671,947.	
b	Other (Describe in Part XIII.)	4b	-190,510.	
c	Add lines 4a and 4b	4c		481,437.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	24,494,908.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,116,469.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	13,357.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	190,510.	
e	Add lines 2a through 2d	2e		203,867.
3	Subtract line 2e from line 1		3	6,912,602.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	671,947.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		671,947.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,584,549.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE FOUNDATION IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON ANY NET INCOME DERIVED FROM ACTIVITIES RELATED TO EXEMPT PURPOSE. THIS CODE SECTION ENABLES THE FOUNDATION TO ACCEPT DONATIONS THAT QUALIFY AS CHARITABLE CONTRIBUTIONS TO THE DONOR. IN ACCORDANCE WITH U.S. GAAP, THE FOUNDATION HAS CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2019. IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARDS REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAN THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITION AND CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE

**Part XIII** Supplemental Information (continued)

ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THE GUIDANCE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**▶ Attach to Form 990 or Form 990-EZ.**

**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.** Employer identification number **51-0232459**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



THE COMMUNITY FOUNDATION FOR NORTHERN

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NVCF GALA (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	636,549.			636,549.
	<b>2</b> Less: Contributions .....	404,908.			404,908.
	<b>3</b> Gross income (line 1 minus line 2) .....	231,641.			231,641.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	22,158.			22,158.
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	92,816.			92,816.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	75,536.			75,536.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				190,510.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				41,131.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

THE COMMUNITY FOUNDATION FOR NORTHERN

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.**

**Employer identification number  
51-0232459**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
LIVING HOPE EVANGELICAL PRESBYTERIAN CHURCH - 14000 HOLCREST CT - HAYMARKET, VA 20169	51-0580243	501(C)(3)	400,000.	0.	N/A	N/A	FAITH BASED - BUILDING HOPE FUND
INOVA HEALTH FOUNDATION 8110 GATEHOUSE ROAD, SUITE 200 EAST FALLS CHURCH, VA 22042-1210	54-1071867	501(C)(3)	342,709.	0.	N/A	N/A	HEALTH/MENTAL HEALTH AGING, KELLAR CENTER, INOVA NEUROSCIENCE COMPREHENSIVE STROKE
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	54-1603842	501(C)(3)	236,000.	0.	N/A	N/A	SCHOOL FOR CONFLICT ANALYSIS AND RESOLUTION, LATIN AMERICAN FUND, VOLGENAU SCHOOL OF
THE HEALTH WAGON P.O. BOX 7070 WISE, VA 24293	04-3739083	501(C)(3)	200,000.	0.	N/A	N/A	GIVE SO OTHERS CAN LIVE CAMPAIGN
CLEMSON UNIVERSITY 155 OLD GREENVILLE HWY, UNIT 105 CLEMSON, SC 29631	57-0426335	501(C)(3)	150,000.	0.	N/A	N/A	HISTORIC PRESERVATION IN THE SCHOOL OF ARCHITECTURE
LA COCINA VA 1500 N GLEBE ROAD ARLINGTON, VA 22207	46-2037695	501(C)(3)	150,000.	0.	N/A	N/A	CULINARY TRAINING AND ENTREPRENEURSHIP CENTER

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 198.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION FOR NORTHERN  
VIRGINIA, INC.

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULF COAST COMMUNITY FOUNDATION 601 TAMiami TRAIL SOUTH VENICE, FL 34285	59-1052433	501(C)(3)	135,826.	0.	N/A	N/A	GENERAL PURPOSE
HARVARD UNIVERSITY 1350 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	103,000.	0.	N/A	N/A	EDUCATION
UPPERVILLE COLT AND HORSE SHOW PO BOX 239 UPPERVILLE, VA 20185	23-7390149	501(C)(3)	103,000.	0.	N/A	N/A	ANIMAL WELFARE
DREXEL UNIVERSITY 3141 CHESTNUT ST., SUITE 310 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	102,550.	0.	N/A	N/A	EDUCATION, JOHN AND VIRGINIA CHAPEL ACHIEVE AND RESOURCE CENTER
NATIONAL COAST GUARD MUSEUM ASSOCIATION, INC. - 78 HOWARD STREET, SUITE A - NEW LONDON, CT 06320	06-1621858	501(C)(3)	100,000.	0.	N/A	N/A	GENERAL PURPOSE
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE. NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	70,898.	0.	N/A	N/A	ASSISTANCE TO FURLOUGHED FEDERAL EMPLOYEES AND CONTRACTORS, EMERGENCY RELIEF, GOV'T SHUTDOWN
ATLANTIC COUNCIL 1030 15TH STREET NW, 12TH FLOOR WASHINGTON, DC 20005	52-0742294	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL PURPOSE
ACADEMY OF THE HOLY NAMES OF FLORIDA, INC. - 3319 BAYSHORE BLVD - TAMPA, FL 33629	59-0910354	501(C)(3)	46,000.	0.	N/A	N/A	FAITH BASED, EDUCATION, RESEARCH
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE, SUITE 10 OAKTON, VA 22124	54-0791977	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL PURPOSE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN  
VIRGINIA, INC.

Schedule I (Form 990)

51-0232459

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN VIRGINIA COMMUNITY COLLEGE - 4001 WAKEFIELD CHAPEL ROAD - ANNANDALE, VA 22003	51-0249730	501(C)(3)	38,060.	0.	N/A	N/A	EDUCATION
BETHEL NO. 1, JOB'S DAUGHTERS INTERNATIONAL - 2104 NORTH KENMORE STREET - ARLINGTON, VA 22201	47-0832950	501(C)(3)	35,000.	0.	N/A	N/A	FAITH BASED
CHRIST CENTRAL MINISTRIES, INC. 1711 TENDLETON STREET COLUMBIA, SC 29201	57-1128230	501(C)(3)	35,000.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF VIRGINIA P.O. BOX 400204, 1001 NORTH EMMET STREET CHARLOTTESVILLE, VA 22904	54-1682176	501(C)(3)	33,833.	0.	N/A	N/A	EDUCATION
DOORWAYS FOR WOMEN AND FAMILIES P.O. BOX 100185 ARLINGTON, VA 22210	54-1087829	501(C)(3)	32,000.	0.	N/A	N/A	POVERTY RELIEF
EASTER SEALS DC MD VA 1420 SPRING STREET SILVER SPRING, MD 20910	53-0212296	501(C)(3)	30,500.	0.	N/A	N/A	THE JOANN & CARL MCNAIR COMMUNITY CHILD DEVELOPMENT CENTER, MILITARY FAMILY SUPPORT
COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES - P.O. BOX 342 - LEESBURG, VA 20178	54-1950727	501(C)(3)	30,476.	0.	N/A	N/A	GENERAL PURPOSE
COMMUNITIES IN SCHOOLS OF NORTHERN VIRGINIA - 201 NORTH UNION ST, STE 340 - ALEXANDRIA, VA 22314	46-3063331	501(C)(3)	30,000.	0.	N/A	N/A	EDUCATION
JEWISH COMMUNITY CENTER OF NORTHERN VIRGINIA - 8900 LITTLE RIVER TURNPIKE - FAIRFAX, VA 22031	54-1145849	501(C)(3)	30,000.	0.	N/A	N/A	NV RIDES PROGRAM

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN  
VIRGINIA, INC.

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAINSIDE MONTESSORI SCHOOL 4206 BELVOIR RD MARSHALL, VA 20115	27-2412529	501(C)(3)	30,000.	0.	N/A	N/A	EDUCATION
PIEDMONT ENVIRONMENTAL COUNCIL 316 F STREET NE, SUITE 200 WASHINGTON, DC 20002	54-0935569	501(C)(3)	30,000.	0.	N/A	N/A	ENVIRONMENT
NORTHERN VIRGINIA REGIONAL PARK AUTHORITY - 5400 OX ROAD - FAIRFAX STATION, VA 22039-1022	51-0523026	501(C)(3)	27,422.	0.	N/A	N/A	GENERAL PURPOSE
PATRICK HENRY FAMILY SERVICES 1621 ENTERPRISE DR. LYNCHBURG, VA 24502	54-0660819	501(C)(3)	27,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
WASHINGTON DC CHRISTIAN REFORMED CHURCH - 5911 NEW HAMPSHIRE AVE. NE - WASHINGTON, DC 20011	52-1394732	501(C)(3)	26,400.	0.	N/A	N/A	FAITH BASED
AMARA LEGAL CENTER PO BOX 18391 WASHINGTON, DC 20036	46-3819394	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL PURPOSE
CULPEPER COMMUNITY DEVELOPMENT CORPORATION - 602 SOUTH MAIN STREET, SUITE 3 - CULPEPER, VA 22701	54-1463631	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL PURPOSE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114-1101	04-1564655	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL PURPOSE
PAUL VI CATHOLIC HIGH SCHOOL 10675 FAIRFAX BLVD FAIRFAX, VA 22030	54-1223660	501(C)(3)	25,000.	0.	N/A	N/A	EDUCATION

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN  
VIRGINIA, INC.

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILLIPS PROGRAMS 7010 BRADDOCK RD ANNANDALE, VA 22003	54-0833311	501(C)(3)	25,000.	0.	N/A	N/A	INNOVATION
CHILDREN'S HOSPITAL FOUNDATION 801 ROEDER ROAD, SUITE 300 SILVER SPRING, MD 20910	52-1640402	501(C)(3)	20,000.	0.	N/A	N/A	VAN METRE COMPANIES PROFESSORSHIP IN CARDIOLOGY, GENERAL CAPACITY
CHRIST THE KING LUTHERAN CHURCH 10550 GEORGETOWN PIKE GREAT FALLS, VA 22066	20-8452900	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL PURPOSE
GOOD NEWS JAIL AND PRISON MINISTRY P.O. BOX 9760 HENRICO, VA 23228	54-0703077	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL PURPOSE
HALCYON HOUSE 3400 PROSPECT ST NW WASHINGTON, DC 20007	81-4819533	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL PURPOSE
JESUIT HIGH SCHOOL 4701 N. HIMES AVE TAMPA, FL 33614	53-0196617	501(C)(3)	20,000.	0.	N/A	N/A	EDUCATION
PRINCE WILLIAM CONSERVATION ALLIANCE - P.O. BOX 6351 - WOODBIDGE, VA 22195	38-3653371	501(C)(3)	20,000.	0.	N/A	N/A	ENVIRONMENT
PRISON FELLOWSHIP MINISTRIES P.O. BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294	501(C)(3)	20,000.	0.	N/A	N/A	FAITH BASED
RANDOLPH EASTERN SCHOOL CORPORATION - 731 N PLUM STREET - UNION CITY, IN 47390-1026	35-1076047	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL PURPOSE

Schedule I (Form 990)



THE COMMUNITY FOUNDATION FOR NORTHERN  
VIRGINIA, INC.

Schedule I (Form 990)

51-0232459

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF LOUDOUN 601 CATOCTIN CIRCLE, NE LEESBURG, VA 20176	54-0835314	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
THE SMITHSONIAN INSTITUTION P.O. BOX 37012 WASHINGTON, DC 20013	53-0206027	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
THE STUTTERING ASSOCIATION FOR THE YOUNG - 247 WEST 37TH STREET, 5TH FLOOR - NEW YORK, NY 10018	33-1049070	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
PRS, INC. 1761 OLD MEADOW ROAD MCLEAN, VA 22102	54-0880899	501(C)(3)	19,925.	0.	N/A	N/A	HEALTH/MENTAL HEALTH AGING
REBUILDING TOGETHER ARLINGTON/ FAIRFAX/ FALLS CHURCH INC. - 10723 MAIN STREET, SUITE 135 - FAIRFAX, VA 22030	27-4158090	501(C)(3)	19,925.	0.	N/A	N/A	POVERTY RELIEF
CAPITAL CARING 2900 TELESTAR COURT FALLS CHURCH, VA 22042	54-1920770	501(C)(3)	19,550.	0.	N/A	N/A	GENERAL PURPOSE
VIRGINIA COMMONWEALTH UNIVERSITY 821 WEST FRANKLIN STREET RICHMOND, VA 23284	54-0757884	501(C)(3)	18,000.	0.	N/A	N/A	EDUCATION
FOSTER CARE TO SUCCESS 23811 CHAGRIN BLVD STE 210 CLEVELAND, OH 44122	52-1238437	501(C)(3)	15,700.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190	53-0204616	501(C)(3)	15,250.	0.	N/A	N/A	ENVIRONMENT

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CHRISTOPHER NEWPORT UNIVERSITY 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606	54-1156248	501(C)(3)	15,000.	0.	N/A	N/A	EDUCATION
FIVE TALENTS USA P.O. BOX 331 VIENNA, VA 22183	54-1940918	501(C)(3)	15,000.	0.	N/A	N/A	ECONOMIC DEVELOPMENT, NEW PROGRAM FUNDING
GLADNEY CENTER FOR ADOPTION 6300 JOHN RYAN DR FORT WORTH, TX 76132-4122	75-2532001	501(C)(3)	15,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
JUNIOR ACHIEVEMENT OF GREATER WASHINGTON - 911 18TH STREET, NW, SUITE 901 - WASHINGTON, DC 20006	54-0788947	501(C)(3)	15,000.	0.	N/A	N/A	FINANCE PARK FAIRFAX COUNTY STOREFRONT
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA, GA 30009	30-0209280	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL PURPOSE
PSI OF SIGMA CHI HOUSE CORP. FUND P. O. BOX 442100 LAWRENCE, KS 66044-2100	48-0550810	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL PURPOSE
SAN MIGUEL SCHOOL, INC. 7705 GEORGIA AVE NW WASHINGTON, DC 20012	20-5992349	501(C)(3)	15,000.	0.	N/A	N/A	EDUCATION
SPECIALLY ADAPTED RESOURCE CLUB (SPARC) - PO BOX 10797 - BURKE, VA 22009	20-5513060	501(C)(3)	15,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATION
ST. THOMAS MORE CATHOLIC CHURCH 2506 GULF GATE DRIVE SARASOTA, FL 34231	59-1992896	501(C)(3)	15,000.	0.	N/A	N/A	FAITH BASED

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TRAILS FORYOUTH.ORG 6109 FOX HILL ST SPRINGFIELD, VA 22150	47-0906586	501(C)(3)	15,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
URBAN LANDS INSTITUTE 2001 L STREET, NW, STE 200 WASHINGTON, DC 20036	53-0159845	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
WESLEY HOUSING & DEVELOPMENT CORPORATION OF NORTHERN VIRGINIA - 5515 CHEROKEE AVE - ALEXANDRIA, VA 22312	51-0155779	501(C)(3)	15,000.	0.	N/A	N/A	POVERTY RELIEF
YELLOW RIBBON FUND 4905 DEL RAY AVENUE, SUITE 500 BETHESDA, MD 20814	36-4567583	501(C)(3)	15,000.	0.	N/A	N/A	MILITARY/VETERAN/FAMILY SUPPORT
CAMPAGNA CENTER, INC. 418 SOUTH WASHINGTON STREET ALEXANDRIA, VA 22314	54-0534609	501(C)(3)	13,750.	0.	N/A	N/A	GENERAL PURPOSE, CHILD AND YOUTH DEVELOPMENT
BRITEPATHS 3959 PENDER DR, SUITE 200 FAIRFAX, VA 22030	52-1596259	501(C)(3)	13,000.	0.	N/A	N/A	POVERTY RELIEF
CITY OF SIERRA VISTA- SPORTS DIVISION - 1011 N. CORONADO DRIVE - SIERRA VISTA, AZ 85635	82-2082325	501(C)(3)	13,000.	0.	N/A	N/A	YOUTH SPORTS
MELWOOD HORTICULTURAL TRAINING CENTER, INC. - 5606 DOWER HOUSE ROAD - UPPER MARLBORO, MD 20772	52-0857690	501(C)(3)	13,000.	0.	N/A	N/A	MILITARY FAMILY SUPPORT
THE GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE, SUITE 340 ASHBURN, VA 20147	53-0196584	501(C)(3)	13,000.	0.	N/A	N/A	EDUCATION

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RESET PO BOX 9400 WASHINGTON, DC 20010	52-1913594	501(C)(3)	12,500.	0.	N/A	N/A	EDUCATION
SAFESPOT CHILDREN'S ADVOCACY CENTER OF FAIRFAX - P.O. BOX 148 - FAIRFAX, VA 22038	46-1358388	501(C)(3)	12,500.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
UNITED COMMUNITY MINISTRIES 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501(C)(3)	12,500.	0.	N/A	N/A	POVERTY RELIEF
CRU P.O. BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	12,250.	0.	N/A	N/A	GENERAL PURPOSE
CHARITIES AID FOUNDATION OF AMERICA - 225 REINEKERS LANE, STE 375 - ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	12,080.	0.	N/A	N/A	SUYAM CHARITABLE TRUST, INDIA, SEMBRANDO SUENOS
FRIENDS OF GUEST HOUSE 1 EAST LURAY AVENUE ALEXANDRIA, VA 22301-2025	51-0201327	501(C)(3)	12,000.	0.	N/A	N/A	POVERTY RELIEF
ST. ANDREW'S EPISCOPAL CHURCH 6509 SYDENSTRICKER ROAD BURKE, VA 22015	31-1629166	501(C)(3)	12,000.	0.	N/A	N/A	FATHI BASED
VICENTE FERRER FOUNDATION USA 1875 CONNECTICUT AVE NW, 10TH FLOOR WASHINGTON, DC 20009	46-2351926	501(C)(3)	12,000.	0.	N/A	N/A	CAPACITY BUILDING
GIRLS ON THE RUN NOVA 10301 DEMOCRACY LANE, SUITE 100 FAIRFAX, VA 22030	54-2026885	501(C)(3)	11,026.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT

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FALLS CHURCH MCLEAN CHILDREN'S CENTER - 7230 IDYLWOOD ROAD - FALLS CHURCH, VA 22043	54-0841262	501(C)(3)	11,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
PRINCETON UNIVERSITY P.O. BOX 591, PRINCETON UNIVERSITY PRINCETON, NJ 08542	21-0634501	501(C)(3)	11,000.	0.	N/A	N/A	EDUCATION
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY - 800 WASHINGTON STREET, SW, SUITE 150 - BLACKSBURG, VA 24061	54-0721690	501(C)(3)	11,000.	0.	N/A	N/A	EDUCATION
MAIN STREET CHILD DEVELOPMENT CENTER - 4401 SIDEBURN ROAD - FAIRFAX, VA 22030	54-1502179	501(C)(3)	10,640.	0.	N/A	N/A	EDUCATION
1ST STAGE 1524 SPRING HILL RD, SUITE LL, P.O. MCLEAN, VA 22102	26-0565070	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE
ARENA STAGE 1101 6TH STREET S.W. WASHINGTON, DC 20024	53-0246894	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE
BEACON FOR ADULT LITERACY 9535 LINTON HALL ROAD BRISTOW, VA 20136	54-0563007	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATION
BETHEL LUTHERAN CHURCH 2077 N FREDERICK PIKE WINCHESTER, VA 22603	54-0805796	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE
BOWEN MCCAULEY DANCE CENTER 818 N. QUINCY STREET, SUITE 104 ARLINGTON, VA 22203	54-1818423	501(C)(3)	10,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT

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CENTER FOR ALEXANDRIA'S CHILDREN, INC. - 1900 N. BEAUREGARD STREET, SUITE 200 - ALEXANDRIA, VA 22311	20-5295944	501(C)(3)	10,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
CENTRAL UNION MISSION P.O. BOX 36763 WASHINGTON, DC 20090-6763	53-0218650	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE
CHILD AND FAMILY NETWORK CENTER 3700 WHEELER AVE. ALEXANDRIA, VA 22304	54-1589809	501(C)(3)	10,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
CHILDREN'S SCIENCE CENTER 3949 PENDER DR, SUITE 120B FAIRFAX, VA 22030	90-0168625	501(C)(3)	10,000.	0.	N/A	N/A	RECYCLING AND WASTE MANAGEMENT EDUCATION
DIVE WARRIORS P.O. BOX 69265 LOS ANGELES, CA 90069	81-2288565	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE
EDU-FUTURO (EDUCACION PARA NUESTRO FUTURO) - 2110 WASHINGTON BLVD. - ARLINGTON, VA 22204	54-1914671	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATION
FAIRFAX COUNTY PARK FOUNDATION 12055 GOVERNMENT CENTER PARKWAY, SU FAIRFAX, VA 22035-5508	54-2019179	501(C)(3)	10,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
FIRST PRESBYTERIAN CHURCH OF HAMPTON - 514 S. ARMISTEAD AVE. - HAMPTON, VA 23669	54-0575802	501(C)(3)	10,000.	0.	N/A	N/A	ASSISTANCE TO SINGLE MOTHERS AND VICTIMS OF ABUSE
FRIENDS OF LOUDOUN MENTAL HEALTH P.O. BOX 4452 LEESBURG, VA 20177	51-0246519	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF

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GREENPEACE 702 H STREET NW, SUITE 300 WASHINGTON, DC 20001	52-1541501	501(C)(3)	10,000.	0.	N/A	N/A	ENVIRONMENTAL
HABITAT FOR HUMANITY - PRINCE WILLIAM COUNTY - P.O. BOX 3111 - MANASSAS, VA 20108	54-1721394	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF
HIGHER ACHIEVEMENT 317 8TH STREET, NE WASHINGTON, DC 20002-6107	52-1383374	501(C)(3)	10,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
HISPANICS AGAINST CHILD ABUSE AND NEGLECT - 205 S WHITING STREET SUITE 205 - ALEXANDRIA, VA 22304	54-1405697	501(C)(3)	10,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
HOWARD UNIVERSITY HOWARD UNIVERSITY, PO BOX 417853 BOSTON, MA 02241	53-0204707	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATION
INMED PARTNERSHIPS FOR CHILDREN 21630 RIDGETOP CIR, STE 130 STERLING, VA 20166	52-1482339	501(C)(3)	10,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
JOHN LELAND CENTER FOR THEOLOGICAL STUDIES - 1306 NORTH HIGHLAND STREET - ARLINGTON, VA 22201	54-1890249	501(C)(3)	10,000.	0.	N/A	N/A	FAITH BASED
LIBERTY'S PROMISE 2900 A JEFFERSON DAVIS HIGHWAY ALEXANDRIA, VA 22305	27-0058022	501(C)(3)	10,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT

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LOUDOUN LAURELS STEWARDSHIP TRUST P.O. BOX 183 LEESBURG, VA 20178	27-3682448	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE
LOUDOUN LITERACY COUNCIL 199 LIBERTY ST, SW LEESBURG, VA 20175	52-1227843	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATION
MANNA HOUSE, INC. 435 EAST 25TH STREET BALTIMORE, MD 21218	52-0822574	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF
MINDS INCORPORATED 4700 CONNECTICUT AVE NW, #408 WASHINGTON, DC 20008	46-3779255	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATION
MOBILE HOPE P.O. BOX 4135 ASHBURN, VA 20148	46-3053144	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE TAMPA, FL 33612-9416	59-3238636	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE
MOUNT VERNON LADIES' ASSOCIATION OF THE UNION - 3200 MOUNT VERNON MEMORIAL HIGHWAY - MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATION
MUSIC FOR LIFE 7453 LONG PINE DRIVE SPRINGFIELD, VA 22151-2816	27-2981666	501(C)(3)	10,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
NATIONAL INVENTORS HALL OF FAME 3701 HIGHLAND PARK NW NORTH CANTON, OH 44720	34-1580038	501(C)(3)	10,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT

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NOVA OUTSIDE P.O. BOX 42044 ARLINGTON, VA 22204	20-4286082	501(C)(3)	10,000.	0.	N/A	N/A	SEAS SHOWCASE
OAR - ARLINGTON 1400 N. UHLE STREET, SUITE 704 ARLINGTON, VA 22201	54-1024562	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF
OAR OF FAIRFAX COUNTY 10640 PAGE AVENUE, SUITE 250 FAIRFAX, VA 22030	54-0952630	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF
OPPORTUNITY INTERNATIONAL 550 WEST VAN BUREN STREET, SUITE 15 CHICAGO, IL 60607	47-0994982	501(C)(3)	10,000.	0.	N/A	N/A	HUMAN SERVICES
PHILADELPHIA CITY ROWING 450 PLYMOUTH RD, SUITE 305 PLYMOUTH MEETING, PA 19462	27-1522343	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE
PROJECT MEND-A-HOUSE 8787 COMMERCE CT MANASSAS, VA 20110	54-1733024	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF
REBUILDING TOGETHER ALEXANDRIA 700 PRINCESS ST, STE 206 ALEXANDRIA, VA 22314	54-1389286	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF
SEVEN LOAVES SERVICES, INC. P.O. BOX 1924 MIDDLEBURG, VA 20118	54-1689888	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF
SIGNATURE THEATRE, INC. 4200 CAMPBELL AVENUE ARLINGTON, VA 22206	62-1417785	501(C)(3)	10,000.	0.	N/A	N/A	ARTS

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SPACE OF HER OWN 520 KING ST ALEXANDRIA, VA 22314	30-0572179	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF
TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD, SUITE 300 FALLS CHURCH, VA 22042	54-1858176	501(C)(3)	10,000.	0.	N/A	N/A	POVERTY RELIEF
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	74-2245072	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATION
THE HOUSE, INC. 14001 CROWN COURT SUITE 105 WOODBIDGE, VA 22193	20-2947568	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATION
THE URBAN ALTERNATIVE PO BOX 4000 DALLAS, TX 75208	75-1835253	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
WESTSIDE ELEMENTARY SCHOOL 1011 EUGENE ST HOOD RIVER, OR 97031	93-6000502	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATION
WHEELS GLOBAL FOUNDATION 1614 WOODSTOCK LN RESTON, VA 20194	46-2376177	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE
YOUNG LIFE BALTIMORE 2220 CALLOW AVENUE BALTIMORE, MD 21217	84-0385934	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL PURPOSE
AMERICAN HORTICULTURAL SOCIETY 7931 EAST BOULEVARD DR ALEXANDRIA, VA 22308-1300	53-0226408	501(C)(3)	9,400.	0.	N/A	N/A	COMMUNITY/NEIGHBORHOOD DEVELOPMENT, IMPROVEMENTS

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ROSIE RIVETERS 1220 WILKES STREET ALEXANDRIA, VA 22314	47-4710197	501(C)(3)	9,288.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
BRAIN & BEHAVIOR RESEARCH FOUNDATION - 747 THIRD AVENUE, 33RD FLOOR - NEW YORK, NY 10017	31-1020010	501(C)(3)	9,054.	0.	N/A	N/A	NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION
NATIONAL ALLIANCE ON MENTAL ILLNESS - PO BOX 49104 - BALTIMORE, MD 21297	43-1201653	501(C)(3)	9,054.	0.	N/A	N/A	MENTAL HEALTH
TENNESSEE TECHNOLOGICAL UNIVERSITY FOUNDATION - TTU BOX 1915 - COOKEVILLE, TN 38505	59-1777911	501(C)(3)	9,000.	0.	N/A	N/A	EDUCATION
BOY SCOUTS OF AMERICA - NATIONAL CAPITAL AREA COUNCIL - 9190 ROCKVILLE PIKE - BETHESDA, MD 20814	53-0204610	501(C)(3)	8,500.	0.	N/A	N/A	2019 FRIENDS OF SCOUTING
JAMES MADISON UNIVERSITY 800 S. MAIN STREET HARRISONBURG, VA 22807	54-6001756	501(C)(3)	8,500.	0.	N/A	N/A	EDUCATION
GEORGETOWN UNIVERSITY 37TH & O STREET NW. G-19 HEALY HALL, BOX 571252 - WASHINGTON, DC 20057	53-0196603	501(C)(3)	8,000.	0.	N/A	N/A	EDUCATION
JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	8,000.	0.	N/A	N/A	EDUCATION
MARYMOUNT UNIVERSITY 2807 N. GLEBE ROAD, ROWLEY HALL, G1 ARLINGTON, VA 22207	54-0573801	501(C)(3)	8,000.	0.	N/A	N/A	EDUCATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI UNIVERSITY 501 E HIGH STREET OXFORD, OH 45056	31-6402089	501(C)(3)	8,000.	0.	N/A	N/A	EDUCATION
NORTHERN VIRGINIA FINE ARTS ASSOCIATION - 201 PRINCE STREET - ALEXANDRIA, VA 22314	54-0753662	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL PURPOSE
JOSH ANDERSON FOUNDATION 1300 CARPERS FARM WAY VIENNA, VA 22182	45-4313590	501(C)(3)	7,575.	0.	N/A	N/A	MENTAL HEALTH, CRISIS INTERVENTION, CHILD AND YOUTH DEVELOPMENT
ANIMAL WELFARE LEAGUE OF ALEXANDRIA - 4101 EISENHOWER AVE - ALEXANDRIA, VA 22304	54-0796610	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL PURPOSE
HOMELESS ANIMALS RESCUE TEAM P.O. BOX 7261 FAIRFAX STATION, VA 22039-7261	54-1564904	501(C)(3)	7,400.	0.	N/A	N/A	GENERAL PURPOSE
ALL AGES READ TOGETHER 8C SOUTH STREET SW LEESBURG, VA 20175	27-1118675	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL PURPOSE
CASA FAIRFAX 4103 CHAIN BRIDGE ROAD, SUITE 200 FAIRFAX, VA 22030	54-1555197	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL PURPOSE
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - 935 REDGATE AVENUE - NORFOLK, VA 23507	54-0506321	501(C)(3)	7,000.	0.	N/A	N/A	CHILD ABUSE PROGRAM
LITERACY VOLUNTEERS OF AMERICA-PRINCE WILLIAM, INC. - 4326 DALE BLVD #6 - WOODBRIDGE, VA 22193-2403	54-1590421	501(C)(3)	7,000.	0.	N/A	N/A	EDUCATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOVA LABS 1916 ISAAC NEWTON SQUARE WEST RESTON, VA 20190	45-3796580	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL PURPOSE
RADFORD UNIVERSITY 169 HETH HALL, RADFORD UNIVERSITY RADFORD, VA 24142	23-7219782	501(C)(3)	7,000.	0.	N/A	N/A	EDUCATION
STROKE COMEBACK CENTER 145 PARK STREET, SE VIENNA, VA 22180	54-2012975	501(C)(3)	7,000.	0.	N/A	N/A	REHABILITATIVE MEDICAL SERVICES
THE CULMORE CLINIC PO BOX 8332 FALLS CHURCH, VA 22041	30-0765570	501(C)(3)	7,000.	0.	N/A	N/A	MEDICAL CARE
THE FENWICK FOUNDATION 23 N FENWICK ST ARLINGTON, VA 22201	27-4879033	501(C)(3)	7,000.	0.	N/A	N/A	ORAL HEALTH
TOGETHER WE BAKE 3821 GRIFFITH PLACE ALEXANDRIA, VA 22304	47-2543526	501(C)(3)	7,000.	0.	N/A	N/A	EDUCATION
ARLINGTON ARTS CENTER 3550 WILSON BLVD. ARLINGTON, VA 22201	23-7382322	501(C)(3)	6,500.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
THE HAVEN FOR CHILDREN P.O. BOX 327 MELBOURNE, FL 32902	59-2722408	501(C)(3)	6,500.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
FACETS 10640 PAGE AVENUE, SUITE 300 FAIRFAX, VA 22030	54-1516266	501(C)(3)	6,445.	0.	N/A	N/A	POVERTY RELIEF

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY PO BOX 90759 DURHAM, NC 27708	56-0532129	501(C)(3)	6,000.	0.	N/A	N/A	EDUCATION
JAMESTOWN-YORKTOWN FOUNDATION, INC. - P.O. BOX 1607 - WILLIAMSBURG, VA 23187	31-1618642	501(C)(3)	6,000.	0.	N/A	N/A	CHILD AND YOUTH DEVELOPMENT
NATURE CONSERVANCY OF ALASKA 715 L STREET STE 100 ANCHORAGE, AK 99501	53-0242652	501(C)(3)	6,000.	0.	N/A	N/A	ENVIRONMENT
SECOND STORY P.O. BOX 694 DUNN LORING, VA 22027	54-0899463	501(C)(3)	6,000.	0.	N/A	N/A	POVERTY RELIEF
MIDDLEBURY COLLEGE MIDDLEBURY COLLEGE MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	5,900.	0.	N/A	N/A	EDUCATION
PINECREST SCHOOL 7209 QUIET COVE ANNANDALE, VA 22003	54-1055578	501(C)(3)	5,800.	0.	N/A	N/A	EDUCATION
THE WOMEN'S CENTER 133 PARK STREET, NE VIENNA, VA 22180	23-7423496	501(C)(3)	5,800.	0.	N/A	N/A	MENTAL HEALTH TREATMENT
CONGREGATION BETH EMETH 12523 LAWYERS ROAD HERNDON, VA 20171	54-1112795	501(C)(3)	5,570.	0.	N/A	N/A	FAITH BASED
UTICA COLLEGE 1600 BURRSTONE ROAD UTICA, NY 13502	16-1476258	501(C)(3)	5,510.	0.	N/A	N/A	EDUCATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE, MSN 1A3 FAIRFAX, VA 22030-4444	54-1603842	501(C)(3)	5,500.	0.	N/A	N/A	EDUCATION
HABITAT FOR HUMANITY OF NORTHERN VIRGINIA - 6295 EDSALL RD, SUITE 120 - ALEXANDRIA, VA 22312	54-1547367	501(C)(3)	5,500.	0.	N/A	N/A	POVERTY RELIEF
ACCOTINK UNITARIAN UNIVERSALIST CHURCH - 10125 LAKEHAVEN CT - BURKE, VA 22015	54-1160104	501(C)(3)	5,250.	0.	N/A	N/A	GENERAL PURPOSE
LIFE WITH CANCER 8411 PENNELL STREET FAIRFAX, VA 22031	54-1071867	501(C)(3)	5,050.	0.	N/A	N/A	GENERAL PURPOSE
ARLINGTON THRIVE P.O. BOX 7429 ARLINGTON, VA 22207	51-0207684	501(C)(3)	5,047.	0.	N/A	N/A	POVERTY RELIEF
ACHIEVEMENT REWARDS FOR COLLEGE SCIENCE FOUNDATION INC. - PO BOX 240 - ARTESIA, CA 90702-0240	23-7373079	501(C)(3)	5,000.	0.	N/A	N/A	FOR SCHOLARSHIP FUND AT THE METROPOLITAN WASHINGTON CHAPTER (MWC)
ALASKA PUBLIC MEDIA 3877 UNIVERSITY DRIVE ANCHORAGE, AK 99508-4676	23-7394629	501(C)(3)	5,000.	0.	N/A	N/A	EDUCATION
AMERICAN ART THERAPY ASSOCIATION 4875 EISENHOWER AVE., SUITE 240, ALEXANDRIA, VA 22304	36-3823033	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL PURPOSE
BALLET X 1923 WASHINGTON AVENUE PHILADELPHIA, PA 19146	23-1629970	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL PURPOSE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASANOVA-WARRENTON PONY CLUB 17990 TRANQUILITY ROAD PURCELLVILLE, VA 20132	52-1257702	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL PURPOSE
CHALLENGE PROGRAM, INC. 915 MENOHER BLVD, SUITE B JOHNSTOWN, PA 15905	20-1644028	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL PURPOSE
CHILDHELP, INC. 23164 DRAGON ROAD LIGNUM, VA 22726	95-2884608	501(C)(3)	5,000.	0.	N/A	N/A	ART THERAPY AND RELATED THERAPEUTIC PROGRAMS
COPPIN STATE UNIVERSITY 2500 WEST NORTH AVENUE BALTIMORE, MD 21216	23-7127440	501(C)(3)	5,000.	0.	N/A	N/A	EDUCATION
CULTURFIED FOUNDATION, INC. 400 MASSACHUSETTS AVE, NW, SUITE 13 WASHINGTON, DC 20009	47-1753491	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL PURPOSE
DECORATIVE ARTS TRUST 20 SOUTH OLIVE STREET, SUITE 204 MEDIA, PA 19063	23-2048668	501(C)(3)	5,000.	0.	N/A	N/A	EMERGING SCHOLARS PROGRAM
DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	5,000.	0.	N/A	N/A	DISASTER PREPAREDNESS AND RELIEF SERVICE
FORGET ME NOT ANIMAL RESCUE P.O. BOX 722 PLEASANT VIEW, TN 37146	26-2132121	501(C)(3)	5,000.	0.	N/A	N/A	ANIMAL RESCUE
GREAT FALLS VOLUNTEER FIRE DEPARTMENT - 9916 GEORGETOWN PIKE - GREAT FALLS, VA 22066	54-6055640	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL PURPOSE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY FAMILY CATHOLIC SCHOOL 2200 CALLOWAY ST. HILLCREST HEIGHTS, MD 20748	53-0257811	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL PURPOSE
HOPEWELL FUND 1201 CONNECTICUT AVE NW STE. 300 WASHINGTON, DC 20036	47-3681860	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL PURPOSE
LIBERTY UNIVERSITY P.O. BOX 10425 LYNCHBURG, VA 24515	54-0946734	501(C)(3)	5,000.	0.	N/A	N/A	EDUCATION
MUSEUM OF EARLY SOUTHERN DECOR 924 SOUTH MAIN STREET WINSTON-SALEM, NC 27101	56-0587289	501(C)(3)	5,000.	0.	N/A	N/A	EDUCATION
N STREET VILLAGE 1333 N STREET NW WASHINGTON, DC 20005	52-1007373	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL PURPOSE
NATIONAL ACADEMY OF SCIENCES 500 5TH STREET NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL PURPOSE
SO OTHERS MIGHT EAT 71 O STREET N.W. WASHINGTON, DC 20001	23-7098123	501(C)(3)	5,000.	0.	N/A	N/A	POVERTY RELIEF
ST. COLETTA OF GREATER WASHINGTON 1901 INDEPENDENCE AVE SE WASHINGTON, DC 20003	54-0968224	501(C)(3)	5,000.	0.	N/A	N/A	FAITH BASED
ST. STEPHEN'S AND ST. AGNES SCHOOL FOUNDATION - 400 FONTAINE STREET - ALEXANDRIA, VA 22302	54-6054009	501(C)(3)	5,000.	0.	N/A	N/A	EDUCATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USA FOR UNHCR PO BOC 97114 WASHINGTON, DC 20077	52-1662800	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL SUPPORT
WESTMONT COLLEGE 955 LA PAZ ROAD SANTA BARBARA, CA 93108	95-1684793	501(C)(3)	5,000.	0.	N/A	N/A	EDUCATION
WORLD CENTRAL KITCHEN P.O. BOX 392289 PITTSBURGH, PA 15251-9289	27-3521132	501(C)(3)	5,000.	0.	N/A	N/A	POVERTY RELIEF

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION FOR NORTHERN  
VIRGINIA, INC.**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

**MONITORING OF GRANTS:**

RECIPIENTS OF GRANTS FROM DISCRETIONARY FUNDS ARE REQUIRED TO SIGN AND RETURN A FORM, CONFIRMING THEIR RECEIPT OF THE CHECK AND THAT THEIR ORGANIZATION HAS PROVIDED NO BENEFITS, GOODS OR SERVICES TO THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA OR DONOR ADVISORS IN RETURN FOR THE GIFT. THEY ALSO CONFIRM THAT THE GRANT DOES NOT REPRESENT THE PAYMENT OF ANY PLEDGE OR OTHER FINANCIAL OBLIGATION OF ANY DONOR ADVISOR, MEMBER OF AN ADVISORY COMMITTEE, OR ANY RELATED PARTY OR ENTITY THAT THE FUNDS ARE BEING

Part IV Supplemental Information

USED FOR THE STATED PURPOSE. RECIPIENTS OF GRANTS FROM DISCRETIONARY FUNDS ARE REQUIRED TO SUBMIT A FINAL GRANT REPORT TO THE COMMUNITY FOUNDATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: INOVA HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH/MENTAL HEALTH AGING, KELLAR CENTER, INOVA NEUROSCIENCE COMPREHENSIVE STROKE PROGRAM, SINGLE ORGANIZATION SUPPORT, SHAR CANCER CENTER

NAME OF ORGANIZATION OR GOVERNMENT: GEORGE MASON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL FOR CONFLICT ANALYSIS AND RESOLUTION, LATIN AMERICAN FUND, VOLGENAU SCHOOL OF ENGINEERING, LINDA APPLE MONSON SCHOLARSHIP, EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL AREA FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE TO FURLOUGHED FEDERAL EMPLOYEES AND CONTRACTORS, EMERGENCY RELIEF, GOV'T SHUTDOWN RELIEF, IMMEDIATE NEED, K30 - FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM, MANASSAS PARK FAMILY MARKET 2018/ 2019, POP UP MARKETS FOR FURLOUGHED GOVERNMENT WORKERS

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.** Employer identification number **51-0232459**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2018

THE COMMUNITY FOUNDATION FOR NORTHERN  
VIRGINIA, INC.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EILEEN ELLSWORTH PRESIDENT AND CEO	(i)	178,750.	30,000.	0.	0.	28,510.	237,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for providing supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.** Employer identification number **51-0232459**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	25	16,664,801.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( AUCTION ITEMS )	X	15	114,137.	FAIR VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018



**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization	THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number	51-0232459
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

TO CRITICAL NEED AND SEED INNOVATION IN THE REGION. COMPRISED OF DONOR ADVISED FUNDS, DISCRETIONARY FUNDS, SCHOLARSHIP FUNDS, AND GIVING CIRCLES, WE HELP ENGAGE DONORS IN COMMUNITY, MEET COMMUNITY NEEDS WITH COMMUNITY RESOURCES, AND STRENGTHEN NORTHERN VIRGINIA.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

COMMUNITY, MEET COMMUNITY NEEDS WITH COMMUNITY RESOURCES, AND STRENGTHEN NORTHERN VIRGINIA. IN RECENT YEARS, THE COMMUNITY FOUNDATION HAS ALSO EMERGED AS AN IMPORTANT CONTRIBUTOR TO THE THOUGHT LEADERSHIP OF THE REGION. OUR INNOVATION BREAKFAST SERIES AND SHAPE OF THE REGION CONFERENCE SHOWCASE INNOVATIVE IDEAS FROM AROUND THE COUNTRY ON BUILDING COMMUNITY THROUGH PHILANTHROPY. WE PUBLISH DATA DRIVEN RESEARCH ON THE REAL, AS OPPOSED TO THE PERCEIVED, NEEDS OF THE REGION. WE CONVENE THE COMMUNITY TO HELP ADDRESS COMPLEX AND PERSISTENT SOCIAL ISSUES, HELPING TO BUILD CROSS SECTOR COLLABORATIONS AND MAKE BETTER DECISIONS ON HOW TO DISTRIBUTE OUR PRECIOUS LOCAL RESOURCES.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**

AWARDED TO PUBLIC SCHOOLS TO SUPPORT PROGRAMS THAT PROMOTE BETTER NUTRITION OR ENCOURAGE MORE ACTIVITY FOR THEIR STUDENTS. AND OUR PERMANENT FUND IS A PERMANENT COMMUNITY ENDOWMENT INTENDED TO BE A FOREVER SOURCE OF CRITICAL SUPPORT FOR OUR REGION.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**GIVING CIRCLES: THE COMMUNITY FOUNDATION CURRENTLY HOSTS 4 GIVING**

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization	THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number	51-0232459
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CIRCLES, INCLUDING THE GIVING CIRCLE OF HOPE, A GIVING CIRCLE CREATING POSITIVE CHANGE IN NORTHERN VIRGINIA THROUGH ENGAGED AND COLLECTIVE PHILANTHROPY, THE LOUDOUN IMPACT FUND, A GIVING CIRCLE FOR LOUDOUN DONORS SUPPORTING LOUDOUN BASED CAUSES, AND THE BUSINESS WOMEN'S GIVING CIRCLE, A GIVING CIRCLE FOR LOCAL WOMEN WHO SUPPORT ORGANIZATIONS PREPARING GIRLS AND WOMEN FOR CAREER AND FINANCIAL SUCCESS.

EXPENSES \$ 147,106. INCLUDING GRANTS OF \$ 147,106. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER OF THE ORGANIZATION IS RESPONSIBLE FOR THE REVIEW AND PRESENTATION OF THE FORM 990 TO THE ORGANIZATION'S BOARD OF DIRECTORS. APPROVAL OF THE FORM 990 IS MADE BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS REQUIRED TO BE SIGNED AND UPDATED ANNUALLY BY EACH DIRECTOR, COMMITTEE AND STAFF MEMBER OF THE ORGANIZATION. EACH DIRECTOR AND STAFF MEMBER IS UNDER AN OBLIGATION TO THE FOUNDATION TO INFORM THEM OF ANY CONFLICT OF INTEREST. ANY TRANSACTION INVOLVING A POSSIBLE CONFLICT OF INTEREST SHALL BE APPROVED BY THE BOARD OF DIRECTORS, OR BY A COMMITTEE THEREOF AUTHORIZED UNDER THE BYLAWS OF THE FOUNDATION TO DO SO. THE PRESIDENT SHALL BE RESPONSIBLE FOR THE APPLICATION AND INTERPRETATION OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD AND EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL COMPENSATION REVIEW OF THE PRESIDENT'S SALARY AND SETS IT FOR THE NEXT YEAR. DETAILS OF THIS DELIBERATION ARE DOCUMENTED IN THE MEETING MINUTES.

Name of the organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ITS OWN WEBSITE.

FORM 990, PART XII, LINE 2C

THE PROCESS DID NOT CHANGE FROM THE PRIOR YEAR. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITORS AND OVERSIGHT OF THE INDEPENDENT AUDIT.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE														
7	FURNITURE	06/30/88	SL	7.00		16	726.				726.	726.		0.	726.
8	FURNITURE	06/30/91	SL	7.00		16	1,151.				1,151.	1,151.		0.	1,151.
9	EQUIPMENT	06/30/92	SL	3.00		16	396.				396.	396.		0.	396.
10	FURNITURE	06/30/93	SL	7.00		16	606.				606.	606.		0.	606.
11	BINDING MACHINE	05/18/94	SL	5.00		16	209.				209.	209.		0.	209.
12	LAP TOP	06/30/95	SL	5.00		16	1,800.				1,800.	1,800.		0.	1,800.
13	486 COMPUTER	06/30/95	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
14	HARD DRIVE	06/30/95	SL	5.00		16	150.				150.	150.		0.	150.
15	FAX MACHINE	06/30/95	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
16	RICHO COPIER	05/24/94	SL	5.00		16	432.				432.	432.		0.	432.
17	HP LASERJET PRINTER	06/30/96	SL	5.00		16	281.				281.	281.		0.	281.
18	LASER PRINTER	08/01/97	SL	5.00		16	878.				878.	878.		0.	878.
19	EQUIPMENT	06/01/98	SL	5.00		16	5,114.				5,114.	5,114.		0.	5,114.
20	AMERICAN OFFICE-HERMAN MILLER WORKSTATION	06/06/16	SL	3.00		16	1,733.				1,733.	1,203.		530.	1,733.
38	MAMMOTH OFFICE FURNITURE	06/11/18	SL	7.00		16	461.				461.	5.		66.	71.
39	MAMMOTH OFFICE FURNITURE	06/11/18	SL	7.00		16	338.				338.	4.		48.	52.
40	OFFICE DEPOT FURNITURE - CONFERENCE CHAIRS	06/11/18	SL	7.00		16	1,700.				1,700.	20.		243.	263.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
41	OFFICE DEPOT FURNITURE - EXECUTIVE CHAIR	06/11/18	SL	7.00		16	130.				130.	2.		19.	21.
42	WALMART - WATER COOLER	06/14/18	SL	3.00		16	309.				309.	9.		103.	112.
44	MAMMOTH OFFICE FURNITURE	06/01/18	SL	7.00		16	1,519.				1,519.	18.		217.	235.
47	MAMMOTH OFFICE FURNITURE - PRESIDENT'S OFFICE	07/31/18	SL	7.00		16	844.				844.			121.	121.
48	MAMMOTH OFFICE FURNITURE - PRESIDENT'S OFFICE	08/30/18	SL	7.00		16	1,362.				1,362.			178.	178.
49	OFFICE DEPOT FURNITURE - 2 BLACK CONFERENCE CHAIRS	09/30/18	SL	7.00		16	256.				256.			30.	30.
	* 990 PAGE 10 TOTAL - FURNITURE						22,395.				22,395.	15,004.		1,555.	16,559.
	EQUIPMENT														
21	DELL INSPIRON NOTEBOOK COMPUTER	03/22/01	SL	5.00		16	1,987.				1,987.	1,987.		0.	1,987.
22	DELL DIMENSION COMPUTER (WHITE)	03/22/01	SL	5.00		16	1,746.				1,746.	1,746.		0.	1,746.
23	DELL DIMENSION COMPUTER BLK-ACCTG	01/31/03	SL	5.00		16	1,272.				1,272.	1,272.		0.	1,272.
24	DELL DIMENSION COMPUTER BLK-GALA	04/07/03	SL	5.00		16	1,192.				1,192.	1,192.		0.	1,192.
25	IBM THINKPAD #1 - PRESIDENT	05/31/05	SL	5.00		16	1,690.				1,690.	1,690.		0.	1,690.
26	IBM THINKPAD #2 - ADMINISTRATOR	05/31/05	SL	5.00		16	1,690.				1,690.	1,690.		0.	1,690.
27	BLACKBAUD INC. - SOFTWARE LICENSE	12/01/05	SL	3.00		16	17,109.				17,109.	17,109.		0.	17,109.
28	THINKPAD T400 (UNASSIGNED)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
29	THINKPAD T400 (DIR GRANTS)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
30	THINKPAD T400 (MARKETING)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	THINKPAD T400 (ACCOUNTING)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
32	THINKPAD T400 (VICE PRESIDENT)	06/07/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
33	THINKPAD T400 (PRESIDENT)	05/20/11	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
34	THINKPAD T400 (G&S MANAGER)	05/20/11	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
35	8X8 PHONE SYSTEM	03/31/13	SL	3.00		16	1,325.				1,325.	1,325.		0.	1,325.
36	HP LASERJET MFP	06/07/15	SL	5.00		16	3,913.				3,913.	2,413.		783.	3,196.
37	HP LASERJET MFP	06/07/15	SL	5.00		16	400.				400.	246.		80.	326.
50	ORION COMMUNICATIONS - CONFERENCE ROOM TV	09/30/18	SL	5.00		16	2,349.				2,349.			392.	392.
	* 990 PAGE 10 TOTAL - EQUIPMENT						43,907.				43,907.	39,904.		1,255.	41,159.
	LEASEHOLD IMPROVEMENT														
4	HOME DEPOT - OAKTON OFFICE KITCHEN	02/28/13	SL	3.00		16	2,295.				2,295.	2,295.		0.	2,295.
5	ACORN & ASSOCIATES - OAKTON OFFICE BUILDOUT	03/31/13	SL	3.00		16	11,894.				11,894.	11,894.		0.	11,894.
6	COMMUNICATIONS SYSTEM - OAKTON OFFICE WIRING	03/31/13	SL	3.00		16	1,892.				1,892.	1,892.		0.	1,892.
43	ACORN & ASSOCIATES - OAKTON OFFICE BUILDOUT UNIT 202	05/04/18	SL	5.00		16	20,960.				20,960.	700.		4,191.	4,891.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENT						37,041.				37,041.	16,781.		4,191.	20,972.
	* GRAND TOTAL 990 PAGE 10 DEPR						103,343.				103,343.	71,689.		7,001.	78,690.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						98,532.			0.	98,532.	71,689.			77,969.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						4,811.			0.	4,811.	0.			721.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						103,343.			0.	103,343.	71,689.			78,690.
	ENDING ACCUM DEPR											78,690.			
	ENDING BOOK VALUE											24,653.			

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

# 2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>2940 HUNTER MILL ROAD, NO. 201</b> City or town, state or province, country, and ZIP or foreign postal code <b>OAKTON, VA 22124</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>51-0232459</b>  <b>E</b> Unrelated business activity code (See instructions.) <b>541800</b>
---	---------------	---	--

<b>C</b> Book value of all assets at end of year <b>72,458,387.</b>	<b>F</b> Group exemption number (See instructions.) ▶ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **ADVERTISING**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **EILEEN ELLSWORTH** Telephone number ▶ **(703) 879-7640**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b> 3,675.		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 3,675.	<b>2,402.</b>	<b>1,273.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>1,273.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>0.</b>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	<b>0.</b>

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

<b>Part III Total Unrelated Business Taxable Income</b>			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

<b>Part IV Tax Computation</b>			
39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	0.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

<b>Part V Tax and Payments</b>			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits.</b> Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	<b>Total payments.</b> Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	55	

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT AND CEO**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **ANDREW E. YOUNG, CPA** Preparer's signature: **ANDREW E. YOUNG, CPA** Date: \_\_\_\_\_ Check  if self-employed PTIN: **P01203950**

Firm's name: **RENNER AND COMPANY, CPA, P.C.** Firm's EIN: **54-1498950**

Firm's address: **700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314** Phone no.: **703-535-1200**

**2018 Virginia Corporation  
 Income Tax Return**



FISCAL or Attention: Return must be filed electronically. Use this form only if you have an approved waiver.  
 SHORT Year Filer: Beginning Date JULY 1, 2018 ; Ending Date JUNE 30, 2019  
 Short Year Return  Change in Accounting Period

Official Use Only

FEIN <b>51-0232459</b>		Name <b>THE COMMUNITY FOUNDATION FOR NORTHE VIRGINIA, INC.</b>		Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Mailing Address <b>2940 HUNTER MILL ROAD, NO. 201</b>					
City or Town <b>OAKTON</b>		State <b>VA</b>	ZIP Code <b>22124</b>		
Physical Address (if different from Mailing Address)				Entity Type Code <b>NP</b>	
Physical City or Town		State	ZIP Code <b>541800</b>		
Date Incorporated	State or Country of Incorporation	Description of Business Activity <b>ADVERTISING</b>			

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
<input type="checkbox"/> Consolidated - Sch. 500AC Enclosed <input type="checkbox"/> Combined - Sch. 500AC Enclosed <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Sch. 500A Enclosed <input type="checkbox"/> Schedule 500AB Enclosed <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed Enter number of affiliates _____	<input type="checkbox"/> Final Return - Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date _____ <input type="checkbox"/> Merged Merger Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Effective _____	Enter amount from Form 500T, Line 7: _____ <b>.00</b> <hr/> <b>Noncorporate Telecommunications Company</b> Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ <b>.00</b> <hr/> <b>Electric Supplier Company</b> Enter amount from Sch. 500EL, Line 7 or 14: _____ <b>.00</b> <hr/> <b>Home Service Contract Provider</b> Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. _____ <b>.00</b>
<b>Amended Return</b> (Do not file this form to carry back a net operating loss. Use Form 500NOLD) <input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Enclose copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes <input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other - Enclose explanation.		

**Questions and Related Information**

**A.** Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.  
 Enter exception amount from Schedule 500AB, Line 8. **A.** \_\_\_\_\_ **.00**

**B.** Coalfield Employment Enhancement Tax Credit earned from 2018 Form 306, Line 11. **B.** \_\_\_\_\_ **.00**

**C.** If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.  
 (1) Year of Loss \_\_\_\_\_  
 (2) Federal NOL \_\_\_\_\_  
 (3) Percent of federal NOL used this year \_\_\_\_\_ %  
 FEIN \_\_\_\_\_  
 (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

**D.** If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. **D.** \_\_\_\_\_

**E.** Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).  
 Year **E.** \_\_\_\_\_  
 Year \_\_\_\_\_  
 Year \_\_\_\_\_

**F.** Location of corporation's books 2940 HUNTER MILL ROAD, SUITE  
 Contact for corporation's books EILEEN ELLSWORTH Contact Phone Number (703) 879-7640

**2018 Virginia Form 500**

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**INCOME**

1. Federal taxable income (from enclosed federal return) .....	1.	0 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7 .....	2.	.00
3. Total (add Lines 1 and 2) .....	3.	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10 .....	4.	.00
5. Balance (subtract Line 4 from Line 3) .....	5.	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions) .....	6.	.00
7. <b>Virginia taxable income</b> (subtract Line 6 from Line 5) .....	7.	.00

**TAX COMPUTATION**

8. <b>Apportionable Income (Schedule 500A Filers)</b> - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) .....	8(a)	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g) .....	8(b)	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) .....	8(c)	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) .....	8(d)	.00
9. <b>Income tax</b> (6% of Line 7 or 6% of Line 8(a)) .....	9.	0 .00

**PAYMENTS AND CREDITS**

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B .....	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9) .....	11.	.00
12. 2018 estimated Virginia income tax payments including overpayment credit from 2017 .....	12.	.00
13. Extension payment .....	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A .....	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D .....	15.	.00
16. <b>Total payments and credits</b> (add Lines 12 through 15) .....	16.	.00

**REFUND OR TAX DUE**

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) .....	17.	.00
18. Penalty (see instructions) .....	18.	.00
19. Interest (see instructions) .....	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C) .....	20.	.00
21. <b>Total due</b> (add Lines 17 through 20) .....	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) .....	22.	.00
23. Amount to be credited to 2019 estimated tax .....	23.	.00
24. <b>Amount to be refunded</b> (subtract Line 23 from Line 22) .....	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. →

Date	Signature of Officer	Title <b>PRESIDENT AND CEO</b>
Printed Name of Officer <b>EILEEN ELLSWORTH</b>		Phone Number <b>(703) 879-7640</b>
Print Preparer's Name and Firm Name <b>ANDREW E. YOUNG, CPA RENNER AND COMPANY, CPA, P.C</b>		Preparer Phone Number <b>703-535-1200</b>
Date	Individual or Firm, Signature of Preparer	Address of Preparer <b>700 NORTH FAIRFAX ST, SUIT ALEXANDRIA, VA 22314</b>
Preparer's FEIN, PTIN, or SSN <b>P01203950</b>		Approved Vendor Code <b>1019</b>

**IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN**

Corporation Schedule of  
Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.  
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return THE COMMUNITY FOUNDATION FOR NORTHERN FEIN 51-0232459

**Form 1120 - Deductions and Taxable Income**

1. Reserved for Future Use .....	1.	XXXXXXXXXXXXXXXXXXXXXX
2. Federal Taxable Income before NOL and Special Deductions .....	2.	_____ .00
3. Net Operating Loss Deduction .....	3.	_____ .00
4. Special Deductions .....	4.	_____ 1000 .00
5. Federal Taxable Income after NOL and Special Deductions .....	5.	_____ .00

**Form 1120, Schedule C - Dividends and Special Deductions**

6. Subpart F Income .....	6.	_____ .00
7. Gross-Up for Foreign Taxes Deemed Paid .....	7.	_____ .00

**Form 1120, Schedule K or M-1**

8. Tax Exempt Interest .....	8.	_____ .00
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**Form 5884 - Work Opportunity Credit**

9. Salaries and Wages not deducted due to the WOTC .....	9.	_____ .00
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**Form 4562 - Special Depreciation Allowance and Other Depreciation**

10. Special depreciation allowance for qualified property placed in service during the taxable year .....	10.	_____ .00
11. Property subject to 168(f)(1) election .....	11.	_____ .00
12. Other depreciation .....	12.	_____ 7001 .00

**Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss**

13. Total: Dividends (Exclude Gross-up) .....	13.	_____ .00
14. Total: Dividends (Gross-up) .....	14.	_____ .00
15. Total: Inclusions (Exclude Gross-up) .....	15.	_____ .00
16. Total: Inclusions (Gross-up) .....	16.	_____ .00
17. Total: Interest .....	17.	_____ .00
18. Total: Gross Rents, Royalties, and License Fees .....	18.	_____ .00
19. Total: Gross Income from Performance of Services .....	19.	_____ .00
20. Total: Other .....	20.	_____ .00
21. Total: Total Gross Income or Loss from Outside the US .....	21.	_____ .00

**Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions**

22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization .....	22.	_____ .00
23. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses .....	23.	_____ .00
24. Total: Allocable - Expenses Related to Gross Income from Performance of Services .....	24.	_____ .00
25. Total: Allocable - Other Allocable Deductions .....	25.	_____ .00
26. Total: Total Allocable Deductions .....	26.	_____ .00
27. Total: Apportioned Share of Deductions .....	27.	_____ .00
28. Total: Net Operating Loss Deduction .....	28.	_____ .00
29. Total: Total Deductions .....	29.	_____ .00

**Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income**

30. Total: Total Income or (Loss) Before Adjustments .....	30.	_____ .00
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