

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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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	<u>14,668,948.</u>
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 2019 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 2019 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 2019 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 ▶ *EJ Ellsworth* Date ▶ 11/18/2020

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 2019 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 ▶ *Andrew* Date ▶ 11/13/20

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

Form 990
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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	C Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2940 HUNTER MILL ROAD 201 City or town, state or province, country, and ZIP or foreign postal code OAKTON, VA 22124 F Name and address of principal officer: EILEEN ELLSWORTH SAME AS C ABOVE	D Employer identification number 51-0232459 E Telephone number (703) 879-7640 G Gross receipts \$ 39,719,378. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFNOVA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1978 M State of legal domicile: VA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA GROWS PHILANTHROPY TO RESPOND TO NEED, SEED	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 22
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 12
6	Total number of volunteers (estimate if necessary)	6 22
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b 0.
8	Contributions and grants (Part VIII, line 1h)	20,058,694. 10,594,056.
9	Program service revenue (Part VIII, line 2g)	675,873. 709,080.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,707,510. 3,324,811.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,831. 41,001.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,494,908. 14,668,948.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,401,320. 13,059,928.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	802,991. 842,572.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 389,704.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,380,238. 1,448,362.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,584,549. 15,350,862.
19	Revenue less expenses. Subtract line 18 from line 12	16,910,359. -681,914.
20	Total assets (Part X, line 16)	72,458,387. 71,072,105.
21	Total liabilities (Part X, line 26)	249,441. 288,902.
22	Net assets or fund balances. Subtract line 21 from line 20	72,208,946. 70,783,203.

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 EILEEN ELLSWORTH, PRESIDENT AND CEO Type or print name and title	Date			
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 <input type="checkbox"/>	PTIN P01203950
	Firm's name ▶ RENNER AND COMPANY CPA, P.C.	Firm's EIN ▶ 54-1498950			
	Firm's address ▶ 700 NORTH FAIRFAX STREET SUITE 400 ALEXANDRIA, VA 22314		Phone no. (703) 535-1200		

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

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Form 990 (2019)

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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 \$ 11,103,814. including grants of \$ 9,664,022.) (Revenue \$ 709,080.) 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, 2020, THE COMMUNITY FOUNDATION HELD 170 SEPARATE DONOR ADVISED FUNDS THAT AWARDED \$9,664,022 IN TOTAL GRANTS.

4b (Code:) (Expenses \$ 354,040. including grants of \$ 354,040.) (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, 2020, THE COMMUNITY FOUNDATION AWARDED \$354,040 IN TOTAL SCHOLARSHIPS TO 111 STUDENTS.

4c (Code:) (Expenses \$ 2,881,261. including grants of \$ 2,881,261.) (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 on Schedule O.) (Expenses \$ 160,605. including grants of \$ 160,605.) (Revenue \$)

4e Total program service expenses 14,499,720.

Form 990 (2019)

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 donor-restricted endowments or in 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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?		

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		12
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?		
	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		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 on 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
1a	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 on Schedule O.		
	1a 22		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements 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. See instructions for the order in which to list the persons above.

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

(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) CINDY ANDREOTTI CHAIR	2.00	X		X				0.	0.	0.
(2) CATHERINE SCHOTT MURRAY VICE CHAIR	2.00	X		X				0.	0.	0.
(3) HELAINE WEISSMAN TREASURER	2.00	X		X				0.	0.	0.
(4) MARC WISHKOFF SECRETARY	2.00	X		X				0.	0.	0.
(5) DAVID ARMSTRONG DIRECTOR	1.00	X						0.	0.	0.
(6) BRANDON ELLEDGE DIRECTOR	1.00	X						0.	0.	0.
(7) ANITA GUPTA DIRECTOR	1.00	X						0.	0.	0.
(8) CHERYL JANEY DIRECTOR	1.00	X						0.	0.	0.
(9) ROBERT KIPPS DIRECTOR	1.00	X						0.	0.	0.
(10) HARRY KLAFF DIRECTOR	1.00	X						0.	0.	0.
(11) KAREN MCWILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(12) MELINDA MERK DIRECTOR	1.00	X						0.	0.	0.
(13) BERNARD MUSTAFA 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) JULIE SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(17) PAUL SINGH DIRECTOR	1.00	X						0.	0.	0.

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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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) JOSH STILLMAN DIRECTOR	1.00	X						0.	0.	0.
(19) DONALD STREHLE DIRECTOR	1.00	X						0.	0.	0.
(20) MITCH WEINTRAUB DIRECTOR	1.00	X						0.	0.	0.
(21) GEORGE WILSON DIRECTOR	1.00	X						0.	0.	0.
(22) JOHN WOLFF DIRECTOR	1.00	X						0.	0.	0.
(23) GINO ZACCARDELLI GENERAL COUNSEL	1.00			X				0.	0.	0.
(24) EILEEN ELLSWORTH PRESIDENT AND CEO	40.00			X				215,400.	0.	21,427.
1b Subtotal								215,400.	0.	21,427.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								215,400.	0.	21,427.

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 former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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**

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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	377,587.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,216,469.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,754,263.			
	h Total. Add lines 1a-1f			10,594,056.			
Program Service Revenue	2 a FUND FEE INCOME		Business Code				
			900099	709,080.	709,080.		
	b						
	c						
	d						
	e						
	g Total. Add lines 2a-2f			709,080.			
Other Revenue	3			1,776,331.		1,776,331.	
	4						
	5						
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				26,429,940.			
	b	Less: cost or other basis and sales expenses	7b	24,881,460.			
c	Gain or (loss)	7c	1,548,480.				
d Net gain or (loss)			1,548,480.		1,548,480.		
8 a		Gross income from fundraising events (not including \$ 377,587. of contributions reported on line 1c). See Part IV, line 18	8a	194,948.			
b		Less: direct expenses	8b	168,970.			
c Net income or (loss) from fundraising events			25,978.		25,978.		
9 a		Gross income from gaming activities. See Part IV, line 19	9a				
b		Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a		Gross sales of inventory, less returns and allowances	10a				
b		Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME		Business Code				
			900099	15,023.		15,023.	
	b						
	c						
	e Total. Add lines 11a-11d			15,023.			
12 Total revenue. See instructions			14,668,948.	709,080.	0.	3,365,812.	

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

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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 ...	13,059,928.	13,059,928.		
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	234,220.	81,977.	70,266.	81,977.
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	553,126.	193,594.	165,938.	193,594.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,140.	399.	342.	399.
10 Payroll taxes	54,086.	18,930.	16,226.	18,930.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	22,226.		22,226.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	704,567.	704,567.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	33,803.	2,051.	1,901.	29,851.
12 Advertising and promotion	5,517.			5,517.
13 Office expenses	34,278.	3,116.	31,162.	
14 Information technology	83,078.	18,027.	62,438.	2,613.
15 Royalties				
16 Occupancy	33,780.		33,780.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,277.		1,831.	446.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,500.		6,500.	
23 Insurance	9,501.		9,501.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK AND INVESTMENT MAN	400,895.	389,585.	4,101.	7,209.
b OTHER	49,028.	15,713.	12,315.	21,000.
c PRINTING AND POSTAGE	21,210.	8,631.	1,439.	11,140.
d DUES, SUBSCRIPTIONS AND	18,199.		16,379.	1,820.
e All other expenses _____	23,503.	3,202.	5,093.	15,208.
25 Total functional expenses. Add lines 1 through 24e	15,350,862.	14,499,720.	461,438.	389,704.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <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
Assets	1 Cash - non-interest-bearing	1,290,131.	1	434,899.
	2 Savings and temporary cash investments	3,318.	2	592,389.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	14,000.	4	25,700.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	52,406.	9	34,833.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 103,343.		
	b Less: accumulated depreciation	10b 85,190.	10c	18,153.
	11 Investments - publicly traded securities	71,056,691.	11	69,941,695.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	17,188.	15	24,436.
16 Total assets. Add lines 1 through 15 (must equal line 33)	72,458,387.	16	71,072,105.	
Liabilities	17 Accounts payable and accrued expenses	61,463.	17	78,709.
	18 Grants payable	35,500.	18	37,132.
	19 Deferred revenue	152,478.	19	41,300.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	131,761.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	249,441.	26	288,902.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	66,656,172.	27	65,293,393.
	28 Net assets with donor restrictions	5,552,774.	28	5,489,810.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	72,208,946.	32	70,783,203.
	33 Total liabilities and net assets/fund balances	72,458,387.	33	71,072,105.

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THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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	14,668,948.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,350,862.
3	Revenue less expenses. Subtract line 2 from line 1	3	-681,914.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72,208,946.
5	Net unrealized gains (losses) on investments	5	-743,829.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	70,783,203.

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 on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on Schedule O and describe any steps taken to undergo such audits		

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

2019

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 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6195880.	12777571.	13578890.	20058694.	10594056.	63205091.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6195880.	12777571.	13578890.	20058694.	10594056.	63205091.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20133402.
6 Public support. Subtract line 5 from line 4.						43071689.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	6195880.	12777571.	13578890.	20058694.	10594056.	63205091.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	911,077.	797,612.	1260454.	1719313.	1776331.	6464787.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,875.	16,975.	5,700.	11,700.	15,023.	57,273.
11 Total support. Add lines 7 through 10						69727151.
12 Gross receipts from related activities, etc. (see instructions)					12	3,380,585.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	61.77 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	57.14 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 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? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	Distributable Amount. 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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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 for the latest information.

OMB No. 1545-0047

2019

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, 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 THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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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/>	\$ 1,005,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,004,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 703,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 500,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 482,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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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	<hr/> <hr/> <hr/>	\$ <u>387,688.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>369,529.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>263,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>252,463.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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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	500 SHARES ALLSTATE CORP _____ _____ _____	\$ <u>50,990.</u>	<u>08/26/19</u>
1	752 SHARES EXXON MOBIL CORP _____ _____ _____	\$ <u>50,752.</u>	<u>08/26/19</u>
1	1,200 SHARES INTEL CORP _____ _____ _____	\$ <u>53,952.</u>	<u>08/26/19</u>
1	760 SHARES JOHNSON & JOHNSON _____ _____ _____	\$ <u>97,075.</u>	<u>08/26/19</u>
1	448 SHARES PROCTER & GAMBLE CO _____ _____ _____	\$ <u>52,559.</u>	<u>08/26/19</u>
7	882 SHARES OF SPDR S&P 500 ETF TRUST _____ _____ _____	\$ <u>281,878.</u>	<u>12/18/19</u>

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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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
7	96 SHARES INVESCO EXCHANGE-TRADED _____ _____ _____	\$ 19,082.	12/20/19
7	892 SHARES SELECT SECTOR SPDR TR _____ _____ _____	\$ 81,127.	12/20/19
11	1,668 SHARES MICROSOFT CORP _____ _____ _____	\$ 250,083.	12/06/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

OMB No. 1545-0047

2019

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	169	60
2 Aggregate value of contributions to (during year)	6,726,296.	2,515,903.
3 Aggregate value of grants from (during year)	9,838,741.	2,675,268.
4 Aggregate value at end of year	56,164,552.	10,958,511.
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 (for example, 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? Yes No

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)? Yes No

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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 FASB 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) 2019

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 make 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 program
 - 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	5,552,774.	5,566,429.	5,535,902.	5,366,819.	5,732,487.
b Contributions				530.	529.
c Net investment earnings, gains, and losses	2,178,216.	302,815.	363,946.	460,855.	-24,011.
d Grants or scholarships	2,096,980.	142,270.	180,675.	158,156.	216,545.
e Other expenditures for facilities and programs					
f Administrative expenses	144,200.	174,200.	152,744.	134,146.	125,641.
g End of year balance	5,489,810.	5,552,774.	5,566,429.	5,535,902.	5,366,819.

- 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 25.16 %
 - c Term endowment 74.85 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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.	25,164.	11,877.
d Equipment		43,907.	42,420.	1,487.
e Other		22,395.	17,606.	4,789.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,153.

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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)	
Total. (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 FASB 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	13,404,275.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-743,829.	
b	Donated services and use of facilities	2b	14,753.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-729,076.	
3	Subtract line 2e from line 1	3	14,133,351.	
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	704,567.	
b	Other (Describe in Part XIII.)	4b	-168,970.	
c	Add lines 4a and 4b	4c	535,597.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,668,948.	

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	14,830,018.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	14,753.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	168,970.	
e	Add lines 2a through 2d	2e	183,723.	
3	Subtract line 2e from line 1	3	14,646,295.	
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	704,567.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	704,567.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,350,862.	

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, 2020. 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 THAT 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

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	1	Gross receipts	572,535.		572,535.
	2	Less: Contributions	377,587.		377,587.
	3	Gross income (line 1 minus line 2)	194,948.		194,948.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	11,733.		11,733.
	6	Rent/facility costs			
	7	Food and beverages	92,658.		92,658.
	8	Entertainment			
	9	Other direct expenses	64,579.		64,579.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				25,978.

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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	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	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	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: _____

**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 for the latest information.**

OMB No. 1545-0047

2019

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115-5000	04-1679980	501(C)(3)	3,000,000.	0.	N/A	N/A	GRADUATE PROGRAM DEVELOPMENT
DREXEL UNIVERSITY 3141 CHESTNUT ST, SUITE 310 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	1,000,000.	0.	N/A	N/A	CHAPEL LEADERSHIP PROGRAM AT LEBOW COLLEGE
THE PENNSYLVANIA STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	500,000.	0.	N/A	N/A	CHAPEL EXECUTIVE INTERNSHIP PROGRAM
VIRGINIA HOSPITAL CENTER FOUNDATION - 1701 N GEORGE MASON DRIVE - ARLINGTON, VA 22205	20-4129901	501(C)(3)	425,000.	0.	N/A	N/A	DEWBERRY FAMILY ENDOWMENT FOR SPECIALIZED TRAINING
INOVA HEALTH FOUNDATION 8110 GATEHOUSE ROAD SUITE 200 EAST FALLS CHURCH, VA 22042-1210	54-1071867	501(C)(3)	310,636.	0.	N/A	N/A	INOVA SCHAR CANCER INSTITUTE, INOVA KELLAR CENTER, EMERGENCY PREPAREDNESS FUND, FACT,
MOUNTAINSIDE MONTESSORI SCHOOL 4206 BELVOIR RD MARSHALL, VA 20115	27-2412529	501(C)(3)	270,000.	0.	N/A	N/A	DIRECTOR OF DEVELOPMENT, MODULAR UNIT PURCHASE AND SUSTAINING OPERATIONS, MATCHING GRANT CAMPAIGN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 294.**

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) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION FOR NORTHERN
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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
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE CASHIER'S OFF FAIRFAX, VA 22030	54-1603842	501(C)(3)	247,276.	0.	N/A	N/A	LINDA A MONSON ENDOWED SCHOLARSHIP FUND, 2019 SCHOLARSHIP AWARD, DEWBERRY SOUTHSIDE
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE, SUITE 10 OAKTON, VA 22124	54-0791977	501(C)(3)	235,250.	0.	N/A	N/A	STRIKES FOR STRONGER FAMILIES, FAMILY SERVICES, GENERAL CAPACITY, COVID-19
LIVING HOPE EVANGELICAL PRESBYTERIAN CHURCH - 14000 HOLCREST CT - HAYMARKET, VA 20169	51-0580243	501(C)(3)	150,000.	0.	N/A	N/A	BUILDING HOPE FUND
AUGUSTANA UNIVERSITY 2001 SOUTH SUMMIT AVE SIOUX FALLS, SD 57197	46-0224588	501(C)(3)	150,000.	0.	N/A	N/A	AUGIE ACCESS
UPPERVILLE COLT AND HORSE SHOW PO BOX 239 UPPERVILLE, VA 20185	23-7390149	501(C)(3)	120,000.	0.	N/A	N/A	GENERAL SUPPORT
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501(C)(3)	100,000.	0.	N/A	N/A	GENERAL CAPACITY
COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES - PO BOX 342 - LEESBURG, VA 20178	54-1950727	501(C)(3)	92,560.	0.	N/A	N/A	100WOMENSTRONG LONG TERM IMPACT FUND, 100WOMENSTRONG PAY IT FORWARD LOAN PROGRAM,
CAPITAL CARING 3180 FAIRVIEW PARK DRIVE HEADQUARTERS, SUITE 500 - FALLS CHURCH, VA 22042	54-1920770	501(C)(3)	81,050.	0.	N/A	N/A	COVID-19 EMERGENCY MEALS FOR HOMEBOUND PATIENTS, PUZZLE BOOK FOR LOW INCOME SENIORS, PATIENT
EPILEPSY FOUNDATION 8301 PROFESSIONAL PLACE EAST, SUITE LANDOVER, MD 20785	52-0856660	501(C)(3)	80,000.	0.	N/A	N/A	RESEARCH INITIATIVES, GENERAL SUPPORT

Schedule I (Form 990)

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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
NORTHERN VIRGINIA COMMUNITY COLLEGE - 4001 WAKEFIELD CHAPEL ROAD - ANNANDALE, VA 22003	51-0249730	501(C)(3)	75,739.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON - 200 N GLEBE RD, SUITE 250 - ARLINGTON, VA 22203	54-0515706	501(C)(3)	70,000.	0.	N/A	N/A	CENSUS 2020 & CIVIC ENGAGEMENT EFFORTS IN MANASSAS, COVID-19 RESPONSE, COVID-19
UNITED COMMUNITY MINISTRIES 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501(C)(3)	69,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA, GENERAL CAPACITY, EMERGENCY ASSISTANCE
GEORGE MASON UNIVERSITY FOUNDATION, INC - 4400 UNIVERSITY DRIVE, MS 2E1 - FAIRFAX, VA 22030-4444	54-1603842	501(C)(3)	60,000.	0.	N/A	N/A	STEPHEN S. FULLER INSTITUTE, CENTER FOR INNOVATION AND ENTREPRENEURSHIP, GENERAL
CASA DE VIRGINIA 8151 15TH AVE HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	60,000.	0.	N/A	N/A	FOR COVID-19 RELIEF EFFORTS, INDEPENDENCE SERVICES
UNIVERSITY OF VIRGINIA STUDENT FINANCIAL SERVICES P.O. BOX 400204, 1001 NORTH EMMET STREET - CHARLO	54-1682176	501(C)(3)	53,800.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD, FONTAINE RESILIENCE GARDEN
ARLINGTON THRIVE PO BOX 7429 ARLINGTON, VA 22207	51-0207684	501(C)(3)	53,500.	0.	N/A	N/A	EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH), INCOME RELIEF DURING CORONAVIRUS
RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON - 81 GADSDEN STREET - CHARLESTON, SC 29401	57-0724845	501(C)(3)	50,000.	0.	N/A	N/A	CAPITAL CAMPAIGN
EDU-FUTURO (EDUCACION PARA NUESTRO FUTURO) - SYPHAX EDUCATION CENTER 2110 WASHINGTON BLVD - ARLINGTON, VA 22204	54-1914671	501(C)(3)	50,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS, CENSUS 2020 AND CIVIC ENGAGEMENT EFFORTS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
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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
LAKE CHRISTIAN MINISTRIES, INC. PO BOX 695 13157 S OLD MONETA ROAD MONETA, VA 24121-0695	54-2034650	501(C)(3)	50,000.	0.	N/A	N/A	DENTAL/DENTURES PROGRAM
HEALTH TANZANIA FOUNDATION 1300 CRYSTAL DRIVE, #605 ARLINGTON, VA 22202	45-5468614	501(C)(3)	49,000.	0.	N/A	N/A	GENERAL CAPACITY
FOOD FOR OTHERS 2938 PROSPERITY AVENUE FAIRFAX, VA 22031	54-1777157	501(C)(3)	45,500.	0.	N/A	N/A	GENERAL CAPACITY, COVID-19 RESPONSE FOR NORTHERN VIRGINIA
LOUDOUN CITIZENS FOR SOCIAL JUSTICE, INC./ LOUDOUN ABUSED WOMEN'S SHELTER - 105 EAST MARKET STREET - LEESBURG, VA 20176	54-1282756	501(C)(3)	43,988.	0.	N/A	N/A	WILLIAM AND MARY STUDENT SCHOARSHIP, FAMILY VIOLENCE SHELTERS AND SERVICES, GENERAL
ALIVE! 2723 KING STREET ALEXANDRIA, VA 22302	54-0914017	501(C)(3)	40,000.	0.	N/A	N/A	EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)
TIDES FOUNDATION P.O. BOX 399389 SAN FRANCISCO, CA 94139-9389	51-0198509	501(C)(3)	40,000.	0.	N/A	N/A	NAACP LOUDOUN UNIT #: 7084 COVID-19 RELIEF EFFORTS
THE CULMORE CLINIC PO BOX 8332 FALLS CHURCH, VA 22041	30-0765570	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL CAPACITY, COVID-19 PANDEMIC
THE HOUSE, INC. 14000 CROWN COURT SUITE 105 WOODBIDGE, VA 22193	20-2947568	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL CAPACITY, YOUTH DEVELOPMENT PROGRAMS, COVID-19 RESPONSE FOR NORTHERN VIRGINIA
LORTON COMMUNITY ACTION CENTER PO BOX 154 LORTON, VA 22199-0154	51-0181451	501(C)(3)	39,500.	0.	N/A	N/A	FAMILY IN NEED, EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH), COVID-19 RESPONSE FOR NORTHERN

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BEACON FOR ADULT LITERACY 9535 LINTON HALL ROAD BRISTOW, VA 20136	54-0563007	501(C)(3)	37,500.	0.	N/A	N/A	CENSUS 2020 AND CIVIC ENGAGEMENT EFFORTS, ADULT, CONTINUING ED, COVID-19 RELIEF EFFORTS
FRIENDS OF GUEST HOUSE 1 EAST LURAY AVENUE ALEXANDRIA, VA 22301-2025	51-0201327	501(C)(3)	36,500.	0.	N/A	N/A	IN HONOR OF SECOND GUEST HOUSE OPENING, GENERAL CAPACITY, HUMAN SERVICE ORGANIZATIONS
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVENUE NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	36,310.	0.	N/A	N/A	GENERAL CAPACITY, 2020 RIDESHARE INITIATIVE, FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD SUITE 252 - ANNANDALE, VA 22003	51-0249730	501(C)(3)	35,500.	0.	N/A	N/A	COVID-19 EMERGENCY STUDENT AID FUND
NAKASEC (NATIONAL KOREAN AMERICAN SERVICE & EDUCATION CONSORTIUM) - 4304 EVERGREEN LANE SUITE 104 - ANNANDALE, VA 22003	87-0752611	501(C)(3)	35,315.	0.	N/A	N/A	PROMOTIONAL AND DISPLAY MATERIALS FOR WORKSHOPS AND COMMUNITY OUTREACH EVENTS (INCLUDING CENSUS
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	53-0204616	501(C)(3)	35,000.	0.	N/A	N/A	GENERAL CAPACITY
INSIGHT MEMORY CARE CENTER 3953 PENDER DRIVE SUITE 100 FAIRFAX, VA 22030	52-1361974	501(C)(3)	35,000.	0.	N/A	N/A	G83 - ALZHEIMER'S
FOUNDATION FOR FAIRFAX COUNTY PUBLIC SCHOOLS - 8115 GATEHOUSE ROAD, ROOM 5101 - FALLS CHURCH, VA 22042	36-4674229	501(C)(3)	35,000.	0.	N/A	N/A	GET2GREEN FUNDING, COVID-19 RESPONSE FOR NORTHERN VIRGINIA
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	GENERAL CAPACITY

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HISPANICS AGAINST CHILD ABUSE AND NEGLECT - PO BOX 1803 - FALLS CHURCH, VA 22041	54-1405697	501(C)(3)	33,474.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS, GENERAL CAPACITY
NEW MEXICO SCHOOL FOR THE ARTS - ART INSTITUTE - 275 EAST ALAMEDA STREET - SANTA FE, NM 87501	26-4764395	501(C)(3)	32,000.	0.	N/A	N/A	GENERAL CAPACITY
HYDE PARK UNITED METHODIST CHURCH 500 WEST PLATT ST TAMPA, FL 33606	31-1813333	501(C)(3)	31,350.	0.	N/A	N/A	PORTICO CAMPUS
THE WOMEN'S CENTER 133 PARK STREET, NE VIENNA, VA 22180	23-7423496	501(C)(3)	30,855.	0.	N/A	N/A	F30 - MENTAL HEALTH TREATMENT, GENERAL CAPACITY
THE ARC OF LOUDOUN 601 CATOCTIN CIRCLE, NE LEESBURG, VA 20176	54-0835314	501(C)(3)	30,000.	0.	N/A	N/A	MEET THE NEEDS DURING THE CORONAVIRUS PANDEMIC, GENERAL CAPACITY
ARLINGTON FREE CLINIC 2921 11TH STREET S ARLINGTON, VA 22204	54-1671883	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL CAPACITY, SINGLE ORGANIZATION SUPPORT
ALZHEIMER'S ASSOCIATION, NATIONAL CAPITAL AREA CHAPTER - 8180 GREENSBORO DRIVE SUITE 400 - MCLEAN, VA 22102	13-3039601	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL CAPACITY
AAKOMA PROJECT 1101 N GLEBE ROAD SUITE 1010 ARLINGTON, VA 22201	83-4378040	501(C)(3)	30,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
AMARA LEGAL CENTER PO BOX 15255 WASHINGTON, DC 20003	46-3819394	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL CAPACITY

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MIAMI UNIVERSITY 301 S CAMPUS AVE OXFORD, OH 45056	31-6402089	501(C)(3)	30,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD, EMERGENCY NEEDS FUND
MOUNT VERNON LADIES' ASSOCIATION OF THE UNION - PO BOX 110 - MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL CAPACITY
PIEDMONT ENVIRONMENTAL COUNCIL 316 F STREET NE SUITE 200 WASHINGTON, DC 20002	54-0935569	501(C)(3)	30,000.	0.	N/A	N/A	COALITION FOR SMARTER GROWTH
ARCADIA FOOD, INC. 9000 RICHMOND HIGHWAY ALEXANDRIA, VA 22309	27-3611614	501(C)(3)	27,600.	0.	N/A	N/A	K31 - FOOD BANKS, FOOD PANTRIES, SOLAR PANELS AND RELATED UPGRADES
LA COCINA VA 1500 N GLEBE ROAD ARLINGTON, VA 22207	46-2037695	501(C)(3)	27,000.	0.	N/A	N/A	GENERAL CAPACITY, COVID-19 RELIEF EFFORTS
PATRICK HENRY FAMILY SERVICES 1621 ENTERPRISE DR LYNCHBURG, VA 24502	54-0660819	501(C)(3)	26,700.	0.	N/A	N/A	GENERAL CAPACITY
FACETS 10700 PAGE AVENUE BUILDING B FAIRFAX, VA 22030	54-1516266	501(C)(3)	26,500.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA, HOMELESS SERVICES/CENTERS
ACADEMY OF THE HOLY NAMES OF FLORIDA, INC. - 3319 BAYSHORE BLVD - TAMPA, FL 33629	59-0910354	501(C)(3)	26,500.	0.	N/A	N/A	ANNUAL FUND, SCHOLARSHIP PROGRAM
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	GENERAL CAPACITY

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SECOND STORY PO BOX 694 DUNN LORING, VA 22027	54-0899463	501(C)(3)	26,000.	0.	N/A	N/A	GENERAL CAPACITY, TEMPORARY SHELTER FOR THE HOMELESS, COVID-19 RESPONSE FOR NORTHERN
YOUTH FOR TOMORROW 11835 HAZEL CIRCLE DRIVE BRISTOW, VA 20136	52-1342268	501(C)(3)	26,000.	0.	N/A	N/A	O99 - OTHER YOUTH DEVELOPMENT N.E.C. , GENERAL CAPACITY
COMMUNITY LODGINGS, INC. 3912 ELBERT AVENUE, SUITE 108 ALEXANDRIA, VA 22305	54-1428495	501(C)(3)	25,300.	0.	N/A	N/A	L80 - OTHER HOUSING SUPPORT SERVICES, GENERAL CAPACITY
ECOACTION ARLINGTON 3308 S STAFFORD STREET ARLINGTON, VA 22206	54-1094546	501(C)(3)	25,200.	0.	N/A	N/A	GENERAL CAPACITY
COMMUNITY RESIDENCES, INC. 14160 NEWBROOK DRIVE CHANTILLY, VA 20151	54-1004092	501(C)(3)	25,000.	0.	N/A	N/A	P82 - DEVELOPMENTALLY DISABLED SERVICES/ CENTERS
CONGREGATION ADAT REYIM 6500 WESTBURY OAKS COURT SPRINGFIELD, VA 22152	52-1301562	501(C)(3)	25,000.	0.	N/A	N/A	RUJUVENATION OF SYNAGOGUE
VOLUNTEERS OF AMERICA CHESAPEAKE 7901 ANNAPOLIS ROAD LANHAM, MD 20706	52-1870737	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL CAPACITY
YELLOW RIBBON FUND PO BOX 41048 BETHESDA, MD 20824	36-4567583	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL CAPACITY
RECOVERY PROGRAM SOLUTIONS OF VIRGINIA - 11616 AMARA PLACE - WOODBIDGE, VA 22192-7414	45-2910746	501(C)(3)	25,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA

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PRS, INC. 10455 WHITE GRANITE DRIVE, SUITE 40 OAKTON, VA 22124	54-0880899	501(C)(3)	25,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
WESTERN FAIRFAX CHRISTIAN MINISTRIES - PO BOX 220802 - CHANTILLY, VA 20153	54-1606629	501(C)(3)	25,000.	0.	N/A	N/A	COVID-19 RESPONSE FUND FOR NORTHERN VIRGINIA
TRILLIUM CENTER 13184 CENTERPOINTE WAY WOODBIDGE, VA 22193	65-1309922	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL CAPACITY
PATHWAY HOMES 10201 FAIRFAX BLVD, SUITE 200 FAIRFAX, VA 22030	54-1041459	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL CAPACITY
PHOENIX HOUSE OF THE MID-ATLANTIC 200 NORTH GLEBE ROAD ARLINGTON, VA 22203	54-1835296	501(C)(3)	25,000.	0.	N/A	N/A	L20 - HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT
NEIGHBORHOOD HEALTH VA 6677 RICHMOND HWY ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	25,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
CHILD AND FAMILY NETWORK CENTER 3700 WHEELER AVE ALEXANDRIA, VA 22304	54-1589809	501(C)(3)	25,000.	0.	N/A	N/A	P30 - CHILDREN'S AND YOUTH SERVICES
ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM - PO BOX 74 - DUMFRIES, VA 22026	54-0897679	501(C)(3)	25,000.	0.	N/A	N/A	P62 - VICTIMS' SERVICES
BRIDGES TO INDEPENDENCE 46 S GLEBE ROAD, SUITE 201 ARLINGTON, VA 22204	54-1368484	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL CAPACITY

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BETHANY HOUSE OF NORTHERN VIRGINIA ADMINISTRATIVE OFFICE, 6601 LITTLE RIVER TURNPIKE, SUITE 110 - ALEXANDRIA, V	51-0252177	501(C)(3)	25,000.	0.	N/A	N/A	L41- TEMPORARY SHELTER FOR THE HOMELESS
BALLETX 1923 WASHINGTON AVENUE PHILADELPHIA, PA 19146	23-1629970	501(C)(3)	25,000.	0.	N/A	N/A	BUILDING FUND
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 CAPACITY
DOORWAYS FOR WOMEN AND FAMILIES PO BOX 100185 ARLINGTON, VA 22210	54-1087829	501(C)(3)	25,000.	0.	N/A	N/A	P85 - HOMELESS SERVICES/ CENTERS
GPW HEALTH CENTER 4379 RIDGEWOOD CENTER DRIVE, SUITE WOODBIDGE, VA 22192	83-0435138	501(C)(3)	25,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
HEALTHWORKS FOR NORTHERN VIRGINIA 163 FORT EVANS ROAD NE LEESBURG, VA 20176	20-2379419	501(C)(3)	25,000.	0.	N/A	N/A	E21 - COMMUNITY HEALTH SYSTEMS
LOUDOUN FREE CLINIC 224-A CORNWALL STREET NW LEESBURG, VA 20176	54-1921059	501(C)(3)	25,000.	0.	N/A	N/A	E30 - HEALTH TREATMENT FACILITIES (PRIMARILY OUTPATIENT)
ROSIE RIVETERS 1220 WILKES STREET ALEXANDRIA, VA 22314	47-4710197	501(C)(3)	24,148.	0.	N/A	N/A	BWGC GRANT, GENERAL CAPACITY
VIRGINIA COMMONWEALTH UNIVERSITY 1015 FLOYD AVENUE, HARRIS HALL, FIRST FLOOR, BOX 843036 - RICHMOND, VA 23284	54-0757884	501(C)(3)	23,200.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD

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HOPKINS HOUSE 5904 RICHMOND HWY - SUITE #525 ALEXANDRIA, VA 22303	54-0525701	501(C)(3)	22,000.	0.	N/A	N/A	GENERAL CAPACITY, PRESCHOOL SCHOLARSHIP FUND, COVID-19 RELIEF EFFORTS
BLUE STAR FAMILIES PO BOX 230637 ENCINITAS, CA 92023-0637	80-0369895	501(C)(3)	21,000.	0.	N/A	N/A	GENERAL CAPACITY
CENTREVILLE IMMIGRATION FORUM PO BOX 81 CENTREVILLE, VA 20122	46-3065114	501(C)(3)	21,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS, GENERAL CAPACITY
WORLD CENTRAL KITCHEN 1342 FLORIDA AVE NW WASHINGTON, DC 20009	27-3521132	501(C)(3)	21,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS, GENERAL CAPACITY
CHILDREN'S SCIENCE CENTER 3949 PENDER DR, SUITE 120B FAIRFAX, VA 22030	90-0168625	501(C)(3)	20,500.	0.	N/A	N/A	2019 BWGC GRANT, GENERAL CAPACITY
VIRGINIANS ORGANIZED FOR INTERFAITH COMMUNITY ENGAGEMENT (VOICE) - 4444 ARLINGTON BLVD - ARLINGTON, VA 22204	27-1207254	501(C)(3)	20,300.	0.	N/A	N/A	SOCIAL JUSTICE IN PW COUNTY, COVID-19 RELIEF EFFORTS
NORTHERN PIEDMONT COMMUNITY FOUNDATION - 321 WALKER DRIVE - WARRENTON, VA 20186	31-1742955	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
PRINCE WILLIAM CONSERVATION ALLIANCE - P.O. BOX 6351 - WOODBIDGE, VA 22195	38-3653371	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
PRISON FELLOWSHIP MINISTRIES P.O. BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY

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ASSAM FOUNDATION OF NORTH AMERICA, INC. - 4391 MCMENEMY ST. - VADNAIS HEIGHT, MN 55127	61-0994468	501(C)(3)	20,000.	0.	N/A	N/A	SNEHALAYA GIRLS QUALITY EDUCATION PROGRAM
TENANTS AND WORKERS UNITED 3801 MT. VERNON AVENUE ALEXANDRIA, VA 22305	54-1515305	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
RISING HOPE UNITED METHODIST MISSION CHURCH - 8220 RUSSELL ROAD - ALEXANDRIA, VA 22309	54-1769526	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
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	DAVID AND CAROL YOUNG SCHOLARSHIP
THE DEMOCRACY COLLABORATIVE FOUNDATION - 1422 EUCLID AVENUE, SUITE 1652 - CLEVELAND, OH 44115	20-0387511	501(C)(3)	20,000.	0.	N/A	N/A	2020 INNOVATION FUND GRANT
THE HEALTH WAGON P.O. BOX 7070 WISE, VA 24293	04-3739083	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 PANDEMIC
COMMUNITIES IN SCHOOLS OF NORTHERN VIRGINIA - PO BOX 3512 - ALEXANDRIA, VA 22302	46-3063331	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
COMMUNITY FOUNDATION FOR GREATER RICHMOND - P.O. BOX 76495 - BALTIMORE, MD 21275-6495	23-7009135	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
THE JACKSON LABORATORY PO BOX 254 BAR HARBOR, ME 04069	01-0211513	501(C)(3)	20,000.	0.	N/A	N/A	EMPLOYEE EMERGENCY RESPONSE FUND

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VIRGINIA COALITION FOR IMMIGRANT RIGHTS (VACIR) - P.O. BOX 8042 - ALEXANDRIA, VA 22306	81-4184814	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
LOUDOUN HUNGER RELIEF, INC. 750 MILLER DRIVE, SUITE A-1 LEESBURG, VA 20175	54-1591635	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
LULAC INSTITUTE (LEAGUE OF UNITED LATIN AMERICAN CITIZENS INSTITUTE) - 1133 19TH ST NW, SUITE 1000 - WASHINGTON, DC 20036	74-6090399	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
LUTHERAN SOCIAL SERVICES OF THE NATIONAL CAPITAL AREA - 4406 GEORGIA AVENUE, NW - WASHINGTON, DC 20011	53-0207407	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL, INC. - 901 S HIGHLAND STREET - ARLINGTON, VA 22204	52-1308986	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
COMMUNITY FOUNDATION OF NORTHERN SHENANDOAH VALLEY - 411 N CAMERON STREET - WINCHESTER, VA 22601	26-0008332	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
COMMUNITY FOUNDATION OF THE RAPPAHANNOCK RIVER REGION - 725 JACKSON STREET, SUITE 114 - FREDERICKSBURG, VA 22401	54-1843987	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
HOMESTRETCH, INC. 303 SOUTH MAPLE AVE, SUITE 400 FALLS CHURCH, VA 22046	54-1894391	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
NATIONAL COALITION OF 100 BLACK WOMEN PRINCE WILLIAM COUNTY CHAPTER - P.O. BOX 1166 - DUMFRIES, VA 22026	80-0798354	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS

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NUEVA VIDA, INC. 801 N. PITT STREET, #113 ALEXANDRIA, VA 22314	54-1943145	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
OAR OF FAIRFAX COUNTY 10700 PAGE AVENUE, SUITE 200 FAIRFAX, VA 22030	54-0952630	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
JESUIT HIGH SCHOOL 4701 N. HIMES AVE TAMPA, FL 33614	53-0196617	501(C)(3)	20,000.	0.	N/A	N/A	B20 - ELEMENTARY, SECONDAY ED
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	GENERAL CAPACITY, VAN METRE COMPANIES PROFESSORSHIP IN CARDIOLOGY
CHRIST CENTRAL MINISTRIES, INC. 1711 PENDLETON STREET COLUMBIA, SC 29201	57-1128230	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
ARLINGTON ARTS CENTER 3550 WILSON BLVD. ARLINGTON, VA 22201	23-7382322	501(C)(3)	20,000.	0.	N/A	N/A	2019 AND 2020 PUBLIC ART GRANT
PROJECT MEND-A-HOUSE 8787 COMMERCE CT. MANASSAS, VA 20110	54-1733024	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY, L20 - HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT
AUTISM SOCIETY 4340 EAST WEST HIGHWAY, SUITE 350 BETHESDA, MD 20814	52-1020149	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY

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FUTURE KINGS, INC. 17949 MAIN STREET, SUITE 159 DUMFRIES, VA 22026	46-5254881	501(C)(3)	19,500.	0.	N/A	N/A	GENERAL CAPACITY, SUMMER STEM
SAFESPOT CHILDREN'S ADVOCACY CENTER OF FAIRFAX - 4031 CHAIN BRIDGE ROAD, SUITE 201 - FAIRFAX, VA 22030	46-1358388	501(C)(3)	18,000.	0.	N/A	N/A	GENERAL CAPACITY, CHILDREN'S AND YOUTH SERVICES
ARLINGTON FOOD ASSISTANCE CENTER PO BOX 6261 ARLINGTON, VA 22206	54-1473207	501(C)(3)	17,250.	0.	N/A	N/A	GENERAL CAPACITY, GENERAL SUPPORT, HOPE AGAINST HUNGER 2019, BACKPACK PROGRAM
TOGETHER WE BAKE 212 SOUTH WASHINGTON ST. ALEXANDRIA, VA 22314	47-2543526	501(C)(3)	17,000.	0.	N/A	N/A	GENERAL CAPACITY
BRINGING RESOURCES TO AID WOMEN'S SHELTER - 114 COURTHOUSE RD. - VIENNA, VA 22180	47-3961191	501(C)(3)	17,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS, GENERAL CAPACITY
BRITEPATHS 3959 PENDER DR., SUITE 200 FAIRFAX, VA 22030	52-1596259	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL CAPACITY, EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	15,250.	0.	N/A	N/A	GENERAL SUPPORT, GENERAL CAPACITY
YEAR UP NATIONAL CAPITAL REGION 1901 S BELL ST. STE 100 ARLINGTON, VA 22202	04-3534407	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
YMCA OF METROPOLITAN WASHINGTON 1112 16TH STREET, SUITE 720 WASHINGTON, DC 20037	53-0207403	501(C)(3)	15,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA

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DULLES SOUTH FOOD PANTRY 24757 ARCOLA MILLS DRIVE DULLES, VA 20166	47-2847067	501(C)(3)	15,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
EASTER SEALS DC MD VA 1420 SPRING STREET SILVER SPRING, MD 20910	53-0212296	501(C)(3)	15,000.	0.	N/A	N/A	ADVOCACY 2020, FAMILY SERVICES
FIVE TALENTS USA PO BOX 9760 RICHMOND, VA 23228	54-1940918	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY, SOUTH SUDAN EFFORTS
GOOD NEWS JAIL AND PRISON MINISTRY P.O. BOX 9760 RICHMOND, VA 23228	54-0703077	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA, GA 30009	30-0209280	501(C)(3)	15,000.	0.	N/A	N/A	AGF MEMORIAL FUND #104500
LEGAL SERVICES OF NORTHERN VIRGINIA - 10700 PAGE AVENUE, SUITE 100 - FAIRFAX, VA 22030	54-1137931	501(C)(3)	15,000.	0.	N/A	N/A	DISABLED PERSONS' RIGHTS
JERNIGAN FOUNDATION PO BOX 11268 OLYMPIA, WA 98508	20-8111798	501(C)(3)	15,000.	0.	N/A	N/A	ITHEMBA SCHOOL IN AFRICA
HERNDON-RESTON FISH, INC. 1141 ELDEN STREET, SUITE 200 HERNDON, VA 20170	23-7417414	501(C)(3)	15,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
ACCA CHILD DEVELOPMENT CENTER 7200 COLUMBIA PIKE, SUITE 2 ANNANDALE, VA 22003	54-0836157	501(C)(3)	15,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA

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CORNERSTONES, INC. 11150 SUNSET HILLS ROAD, SUITE 210 RESTON, VA 20190	54-1037615	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
FAIRFAX COURT APPOINTED SPECIAL ADVOCATES - 4103 CHAIN BRIDGE ROAD, SUITE 200 - FAIRFAX, VA 22030	54-1555197	501(C)(3)	15,000.	0.	N/A	N/A	PREVENTION OF CHILD ABUSE
SCAN OF NORTHERN VIRGINIA 205 S. WHITING STREET, SUITE 205 ALEXANDRIA, VA 22304	54-1473693	501(C)(3)	15,000.	0.	N/A	N/A	CHILDREN'S AND YOUTH SERVICES
SAN MIGUEL SCHOOL, INC. 7705 GEORGIA AVE NW WASHINGTON, DC 20012	20-5992349	501(C)(3)	15,000.	0.	N/A	N/A	SAN MIGUEL ANNUAL SCHOLARSHIP BENEFIT
SPECIALLY ADAPTED RESOURCE CLUB (SPARC) - PO BOX 10797 - BURKE, VA 22009	20-5513060	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
URBAN LANDS INSTITUTE 2001 L STREET, NW, SUITE 200 WASHINGTON, DC 20036	53-0159845	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
UNITED METHODIST FAMILY SERVICES 5400 SHAWNEE ROAD, SUITE 101 ALEXANDRIA, VA 22312	54-0505969	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
THE STUTTERING ASSOCIATION FOR THE YOUNG - 247 WEST 37TH STREET, 5TH FLOOR - NEW YORK, NY 10018	33-1049070	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL COVID-19 SUPPORT
CAMPAGNA CENTER, INC. 418 SOUTH WASHINGTON STREET ALEXANDRIA, VA 22314	54-0534609	501(C)(3)	14,000.	0.	N/A	N/A	GENERAL SUPPORT

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FOSTER CARE TO SUCCESS 23811 CHAGRIN BLVD SUITE 210 CLEVELAND, OH 44122	52-1238437	501(C)(3)	13,900.	0.	N/A	N/A	GENERAL CAPACITY
SALVATION ARMY NATIONAL HEADQUARTERS - 615 SLATERS LANE - ALEXANDRIA, VA 22314	22-2406433	501(C)(3)	13,000.	0.	N/A	N/A	GENERAL CAPACITY
THE COLLEGE OF WILLIAM AND MARY 108 BLOW MEMORIAL HALL, P.O. BOX 87 WILLIAMSBURG, VA 23187	54-0734117	501(C)(3)	12,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
CRU P.O. BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL CAPACITY
ST. ANDREW'S EPISCOPAL CHURCH 6509 SYDENSTRICKER ROAD BURKE, VA 22015	31-1629166	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL SUPPORT
JAMES MADISON UNIVERSITY 800 S. MAIN STREET HARRISONBURG, VA 22807	54-6001756	501(C)(3)	11,800.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
ST. PATRICK'S CATHOLIC CHURCH 4101 NORBECK ROAD ROCKVILLE, MD 20853	52-0847510	501(C)(3)	11,500.	0.	N/A	N/A	GENERAL CAPACITY, CAPITAL CAMPAIGN
CHRISTOPHER NEWPORT UNIVERSITY 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606	54-1156248	501(C)(3)	11,500.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD, GENERAL SUPPORT, SPRING 2020 SCHOLARSHIP
SIGNATURE THEATRE, INC. 4200 CAMPBELL AVENUE ARLINGTON, VA 22206	62-1417785	501(C)(3)	11,000.	0.	N/A	N/A	GENERAL CAPACITY, GENERAL SUPPORT

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CENTRAL UNION MISSION P.O. BOX 96763 WASHINGTON, DC 20090-6763	53-0218650	501(C)(3)	11,000.	0.	N/A	N/A	GENERAL CAPACITY
LITERACY COUNCIL OF NORTHERN VIRGINIA - 2855 ANNANDALE ROAD - FALLS CHURCH, VA 22042	23-7098748	501(C)(3)	11,000.	0.	N/A	N/A	REMEDIAL READING, READING ENCOURAGEMENT
ARENA STAGE 1101 6TH STREET SW WASHINGTON, DC 20024	53-0246894	501(C)(3)	10,300.	0.	N/A	N/A	ROARING BACK FUND, GENERAL SUPPORT
CHILDREN'S NATIONAL HEALTH SYSTEM 111 MICHIGAN AVE NW WASHINGTON, DC 20010	53-0196580	501(C)(3)	10,250.	0.	N/A	N/A	COVID-19 EMERGENCY ACTION FUND, GENERAL CAPACITY
CARPENTER'S SHELTER 5701-D DUKE STREET ALEXANDRIA, VA 22304	54-1571849	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
BOY SCOUTS OF AMERICA - NATIONAL CAPITOL AREA COUNCIL - 9190 ROCKVILLE PIKE - BETHESDA, MD 20814	53-0204610	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT OF NCAC BSA PROGRAMS
BRAWS 133 PARK STREET, NE, SUITE 3B VIENNA, VA 22180	47-3961191	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
CHARLOTTESVILLE AREA COMMUNITY FOUNDATION - 114 4TH STREET, NE, PO BOX 1767 - CHARLOTTESVILLE, VA 22902	54-1506312	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
AMERICAN HORTICULTURAL SOCIETY 7931 EAST BOULEVARD DR ALEXANDRIA, VA 22308-1300	53-0226408	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY

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AMERICAN YOUTH PHILHARMONIC ORCHESTRA - 4026 HUMMER ROAD - ANNANDALE, VA 22003	54-1064716	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
ACTING FOR YOUNG PEOPLE 5506 TALON CT. FAIRFAX, VA 22032	26-3873827	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
AYUDA 1413 K STREET, NW, SUITE 500 WASHINGTON, DC 20005	52-0971440	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
ALL AGES READ TOGETHER 1141 ELDEN STREET, SUITE 200 HERNDON, VA 20170	27-1118675	501(C)(3)	10,000.	0.	N/A	N/A	CHILDREN'S AND YOUTH SERVICES
COMMUNITY FOUNDATION FOR ROCKBRIDGE, BATH AND ALLEGHANY - P.O. BOX 20 - LEXINGTON, VA 24450	27-3422429	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE - 117 S LEWIS STREET, P.O. BOX 815 - STAUNTON, VA 24401	54-1647385	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
COMMUNITY FOUNDATION OF THE DAN RIVER REGION - 541 LOYAL STREET - DANVILLE, VA 24541	54-1823141	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
COMMUNITY FOUNDATION OF THE NEW RIVER VALLEY - PO BOX 6009 - CHRISTIANSBURG, VA 24068	54-1740455	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
COMMUNITY FOUNDATION SERVING WEST VIRGINIA - PO BOX 1159 - ROANOKE, VA 23225	54-1959458	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS

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EASTERN SHORE OF VIRGINIA COMMUNITY FOUNDATION - P.O. BOX 1159 - ROANOKE, VA 23225	20-3651144	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
ECDC ENTERPRISE DEVELOPMENT GROUP 901 S HIGHLAND STREET ARLINGTON, VA 22204	54-1993252	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
EDINBORO UNIVERSITY 210 MEADVILLE STREET EDINBORO, PA 16444	25-1191087	501(C)(3)	10,000.	0.	N/A	N/A	ART THERAPY PROGRAM
FAIRFAX LAW FOUNDATION 4110 CHAIN BRIDGE RD. FAIRFAX, VA 22030	52-1265323	501(C)(3)	10,000.	0.	N/A	N/A	LEGAL SERVICES
FIRST PRESBYTERIAN CHURCH OF HAMPTON - 514 S. ARMSTEAD AVE. - HAMPTON, VA 23669	54-0575802	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
CREATIVE CAULDRON, INC. ARTSPACE FALLS CHURCH, 410 SOUTH MAPLE AVENUE, RETAIL 116 - FALLS CHURCH, VA	31-1816020	501(C)(3)	10,000.	0.	N/A	N/A	ARTS
FRIENDS OF ACACIA PO BOX 45 BAR HARBOR, ME 04069	01-0425071	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
CHRIS ATWOOD FOUNDATION PO BOX 9282 RESTON, VA 20195	46-2749211	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
HIGHER ACHIEVEMENT 317 8TH STREET, NE WASHINGTON, DC 20002-6107	52-1383374	501(C)(3)	10,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAM

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GOOD SHEPHERD HOUSING AND FAMILY SERVICES - 8305 RICHMOND HIGHWAY, SUITE 17B - ALEXANDRIA, VA 22309	23-7447962	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
HAMPTON ROADS COMMUNITY FOUNDATION 101 W MAIN STREET, SUITE 4500 NORFOLK, VA 23510	54-2035996	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
HOUSE OF MERCY 8170 FLANNERY COURT MANASSAS, VA 20109	20-4572642	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
INFANT TODDLER FAMILY DAY CARE 11166 FAIRFAX BLVD., SUITE 206 FAIRFAX, VA 22030	54-1228948	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
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	GENERAL CAPACITY
LEAGUE OF WOMEN VOTERS FAIRFAX AREA EDUCATION FUND - 4026-B HUMMER ROAD - ANNANDALE, VA 22003	52-1304268	501(C)(3)	10,000.	0.	N/A	N/A	VOTER AND ELECTION EDUCATION IN FCPS AND IMMIGRANT COMMUNITIES
LITERACY VOLUNTEERS OF AMERICA-PRINCE WILLIAM, INC. - 4326 DALE BLVD #6 - WOODBRIDGE, VA 22193-2403	54-1590421	501(C)(3)	10,000.	0.	N/A	N/A	ADULT, CONTINUING ED
MAKE-A-WISH AMERICA 1702 EAST HIGHLAND AVE., SUITE 400 PHOENIX, AZ 85016	86-0481941	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY

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MANNA HOUSE, INC. 435 EAST 25TH STREET BALTIMORE, MD 21218	52-0822574	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
MEDICAL CARE FOR CHILDREN PARTNERSHIP FOUNDATION - 6699 SPRINGFIELD CENTER DR, SUITE 303 - SPRINGFIELD, VA 22150-1913	26-1756738	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
MINDS INCORPORATED 4700 CONNECTICUT AVE. NW, #408 WASHINGTON, DC 20008	46-3779255	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
NATIONAL COUNCIL FOR ADOPTION 225 N WASHINGTON STREET ALEXANDRIA, VA 22314	75-1721671	501(C)(3)	10,000.	0.	N/A	N/A	FAMILIES FOR ALL GALA
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	STUDENT SERVICES AND ORGANIZATIONS
NEW HERITAGE THEATER GROUP 229 WEST 135TH STREET, 1ST FLOOR NEW YORK, NY 10030	13-2683678	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
NEW HOPE HOUSING, INC. 8407-E RICHMOND HIGHWAY ALEXANDRIA, VA 22314	54-1060634	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
NORTHERN VIRGINIA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 4094 MAJESTIC LANE #148 - FAIRFAX, VA 22033	23-7403010	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
NORTHERN VIRGINIA FINE ARTS ASSOCIATION - THE ATHENAEUM, 201 PRINCE STREET - ALEXANDRIA, VA 22314	54-0753662	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY

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NOVA SCRIPTS CENTRAL, INC. 6400 ARLINGTON BLVD, SUITE 120 FALLS CHURCH, VA 22044-0145	65-1275162	501(C)(3)	10,000.	0.	N/A	N/A	HEALTH SUPPORT SERVICES
NOVA OUTSIDE P.O. BOX 42044 ARLINGTON, VA 22204	20-4286082	501(C)(3)	10,000.	0.	N/A	N/A	STUDENT ENVIRONMENTAL ACTION SHOWCASE SPONSORSHIP
OAR - ARLINGTON 1400 N. UHLE STREET, SUITE 704 ARLINGTON, VA 22201	54-1024562	501(C)(3)	10,000.	0.	N/A	N/A	SERVICES TO PRISONERS/FAMILIES
OPERATION HOMEFRONT 45975 NOKES BLVD, SUITE 150 STERLING, VA 20166	32-0033325	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
OPPORTUNITY INTERNATIONAL 550 WEST VAN BUREN, SUITE 200 CHICAGO, IL 60607	47-0994982	501(C)(3)	10,000.	0.	N/A	N/A	RAPID RESPONSE FUND
PAUL VI CATHOLIC HIGH SCHOOL 10675 FAIRFAX BLVD FAIRFAX, VA 22030	54-1223660	501(C)(3)	10,000.	0.	N/A	N/A	BOYS LACROSSE PROGRAM
PENINSULA COMMUNITY FOUNDATION 48 W QUEENS WAY HAMPTON, VA 23669	54-2057957	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
PHILADELPHIA CITY ROWING 450 PLYMOUTH ROD, SUITE 305 PLYMOUTH MEET, PA 19462	27-1522343	501(C)(3)	10,000.	0.	N/A	N/A	REVENUE MULTIPLIER
ROCK RECOVERY PO BOX 100923 ARLINGTON, VA 22201	26-3931272	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA

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SEVEN LOAVES SERVICES, INC. PO BOX 1924 MIDDLEBURG, VA 20118	54-1689888	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
SHARE, INCORPORATED PO BOX 210 MCLEAN, VA 22102	23-7111741	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
SHELTER HOUSE, INC. 12310 PINECREST ROAD, SUITE 304 RESTON, VA 20191	52-1217106	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
SHENANDOAH COMMUNITY FOUNDATION P.O. BOX 31 WOODSTOCK, VA 22664	54-1963011	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
SPACE OF HER OWN 520 KING ST. ALEXANDRIA, VA 22314	30-0572179	501(C)(3)	10,000.	0.	N/A	N/A	BWGC GRANT
THE COMMUNITY FOUNDATION OF HARRISBURG AND ROCKINGHAM COUNTY - P.O. BOX 1068 - HARRISONBURG, VA 22803	54-1920746	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RELIEF EFFORTS
THE GREATER LYNCHBURG COMMUNITY FOUNDATION - 1100 COMMERCE STREET - LYNCHBURG, VA 24504	54-6112680	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19 RESPONSE EFFORTS
THE LITERACY LAB 1003 K STREET NW SUITE 500 WASHINGTON, DC 20001	27-1777117	501(C)(3)	10,000.	0.	N/A	N/A	ELEMENTARY, SECONDARY ED
THE URBAN ALTERNATIVE PO BOX 4000 DALLAS, TX 75208	75-1835253	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY

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TRAILS FORTHOOTH.ORG 6109 FOX HILL ST SPRINGFIELD, VA 22150	47-0906586	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
VHC PEDIATRICS (FKS ARLINGTON PEDIATRIC CENTER) - 3401 COLUMBIA PIKE, SUITE #200 - ARLINGTON, VA 22204	54-1998631	501(C)(3)	10,000.	0.	N/A	N/A	HEALTH TREATMENT FACILITIES (PRIMARILY OUTPATIENT)
YOUNG LIFE BALTIMORE 2220 CALLOW AVENUE BALTIMORE, MD 21217	84-0385934	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
JOSH ANDERSON FOUNDATION 1300 CARPERS FARM WAY VIENNA, VA 22182	45-4313590	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
WHEELS GLOBAL FOUNDATION 1614 WOODSTOCK LN RESTON, VA 20194	46-2376177	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
DUKE UNIVERSITY PO BOX 90759, WASHINGTON BUILDING, SUITE 1000, 324 BLACKWELL STREET - DURHAM	56-0532129	501(C)(3)	9,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
TENNESSEE TECHNOLOGICAL UNIVERSITY FOUNDATION - TTU BOX 1915 - COOKEVILLE, TN 38505	59-1777911	501(C)(3)	9,000.	0.	N/A	N/A	GENERAL CAPACITY
NORTHERN VIRGINIA REGIONAL PARK AUTHORITY - 5400 OX ROAD - FAIRFAX STATION, VA 22039-1022	51-0523026	501(C)(3)	8,933.	0.	N/A	N/A	POHICK BAY GOLF COURSE, SUPPORT OF TURNING POINT SUFFRAGIST MEMORIAL
CHRIST CHURCH ALEXANDRIA 118 N. WASHINGTON ST. ALEXANDRIA, VA 22314	13-5562208	501(C)(3)	8,676.	0.	N/A	N/A	GENERAL CAPACITY

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GENERATION HOPE 415 MICHIGAN AVE NE, SUITE 250 WASHINGTON, DC 20017	27-3554088	501(C)(3)	8,660.	0.	N/A	N/A	ELEMENTARY, SECONDARY ED
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY - 800 WASHINGTON STREET, SW, SUITE 150 - BLACKSBURG, VA 24061	54-0721690	501(C)(3)	8,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005	74-1109620	501(C)(3)	8,000.	0.	N/A	N/A	SCHOLARSHIP AWARD
FRANKLIN AND MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 17604-3004	23-1352635	501(C)(3)	8,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES STREET, LOWER LEVEL GARLAND HALL - BALTIMORE, MD 21218	52-0595110	501(C)(3)	8,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
BULL RUN UNITARIAN UNIVERSALISTS 9350 MAIN ST MANASSAS, VA 20110	54-1182161	501(C)(3)	8,000.	0.	N/A	N/A	CAPITAL IMPROVEMENT FUND, GENERAL FUND
SCHOOL FOR ADVANCED RESEARCH P.O. BOX 2188 SANTA FE, NM 87504-2188	85-0125045	501(C)(3)	7,500.	0.	N/A	N/A	2020 PROGRAMS: ARTISTIC PURSUITS AND ENVIRONMENT
ANIMAL WELFARE LEAGUE OF ALEXANDRIA - 4101 EISENHOWER AVE - ALEXANDRIA, VA 22304	54-0796610	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL CAPACITY
STROKE COMEBACK CENTER 145 PARK STREET, SE VIENNA, VA 22180	54-2012975	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL CAPACITY

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ASPIRE! AFTERSCHOOL LEARNING PO BOX 41318 ARLINGTON, VA 22204-8318	54-1705642	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL SUPPORT
THE RESTON CHORALE 2310 COLTS NECK RD RESTON, VA 20191	51-0139441	501(C)(3)	7,000.	0.	N/A	N/A	STAFF SALARIES
OHIO STATE UNIVERSITY 281 WEST LANE AVENUE COLUMBUS, OH 43210-1132	31-6025986	501(C)(3)	7,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
CASA FAIRFAX 4103 CHAIN BRIDGE ROAD, SUITE 200 FAIRFAX, VA 22030	54-1555197	501(C)(3)	7,000.	0.	N/A	N/A	GRANT FROM THE GIVING CIRCLE OF HOPE
VOLUNTEER FAIRFAX 10700 PAGE AVENUE, SUITE 101 FAIRFAX, VA 22030	23-7370759	501(C)(3)	6,500.	0.	N/A	N/A	DONOR MANAGEMENT SYSTEM
UTICA COLLEGE STUDENT FINANCIAL SERVICES, HUBBARD HALL, ROOM 117, 1600 BURRSTONE ROAD - UT	16-1476258	501(C)(3)	6,490.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
ACCOTINK UNITARIAN UNIVERSALIST CHURCH - 10125 LAKEHAVEN CT - BURKE, VA 22015	54-1160104	501(C)(3)	6,250.	0.	N/A	N/A	GENERAL SUPPORT, PLAYGROUND FUND
HOPECAM, INC. 12100 SUNSET HILLS ROAD, SUITE C10 RESTON, VA 20190-3233	56-2416801	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL SUPPORT, GENERAL CAPACITY
LEAGUE OF WOMEN VOTERS VIRGINIA EDUCATION FUND - 1011 E MAIN ST., SUITE 214A - RICHMOND, VA 23219	54-1334464	501(C)(3)	6,000.	0.	N/A	N/A	REDISTRICTING/VOTING RIGHTS FORUMS AT HISTORICALLY BLACK COLLEGES IN VA

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PINECREST SCHOOL 7209 QUIET COVE ANNANDALE, VA 22003	54-1055578	501(C)(3)	5,855.	0.	N/A	N/A	GENERAL CAPACITY
LOUDOUN EDUCATION FOUNDATION 21000 EDUCATION CT ASHBURN, VA 20148	54-1603768	501(C)(3)	5,570.	0.	N/A	N/A	GENERAL CAPACITY, CODING FOR KIDS
ART ON THE VINE FOUNDATION 1765 GREENSBORO STATION PLACE, SUIT MCLEAN, VA 22102	81-5013045	501(C)(3)	5,500.	0.	N/A	N/A	GENERAL SUPPORT
CONGREGATION BETH EMETH 12523 LAWYERS ROAD HERNDON, VA 20171	54-1112795	501(C)(3)	5,338.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN FOUNDATION FOR SUICIDE PREVENTION - 199 WATER STREET, 11TH FLOOR - NEW YORK, NY 10038	13-3393329	501(C)(3)	5,250.	0.	N/A	N/A	GENERAL CAPACITY, NORTHERN VIRGINIA SUPPORT
JILL'S HOUSE 9011 LEESBURG PIKE VIENNA, VA 22182-1722	37-1465256	501(C)(3)	5,250.	0.	N/A	N/A	GENERAL CAPACITY, CHILD DAY CARE
AMERICAN ART THERAPY ASSOCIATION, INC. - 4875 EISENHOWER AVE., SUITE 240 - ALEXANDRIA, VA 22304	36-3823033	501(C)(3)	5,000.	0.	N/A	N/A	ART THERAPY
BELMONT ABBEY COLLEGE 100 BELMONT-MT. HOLLY RD. BELMONT, NC 28012-1802	56-0547498	501(C)(3)	5,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
CHALLENGE PROGRAM, INC. 915 MENOHER BLVD, SUITE B JOHNSTOWN, PA 15905	20-1644028	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY

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CHILDHELP, INC. 23164 DRAGOON ROAD LIGNUM, VA 22726	95-2884608	501(C)(3)	5,000.	0.	N/A	N/A	ART THERAPY AND THERAPEUTIC SERVICES
EXPRESSIVE MEDIA, INC. 128 NORTH CRAIG ST, SUITE 212 PITTSBURGH, PA 15213	25-1506673	501(C)(3)	5,000.	0.	N/A	N/A	STREAMING LIBRARY FUNDING
FAIRFAX DIAPERS 1731 KILLARNEY CT VIENNA, VA 22182	83-4337298	501(C)(3)	5,000.	0.	N/A	N/A	COVID-19 RESPONSE FOR NORTHERN VIRGINIA
FOREST GROVE ELEMENTARY SCHOOL 46425 FOREST RIDGE DR STERLING, VA 20164	54-6001395	501(C)(3)	5,000.	0.	N/A	N/A	I READ TO THE PRINCIPAL
GEORGETOWN UNIVERSITY OFFICE OF STUDENT FINANCIAL SERVICES, 37TH & O STREET NW, G-19, HEALY HALL -	53-0196603	501(C)(3)	5,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
HABITAT FOR HUMANITY OF NORTHERN VIRGINIA - 6295 EDSALL RD, SUITE 120 - ALEXANDRIA, VA 22312	54-1547367	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
HAMILTON ELEMENTARY SCHOOL 54 S KERR ST HAMILTON, VA 20158	54-6001395	501(C)(3)	5,000.	0.	N/A	N/A	I READ TO THE PRINCIPAL
HAYMARKET REGIONAL FOOD PANTRY P.O. BOX 132 HAYMARKET, VA 20168	27-2161953	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
HEDGESVILLE HIGH SCHOOL 109 RIDGE ROAD NORTH HEDGESVILLE, WV 25247	55-6000297	501(C)(3)	5,000.	0.	N/A	N/A	FRANK PETREE PROJECT AND GENERAL SUPPORT

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LIVING SAVIOR LUTHERAN CHURCH AND PRESCHOOL - 5500 OX ROAD - FAIRFAX STATION, VA 22039	54-1261208	501(C)(3)	5,000.	0.	N/A	N/A	PRE-SCHOOL
HORIZON ELEMENTARY SCHOOL 46665 BROADMORE DR STERLING, VA 20165	54-6001395	501(C)(3)	5,000.	0.	N/A	N/A	I READ TO THE PRINCIPAL
JEWISH COMMUNITY CENTER OF NORTHERN VIRGINIA - 8900 LITTLE RIVER TURNPIKE - FAIRFAX, VA 22031	54-1145849	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
LIBERTY UNIVERSITY P.O. BOX 10425 LYNCHBURG, VA 24515	54-0946734	501(C)(3)	5,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
LIFE WITH CANCER 8411 PENNELL STREET FAIRFAX, VA 22031	54-1071867	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
LIPSCOMB UNIVERSITY 1 UNIVERSITY PARK DR NASHVILLE, TN 37204	62-0485733	501(C)(3)	5,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
LOUDOUN LITERACY COUNCIL 199 LIBERTY ST SW LEESBURG, VA 20175	52-1227843	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
MARYMOUNT UNIVERSITY 2807 N. GLEBE ROAD, ROWLEY HALL, G1 ARLINGTON, VA 22207	54-0573801	501(C)(3)	5,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
MUSIC FOR LIFE 7453 LONG PINE DRIVE SPRINGFIELD, VA 22151-2816	27-2981666	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY

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N STREET VILLAGE 1333 N STREET NW WASHINGTON, DC 20005	52-1007373	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
OCCIDENTAL COLLEGE 1600 CAMPUS ROAD F-35 LOS ANGELES, CA 90041-3314	95-1667177	501(C)(3)	5,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
OPERATION RENEWED HOPE FOUNDATION, INC. - P.O. BOX 10142 - ALEXANDRIA, VA 22310	45-3848293	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
PREVENTION POINT PITTSBURGH 460 MELWOOD AVE, SUITE 205 PITTSBURGH, PA 15213	25-1852314	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
RADFORD UNIVERSITY P.O. BOX 6922, HETH HALL RADFORD, VA 24142	23-7219782	501(C)(3)	5,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
SANDERS CORNER ELEMENTARY PTA 43100 ASHBURN FARM PARKWAY ASHBURN, VA 20147-4487	54-6001395	501(C)(3)	5,000.	0.	N/A	N/A	I READ TO THE PRINCIPAL
SHRINERS HOSPITAL FOR CHILDREN PO BOX 15255 RANSON, WV 25438	36-2193608	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
SLIDING DOORS STEM & DYSLEXIA LEARNING CENTER - 3624 CAMELOT DR - ANNANDALE, VA 22003	81-3211392	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL SUPPORT
SO OTHERS MIGHT EAT 71 O STREET, NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY, BACK-TO-SCHOOL DRIVE

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ST. STEPHEN'S AND ST. AGNES SCHOOL FOUNDATION - SSSAS SAINTS FUND, 400 FONTAINE STREET - ALEXANDRIA, VA 22302	54-6054009	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL SUPPORT
TRUSTBRIDGE GLOBAL USA 1901 ULMERTON ROAD, SUITE 400 CLEARWATER, FL 33762	59-3498416	501(C)(3)	5,000.	0.	N/A	N/A	THE NETWORK FUND #195003
URBAN ALLIANCE 2030 Q STREET NW WASHINGTON, DC 20009	52-1938443	501(C)(3)	5,000.	0.	N/A	N/A	2019-2020 MICRON OPPORTUNITY FUND GRANT AWARD
VICENTE FERRER FOUNDATION USA 1875 CONNECTICUT AVE NW, 10TH FLOOR WASHINGTON, DC 20009	46-2351926	501(C)(3)	5,000.	0.	N/A	N/A	HIV AND OTHER CHILDREN'S PROGRAMS
WESTMONT COLLEGE 955 LA PAZ ROAD SANTA BARBARA, CA 93108	95-1684793	501(C)(3)	5,000.	0.	N/A	N/A	2019 SCHOLARSHIP AWARD
YOUNG LIFE USF PO BOX 48416 TAMPA, FL 33626	84-0385934	501(C)(3)	5,000.	0.	N/A	N/A	USF YOUNG LIFE - FL236
WINSTON SALEM UJA 2150 COUNTRY CLUB ROAD WINSTON SALEM, NC 27104	58-1410327	501(C)(3)	5,000.	0.	N/A	N/A	JOINT DISTRIBUTION COMMITTEE RELIEF EFFORTS
WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA - 100 WEST STATION SQUARE DRIVE, SUITE 315 - PITTSBURGH, PA 15219	74-3055311	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
WOMEN IN GOLF FOUNDATION 4217 RIVER RD ELLENWOOD, GA 30294	58-2527454	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL SUPPORT

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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: INOVA SCHAR CANCER INSTITUTE, INOVA KELLAR CENTER, EMERGENCY PREPAREDNESS FUND, FACT, COVID-19 RESPONSE FUND, NEUROSCIENCE COMPREHENSIVE STROKE PROGRAM, MAGNET RECOGNITION PROGRAM FOR NURSES

NAME OF ORGANIZATION OR GOVERNMENT: GEORGE MASON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: LINDA A MONSON ENDOWED SCHOLARSHIP FUND, 2019 SCHOLARSHIP AWARD, DEWBERRY SOUTHSIDE SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN VIRGINIA FAMILY SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: STRIKES FOR STRONGER FAMILIES, FAMILY SERVICES, GENERAL CAPACITY, COVID-19 RESPONSE EFFORTS, SUPPORT OF VETERANS AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: 100WOMENSTRONG LONG TERM IMPACT FUND, 100WOMENSTRONG PAY IT FORWARD LOAN PROGRAM, SUPPORT AREA GRANTMAKING, YEARLY LIF GRANMT

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL CARING

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 EMERGENCY MEALS FOR HOMEBOUND PATIENTS, PUZZLE BOOK FOR LOW INCOME SENIORS, PATIENT CARE,

Part IV Supplemental Information

MEALS, GENERAL CAPACITY

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON

(H) PURPOSE OF GRANT OR ASSISTANCE: CENSUS 2020 & CIVIC ENGAGEMENT

EFFORTS IN MANASSAS, COVID-19 RESPONSE, COVID-19 RELIEF, HUMAN SERVICE

ORGANIZATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

GEORGE MASON UNIVERSITY FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: STEPHEN S. FULLER INSTITUTE, CENTER

FOR INNOVATION AND ENTREPRENEURSHIP, GENERAL CAPACITY

NAME OF ORGANIZATION OR GOVERNMENT:

LOUDOUN CITIZENS FOR SOCIAL JUSTICE, INC./ LOUDOUN ABUSED WOMEN'S SHELTER

(H) PURPOSE OF GRANT OR ASSISTANCE: WILLIAM AND MARY STUDENT SCHOLARSHIP,

FAMILY VIOLENCE SHELTERS AND SERVICES, GENERAL CAPACITY

NAME OF ORGANIZATION OR GOVERNMENT: LORTON COMMUNITY ACTION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY IN NEED, EMERGENCY ASSISTANCE

(FOOD, CLOTHING, CASH), COVID-19 RESPONSE FOR NORTHERN VIRGINIA

NAME OF ORGANIZATION OR GOVERNMENT:

NAKASEC (NATIONAL KOREAN AMERICAN SERVICE & EDUCATION CONSORTIUM)

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTIONAL AND DISPLAY MATERIALS

FOR WORKSHOPS AND COMMUNITY OUTREACH EVENTS (INCLUDING CENSUS 2020),

COVID-19 RESPONSE AND RELIEF EFFORTS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SECOND STORY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL CAPACITY, TEMPORARY SHELTER FOR THE HOMELESS, COVID-19 RESPONSE FOR NORTHERN VIRGINIA

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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 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

- 1a** 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- 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
- 2** 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?
- 3** Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** 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:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** 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:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** 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:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** 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
- 8** 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
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2019

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

51-0232459

Schedule J (Form 990) 2019

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)	185,400.	30,000.	0.	0.	21,427.	236,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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 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	59	1,641,522.	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	112,741.	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**

- 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2019

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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 for the latest information.

OMB No. 1545-0047

2019

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:

INNOVATION AND LEAD AND CONVENE THE COMMUNITY. COMPRISED OF DONOR ADVISED FUNDS, PERMANENT FUNDS, GIVING CIRCLES, AND OTHER CHARITABLE ENDOWMENTS, THE COMMUNITY FOUNDATION CONNECTS DONORS TO COMMUNITY AND PROMOTES A MORE EQUITABLE AND INCLUSIVE PROSPERITY THAT MARRIES OUR ECONOMIC STRENGTH WITH THE FULL BREADTH OF OUR DIVERSE COMMUNITY.

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:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization	THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number	51-0232459
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GIVING CIRCLES: THE COMMUNITY FOUNDATION CURRENTLY HOSTS 3 GIVING 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 \$ 160,605. INCLUDING GRANTS OF \$ 160,605. 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

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

Employer identification number 51-0232459

DELIBERATION ARE DOCUMENTED IN THE MEETING MINUTES.

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.

2019 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.	1,733.		0.	1,733.
38	MAMMOTH OFFICE FURNITURE	06/11/18	SL	7.00		16	461.				461.	71.		66.	137.
39	MAMMOTH OFFICE FURNITURE	06/11/18	SL	7.00		16	338.				338.	52.		48.	100.
40	OFFICE DEPOT FURNITURE - CONFERENCE CHAIRS	06/11/18	SL	7.00		16	1,700.				1,700.	263.		243.	506.

2019 DEPRECIATION AND AMORTIZATION REPORT

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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.	21.		19.	40.
42	WALMART - WATER COOLER	06/14/18	SL	3.00		16	309.				309.	112.		103.	215.
44	MAMMOTH OFFICE FURNITURE	06/01/18	SL	7.00		16	1,519.				1,519.	235.		216.	451.
47	MAMMOTH OFFICE FURNITURE - PRESIDENT'S OFFICE	07/31/18	SL	7.00		16	844.				844.	121.		121.	242.
48	MAMMOTH OFFICE FURNITURE - PRESIDENT'S OFFICE	08/30/18	SL	7.00		16	1,362.				1,362.	178.		195.	373.
49	OFFICE DEPOT FURNITURE - 2 BLACK CONFERENCE CHAIRS	09/30/18	SL	7.00		16	256.				256.	30.		36.	66.
	* 990 PAGE 10 TOTAL - FURNITURE						22,395.				22,395.	16,559.		1,047.	17,606.
	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.

928111 04-01-19

(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

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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.	3,196.		718.	3,914.
37	HP LASERJET MFP	06/07/15	SL	5.00		16	400.				400.	326.		73.	400.
50	ORION COMMUNICATIONS - CONFERENCE ROOM TV	09/30/18	SL	5.00		16	2,349.				2,349.	392.		470.	862.
	* 990 PAGE 10 TOTAL - EQUIPMENT						43,907.				43,907.	41,159.		1,261.	42,421.
	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.	4,891.		4,192.	9,083.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENT						37,041.				37,041.	20,972.		4,192.	25,164.
	* GRAND TOTAL 990 PAGE 10 DEPR						103,343.				103,343.	78,690.		6,500.	85,191.

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

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ Go to 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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>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)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2940 HUNTER MILL ROAD, NO. 201</p> <p>City or town, state or province, country, and ZIP or foreign postal code OAKTON, VA 22124</p>	<p>D Employer identification number (Employees' trust, see instructions.) 51-0232459</p> <p>E Unrelated business activity code (See instructions.) 541800</p>
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C Book value of all assets at end of year: **71,072,105.**

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust 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
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	0.	

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

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

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 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	Yes	No
58	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
59	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	PRESIDENT AND CEO	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Print/Type preparer's name ANDREW E. YOUNG, CPA	Preparer's signature ANDREW E. YOUNG, CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P01203950
Paid Preparer Use Only	Firm's name RENNER AND COMPANY CPA, P.C.			Firm's EIN 54-1498950	
	Firm's address 700 NORTH FAIRFAX STREET SUITE 400 ALEXANDRIA, VA 22314			Phone no. (703) 535-1200	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

THE COMMUNITY FOUNDATION FOR NORTHERN

Form 990-T (2019) VIRGINIA, INC.

51-0232459

Page 5

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) GOOD BUSINESS						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

**2019 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, 2019 ; Ending Date JUNE 30, 2020
 Short Year Return Change in Accounting Period

Official Use Only

FEIN 51-0232459	Name THE COMMUNITY FOUNDATION FOR NORTHE VIRGINIA, INC.		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 2940 HUNTER MILL ROAD, NO. 201				
City or Town OAKTON	State VA	ZIP Code 22124		
Physical Address (if different from Mailing Address)			Entity Type Code NP	
Physical City or Town		State	ZIP Code	NAICS Code 541800
Date Incorporated	State or Country of Incorporation	Description of Business Activity ADVERTISING		

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: _____ .00 <hr/> Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00 <hr/> Electric Supplier Company Enter amount from Sch. 500EL, Line 7 or 14: _____ .00 <hr/> Home Service Contract Provider Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. _____ .00
Amended Return (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 2019 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 _____ %
 (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

**2019 Virginia
Form 500**

Page 2

FEIN
51-0232459



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. Virginia taxable income (subtract Line 6 from Line 5)	7.	.00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - 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(f)	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. Income tax (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. 2019 estimated Virginia income tax payments including overpayment credit from 2018	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. Total payments and credits (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. Total due (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 2020 estimated tax	23.	.00
24. Amount to be refunded (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 PRESIDENT AND CEO
Printed Name of Officer EILEEN ELLSWORTH		Phone Number (703) 879-7640
Print Preparer's Name and Firm Name ANDREW E. YOUNG, CPA RENNER AND COMPANY CPA, P.C.		Preparer Phone Number (703) 535-1200
Date	Individual or Firm, Signature of Preparer	Address of Preparer 700 NORTH FAIRFAX STREET S ALEXANDRIA, VA 22314
Preparer's FEIN, PTIN, or SSN P01203950		Approved Vendor Code 1019

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

**2019 Virginia
Schedule 500FED**

**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. Federal Taxable Income before NOL and Special Deductions	1.	_____	.00
2. Net Operating Loss Deduction	2.	_____	.00
3. Special Deductions	3.	1000	.00
4. Federal Taxable Income after NOL and Special Deductions	4.	_____	.00

Form 1120, Schedule C - Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.	_____	.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.	_____	.00

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7.	_____	.00
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Form 5884 - Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8.	_____	.00
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Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.	_____	.00
10. Property subject to 168(f)(1) election	10.	_____	.00
11. Other depreciation	11.	6500	.00

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

12. Total: Dividends (Exclude Gross-up)	12.	_____	.00
13. Total: Dividends (Gross-up)	13.	_____	.00
14. Total: Inclusions (Exclude Gross-up)	14.	_____	.00
15. Total: Inclusions (Gross-up)	15.	_____	.00
16. Total: Interest	16.	_____	.00
17. Total: Gross Rents, Royalties, and License Fees	17.	_____	.00
18. Total: Gross Income from Performance of Services	18.	_____	.00
19. Total: Other	19.	_____	.00
20. Total: Total Gross Income or Loss from Outside the US	20.	_____	.00

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

21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21.	_____	.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22.	_____	.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23.	_____	.00
24. Total: Allocable - Other Allocable Deductions	24.	_____	.00
25. Total: Total Allocable Deductions	25.	_____	.00
26. Total: Apportioned Share of Deductions	26.	_____	.00
27. Total: Net Operating Loss Deduction	27.	_____	.00
28. Total: Total Deductions	28.	_____	.00

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

29. Total: Total Income or (Loss) Before Adjustments	29.	_____	.00
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DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number
THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	51-0232459

Part I Tax Return Information

1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2019 Virginia income tax return for payment of state taxes owed on this return. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.

Officer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN 16011 as my signature on the corporation's 2019 electronic Virginia corporation income tax return. Do not enter all zeros
RENNER AND COMPANY CPA, P.C.

ERO Firm Name

I will enter my e-File PIN as my signature on the corporation's 2019 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 54672416011
Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2019 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date _____

Form VA-8879C (REV 12/19)