

Return of Organization Exempt From Income Tax

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form sections B through M: B Check if applicable; C Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.; D Employer identification number ** - *** 2459; E Telephone number (703) 879-7640; G Gross receipts \$ 44,700,841; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: 501(c)(3); J Website: WWW.CFNOVA.ORG; K Form of organization: Corporation; L Year of formation: 1978; M State of legal domicile: VA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature fields: Sign Here (Officer: RENEE YANCEY, PRESIDENT AND CEO); Paid (Preparer: ANDREW E. YOUNG, CPA); Preparer Use Only (Firm: RENNER AND COMPANY CPA, P.C.)

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,090,486. including grants of \$ 8,899,686.) (Revenue \$ 971,194.) 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, 2025, THE COMMUNITY FOUNDATION HELD 155/ SEPARATE DONOR ADVISED FUNDS THAT AWARDED \$7,090,486 IN TOTAL GRANTS.

4b (Code:) (Expenses \$ 524,080. including grants of \$ 524,080.) (Revenue \$) SCHOLARSHIP FUNDS: THE COMMUNITY FOUNDATION MANAGES AND ADMINISTERS 35 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, 2025, THE COMMUNITY FOUNDATION AWARDED \$524,080 IN TOTAL SCHOLARSHIPS TO OVER 100 STUDENTS.

4c (Code:) (Expenses \$ 3,857,048. including grants of \$) (Revenue \$) DISCRETIONARY GRANT FUNDS: IN ADDITION TO DONOR ADVISED FUNDS AND SCHOLARSHIP FUNDS, THE COMMUNITY FOUNDATION CONTINUOUSLY DEVELOPS AND BUILDS DISCRETIONARY FUNDS. THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA'S DISCRETIONARY FUNDS STRATEGICALLY ADDRESS CRITICAL NEEDS WHILE FOSTERING INNOVATION AND COMMUNITY RESILIENCE. BROAD AREAS OF SUPPORT INCLUDE SAFETY NET SUPPORT, MENTAL HEALTH, EDUCATION, WORKFORCE DEVELOPMENT, THE ARTS, AND ENVIRONMENTAL SUSTAINABILITY. THESE GRANTS EMPOWER THE REGION BY PROMOTING EQUITY AND LONG-TERM, POSITIVE CHANGE.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 67,373.)

4e Total program service expenses 11,471,614.

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> ? See instructions	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 Rev. Proc. 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> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties? (See the 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? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on 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 14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
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?	12a	
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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?	14a	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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		19
b	Enter the number of voting members included on line 1a, above, who are independent		19
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?		
10b			
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 on 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 on Schedule O how this was done	X	
12c		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		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		
16b			

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
RENEE YANCEY - (703) 879-7640
P.O. BOX 10005, MCLEAN, VA 22102

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ROBERT KIPPS CHAIRMAN	2.00	X		X				0.	0.	0.
(2) HARRY KLAFF VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(3) CATHERINE SCHOTT MURRAY IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(4) MITCH WEINTRAUB TREASURER	2.00	X		X				0.	0.	0.
(5) HELAINE WEISSMAN PAST TREASURER	1.00	X		X				0.	0.	0.
(6) KAREN TURNER MCWILLIAMS SECRETARY	2.00	X		X				0.	0.	0.
(7) DAVID ARMSTRONG DIRECTOR	1.00	X						0.	0.	0.
(8) PAUL GILBERT DIRECTOR	1.00	X						0.	0.	0.
(9) ANITA GUPTA DIRECTOR	1.00	X						0.	0.	0.
(10) ASHISH KHOSLA DIRECTOR	1.00	X						0.	0.	0.
(11) AMY MACKAY DIRECTOR	1.00	X						0.	0.	0.
(12) BEATRIZ MCNELLY DIRECTOR	1.00	X						0.	0.	0.
(13) MEGAN MOCHO DIRECTOR	1.00	X						0.	0.	0.
(14) STEVE NARANG DIRECTOR	1.00	X						0.	0.	0.
(15) MEERA PILLAI DIRECTOR	1.00	X						0.	0.	0.
(16) RICHARD PINEDA DIRECTOR	1.00	X						0.	0.	0.
(17) PAUL SINGH DIRECTOR	1.00	X						0.	0.	0.

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Form 990 (2024)

** - *** 2459 Page 8

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) GEORGE WILSON DIRECTOR	1.00	X						0.	0.	0.
(20) GINO ZACCARDELLI GENERAL COUNSEL	1.00	X						0.	0.	0.
(21) RENEE B YANCEY PRESIDENT AND CEO	40.00			X				218,128.	0.	14,726.
(23) TARA NADEL VP OF MARKETING AND EVENTS	40.00				X			120,000.	0.	2,400.
(24) DENISE BELLOWS DIRECTOR OF INSIGHT REGION CENTER	32.00				X			125,000.	0.	2,500.
(25) CYNTHIA DIMARCO PREVIOUS DIRECTOR OF FINANCE	32.00				X			103,914.	0.	0.
1b Subtotal								567,042.	0.	19,626.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								567,042.	0.	19,626.

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 4

	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

Form 990 (2024)

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Form 990 (2024)

** - ***2459 Page 9

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	543,202.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,484,454.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 4,621,988.				
	h	Total. Add lines 1a-1f		10,027,656.				
Program Service Revenue	2 a	FUND INCOME	Business Code					
			900099	971,194.	971,194.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		971,194.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,679,909.			2679909.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					30,763,636.			
	b	Less: cost or other basis and sales expenses	7b	25,885,517.				
	c	Gain or (loss)	7c	4,878,119.				
d	Net gain or (loss)		4,878,119.			4878119.		
8 a	Gross income from fundraising events (not including \$ 543,202. of contributions reported on line 1c). See Part IV, line 18	8a		191,073.				
				261,408.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			-70,335.		-70,335.		
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	67,373.	67,373.			
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		67,373.					
12	Total revenue. See instructions		18,553,916.	1,038,567.	0.	7487693.		

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Form 990 (2024)

** - ***2459 Page 10

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	9,423,766.	9,423,766.		
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	271,818.	237,400.	18,765.	15,653.
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	818,603.	123,109.	318,152.	377,342.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	40,388.	35,274.	2,326.	2,788.
10 Payroll taxes	77,000.	26,950.	23,100.	26,950.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	26,904.		26,904.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	971,298.	971,298.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	161,351.	25,460.	109,195.	26,696.
12 Advertising and promotion	3,531.			3,531.
13 Office expenses	28,561.	2,285.	22,849.	3,427.
14 Information technology	66,643.	13,922.	38,803.	13,918.
15 Royalties				
16 Occupancy	48,953.		48,953.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,045.		9,742.	7,303.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,577.		4,577.	
23 Insurance	11,364.		11,364.	
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	600,884.	582,057.	6,127.	12,700.
b ENTERTAINMENT	126,515.			126,515.
c MARKETING	46,202.		9,242.	36,960.
d PROGRAM EXPENSES	24,864.	24,864.		
e All other expenses	51,254.	5,229.	18,334.	27,691.
25 Total functional expenses. Add lines 1 through 24e	12,821,521.	11,471,614.	668,433.	681,474.
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.

Form 990 (2024)

** - ***2459 Page 11

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	1,885,091.	1	1,018,988.
	2	Savings and temporary cash investments	183,882.	2	528,384.
	3	Pledges and grants receivable, net	37,500.	3	0.
	4	Accounts receivable, net		4	
	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	21,602.	9	23,375.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,489.		
	b	Less: accumulated depreciation	10b 17,766.	10c	10,723.
	11	Investments - publicly traded securities	103,952,959.	11	115,905,460.
	12	Investments - other securities. See Part IV, line 11	1,193,129.	12	1,193,129.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	97,034.	15	21,667.
16	Total assets. Add lines 1 through 15 (must equal line 33)	107,386,497.	16	118,701,726.	
Liabilities	17	Accounts payable and accrued expenses	128,114.	17	124,977.
	18	Grants payable	258,567.	18	219,855.
	19	Deferred revenue	80,156.	19	91,652.
	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	
	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	84,402.	25	17,593.
	26	Total liabilities. Add lines 17 through 25	551,239.	26	454,077.
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	101,304,862.	27	112,440,689.
	28	Net assets with donor restrictions	5,530,396.	28	5,806,960.
	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	106,835,258.	32	118,247,649.
	33	Total liabilities and net assets/fund balances	107,386,497.	33	118,701,726.

Form 990 (2024)

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	18,553,916.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,821,521.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,732,395.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	106,835,258.
5	Net unrealized gains (losses) on investments	5	5,679,996.
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	118,247,649.

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8861721.	11078300.	9793759.	15092569.	10027656.	54854005.
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	8861721.	11078300.	9793759.	15092569.	10027656.	54854005.
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)						13731439.
6 Public support. Subtract line 5 from line 4.						41122566.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	8861721.	11078300.	9793759.	15092569.	10027656.	54854005.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1390351.	1754655.	2260630.	2493630.	2679909.	10579175.
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.)	61,428.	18,706.	46,894.	14,805.	67,373.	209,206.
11 Total support. Add lines 7 through 10						65642386.
12 Gross receipts from related activities, etc. (see instructions)					12	5,118,456.
13 First 5 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 2024 (line 6, column (f), divided by line 11, column (f))	14	62.65 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	61.49 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</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>		
1		
2		

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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," 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>		
2a		
2b		
3a		
3b		

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

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 (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 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).		

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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 A Identification of Excess Contributions Included on Part II, Line 5 2024

**** Do Not File **
 *** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
CHIN, SUE	1,501,625.	188,777.
LIZ AND GIL BLANKESPOOR	2,009,588.	696,740.
LOU AND WENDY BROWN	2,014,056.	701,208.
NORTHERN VIRGINIA REGIONAL PARK AUTHORITY	13,270,410.	11,957,562.
THE GEMINI 3 GROUP, INC.	1,500,000.	187,152.
Total Excess Contributions to Schedule A, Part II, Line 5	13,731,439.	

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

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

Employer identification number

**** - *** 2459**

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number **-***2459
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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		\$ <u>1,554,179.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ <u>1,501,625.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>650,104.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>477,279.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>442,247.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>397,055.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number **-***2459
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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/>	\$ 206,914.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number ** - *** 2459
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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
2	PUBLIC SECURITY <hr/> <hr/> <hr/>	\$ 1,501,625.	02/26/25
3	PUBLIC SECURITY <hr/> <hr/> <hr/>	\$ 650,104.	02/20/25
4	PUBLIC SECURITY <hr/> <hr/> <hr/>	\$ 477,279.	02/05/25
5	PUBLIC SECURITY <hr/> <hr/> <hr/>	\$ 441,750.	01/15/25
6	PUBLIC SECURITY <hr/> <hr/> <hr/>	\$ 397,055.	12/31/24
7	PUBLIC SECURITY <hr/> <hr/> <hr/>	\$ 201,074.	05/05/25

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number ** - *** 2459
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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)

(Rev. December 2024) 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

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC. Employer identification number ** - *** 2459

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Form with questions 1a-1b and 2a-2b regarding the reporting of art and historical treasures. Includes dollar amount fields for revenue and assets.

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 in 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	5,530,396.	5,102,998.	4,873,264.	6,269,807.	5,489,810.
b Contributions					
c Net investment earnings, gains, and losses	922,597.	1,038,535.	752,760.	-567,476.	1,862,995.
d Grants or scholarships	507,403.	454,813.	381,608.	673,658.	925,848.
e Other expenditures for facilities and programs					
f Administrative expenses	138,630.	156,324.	141,418.	155,409.	157,150.
g End of year balance	5,806,960.	5,530,396.	5,102,998.	4,873,264.	6,269,807.

- 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 _____%
 - c Term endowment 100 %
- 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				
d Equipment		20,941.	12,480.	8,461.
e Other		7,548.	5,286.	2,262.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				10,723.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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) OPERATING LEASE	17,593.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	17,593.

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 ...

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	23,435,053.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,679,996.
b	Donated services and use of facilities	2b	50,682.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,730,678.
3	Subtract line 2e from line 1	3	17,704,375.
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	971,298.
b	Other (Describe in Part XIII.)	4b	-121,757.
c	Add lines 4a and 4b	4c	849,541.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,553,916.

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	12,022,662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	50,682.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	50,682.
3	Subtract line 2e from line 1	3	11,971,980.
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	971,298.
b	Other (Describe in Part XIII.)	4b	-121,757.
c	Add lines 4a and 4b	4c	849,541.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,821,521.

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, 2025.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:
RECLASS OF FUNDRAISING EVENT EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:
RECLASS 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	734,275.			734,275.
	2	543,202.			543,202.
	3	191,073.			191,073.
Direct Expenses	4				
	5				
	6				
	7	114,171.			114,171.
	8	25,479.			25,479.
	9	121,758.			121,758.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-70,335.

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					
	2					
Direct Expenses	3					
	4					
	5					
	6	<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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Employer identification number
****-***2459**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1ST STAGE PO BOX 9384 MCLEAN, VA 22102-0384	** - ***5070	501(C)(3)	20,000.	0.	N/A	N/A	PERFORMING ARTS
ACADEMY PREP CENTER OF TAMPA 1407 E COLUMBUS DRIVE TAMPA, FL 33605	** - ***2978	501(C)(3)	40,000.	0.	N/A	N/A	EDUCATIONAL SERVICES AND SCHOOLS
ALEXANDRIA CHORAL SOCIETY P.O. 406 ALEXANDRIA, VA 22313	** - ***1444	501(C)(3)	10,000.	0.	N/A	N/A	MUSIC
ALEXANDRIA SYMPHONY ORCHESTRA, INC. - 700 N FAIRFAX STREET, SUITE 501 - ALEXANDRIA, VA 22314	** - ***5937	501(C)(3)	20,000.	0.	N/A	N/A	SYMPHONY ORCHESTRAS
ALL AGES READ TOGETHER 1086 ELDEN ST HERNDON, VA 20170-3803	** - ***8675	501(C)(3)	19,365.	0.	N/A	N/A	KINDERGARTEN, NURSERY SCHOOLS, PRESCHOOL
ALL IN FOR MILLER FOUNDATION 910 ADMORE LN EVANS, GA 30809-8419	** - ***1711	501(C)(3)	6,444.	0.	N/A	N/A	FUNDRAISING AND/OR FUND DISTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **218.**

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

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

Schedule I (Form 990) (Rev. 12-2024)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SOULS CHURCH UNITARIAN 1500 HARVARD STREET NW WASHINGTON, DC 20009	**-***6567	501(C)(3)	10,000.	0.	N/A	N/A	INTERFAITH ISSUES
AMARA LEGAL CENTER, INC. 1629 K STREET NW WASHINGTON, DC 20006	**-***9394	501(C)(3)	40,000.	0.	N/A	N/A	CIVIL RIGHTS, ADVOCACY FOR SPECIFIC GROUPS
AMERICAN CHESTNUT FOUNDATION 50 N. MERRIMON AVE. ASHVILLE, NC 28804	**-***3019	501(C)(3)	20,000.	0.	N/A	N/A	BOTANICAL, HORTICULTURAL, AND LANDSCAPE SERV
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET - NEW YORK, NY 10004	**-***3516	501(C)(3)	10,000.	0.	N/A	N/A	CIVIL LIBERTIES ADVOCACY
AMERICAN CONSERVATIVE UNION (ACU) FOUNDATION - 1199 NORTH FAIRFAX STREET - ALEXANDRIA, VA 22314-1483	**-***4680	501(C)(3)	7,500.	0.	N/A	N/A	PRINTING, PUBLISHING
AMERICAN RED CROSS PO BOX 37839 BOONE, IN 50037	**-***6605	501(C)(3)	10,000.	0.	N/A	N/A	AMERICAN RED CROSS
ANIMAL WELFARE LEAGUE OF ALEXANDRIA - 4101 EISENHOWER AVENUE - ALEXANDRIA, VA 22304	**-***6610	501(C)(3)	7,500.	0.	N/A	N/A	ANIMAL PROTECTION AND WELFARE
ARC OF LOUDOUN 25 CATOCTIN CIRCLE SE, #1276 LEESBURG, VA 20177	**-***5314	501(C)(3)	102,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATIONS
ARLINGTON ARTISTS ALLIANCE 2700 CLARENDON BLVD ARLINGTON, VA 22201-7009	**-***3690	501(C)(3)	10,000.	0.	N/A	N/A	ART MUSEUMS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ARLINGTON FOOD ASSISTANCE CENTER P.O. BOX 6261 ARLINGTON, VA 22206	**-***3207	501(C)(3)	12,250.	0.	N/A	N/A	FOOD BANKS, FOOD PANTRIES
ARLINGTON FREE CLINIC 2921 11TH ST S ARLINGTON, VA 22204-0827	**-***1883	501(C)(3)	6,500.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
ARMY HISTORICAL FOUNDATION, INC. 1775 LIBERTY DR FORT BELVOIR, VA 22060-1805	**-***7225	501(C)(3)	10,000.	0.	N/A	N/A	HISTORICAL SOCIETIES AND RELATED ACTIVITIES
ARTFACTORY 9419 BATTLE ST MANASSAS, VA 20110-5438	**-***8092	501(C)(3)	20,000.	0.	N/A	N/A	PERFORMING ARTS CENTERS
ASPIRE AFTERSCHOOL LEARNING PO BOX 41318 ARLINGTON, VA 22204-8318	**-***5642	501(C)(3)	15,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
AUGUSTANA UNIVERSITY OFFICE OF ADVANCEMENT SIOUX FALLS, SD 57197	**-***4588	501(C)(3)	200,000.	0.	N/A	N/A	HIGHER ED INSTITUTIONS
BALA MANDIR USA CORPORATION 9740 LANTANA WAY BETHESDA, MD 20817	**-***5736	501(C)(3)	20,000.	0.	N/A	N/A	FUNDRAISING AND/OR FUND DISTRIBUTION
BE LOUD! SOPHIE FOUNDATION 406 LONGLEAF DRIVE CHAPEL HILL, NC 27517	**-***1415	501(C)(3)	7,500.	0.	N/A	N/A	CANCER
BEACON FOR ENGLISH LANGUAGE & LITERACY - 9535 LINTON HALL RD - BRISTOW, VA 20136-1217	**-***3007	501(C)(3)	15,000.	0.	N/A	N/A	HUMAN SERVICES

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BELONG! 124 PARK STREET NE VIENNA, VA 22180	**-***7456	501(C)(3)	15,000.	0.	N/A	N/A	HUMAN SERVICES NEC
BEST BUDDIES IN VA AND DC 7956L TYSONS CORNER TYSONS, VA 22102	**-***4576	501(C)(3)	50,000.	0.	N/A	N/A	SERVICES PROMOTE THE INDEPENDENCE OF SPECIFIC INDIVIDUALS
BETHEL NO. 1, JOB'S DAUGHTERS INTERNATIONAL - 4870-B OLD DOMINION DR - ARLINGTON, VA 22207-2769	**-***2950	501(C)(3)	50,000.	0.	N/A	N/A	GIRLS CLUBS
BLACK FEATHER FOUNDATION 15483 ENTERPRISE WAY CULPEPER, VA 22701-4629	**-***7646	501(C)(3)	15,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
BOOLEAN GIRL, INC. 815 N BARTON STREET ARLINGTON, VA 22201	**-***8294	501(C)(3)	10,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
BULL RUN UNITARIAN UNIVERSALISTS 9350 MAIN STREET MANASSAS, VA 20110	**-***2161	501(C)(3)	15,000.	0.	N/A	N/A	RELATED NEC
BURKE PRESBYTERIAN CHURCH 5690 OAK LEATHER DR BURKE, VA 22015-2236	**-***8953	501(C)(3)	7,200.	0.	N/A	N/A	PROTESTANT
CALIFORNIA INSTITUTE OF TECHNOLOGY CALTECH ASSOCIATES, 1200 E. CALIFORNIA BLVD. - PASADENA, CA 91125	**-***3307	501(C)(3)	10,040.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
CAPITAL CARING 3180 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042	**-***0770	501(C)(3)	21,037.	0.	N/A	N/A	HOSPICE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CARPENTER'S SHELTER 930 N. HENRY STREET ALEXANDRIA, VA 22314	** - ***1849	501(C)(3)	10,500.	0.	N/A	N/A	OTHER HOUSING, SHELTER N.E.C.
CASTING FOR RECOVERY, INC. 109 EAST OAK ST. BOZEMAN, MT 59715	** - ***4382	501(C)(3)	10,000.	0.	N/A	N/A	CANCER
CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON - 200 N. GLEBE RD. - ARLINGTON, VA 22203	** - ***5706	501(C)(3)	10,500.	0.	N/A	N/A	ROMAN CATHOLIC
CENTRAL UNION MISSION P.O. BOX 96763 WASHINGTON, DC 20090-6763	** - ***8650	501(C)(3)	6,000.	0.	N/A	N/A	TEMPORARY SHELTER FOR THE HOMELESS
CHAPEL HAVEN SCHLEIFER CENTER 1040 WHALLEY AVE WESTVILLE, CT 06515	** - ***5031	501(C)(3)	200,000.	0.	N/A	N/A	GROUP HOME, RESIDENTIAL TREATMENT FACILITY
CHARITIES AID FOUNDATION OF AMERICA - 225 REINEKERS LANE - ALEXANDRIA, VA 22314	** - ***4280	501(C)(3)	30,191.	0.	N/A	N/A	FUNDRAISING &/OR FUND DISTRIBUTION
CHILD AND FAMILY NETWORK CENTER 3700 WHEELER AVE ALEXANDRIA, VA 22304-6405	** - ***9809	501(C)(3)	30,000.	0.	N/A	N/A	EDUCATION NEC
CHILDREN OF FALLEN PATRIOTS FOUNDATION - 1818 LIBRARY ST - RESTON, VA 20190-6274	** - ***2295	501(C)(3)	20,000.	0.	N/A	N/A	MILITARY/ VETERANS' ORGANIZATIONS
CHILDREN'S HOSPITAL FOUNDATION 1 INVENTA PLACE, 6TH FLOOR SILVER SPRING, MD 20910-5176	** - ***0402	501(C)(3)	6,000.	0.	N/A	N/A	PEDIATRICS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CHILDREN'S SCHOLARSHIP FUND 8 W. 38TH STREET, SUITE 804 NEW YORK, NY 10018	**-***2189	501(C)(3)	35,000.	0.	N/A	N/A	SCHOLARSHIPS, STUDENT FINANCIAL AID, AWARDS
CHRIST CENTRAL MINISTRIES, INC. 636 PINE RIDGE DR WEST COLUMBIA, SC 29172-1867	**-***8230	501(C)(3)	24,000.	0.	N/A	N/A	CHRISTIAN
CHURCH OF THE HOLY COMFORTER 543 BEULAH RD NE VIENNA, VA 22180	**-***5868	501(C)(3)	8,000.	0.	N/A	N/A	RELATED NEC
CLAUDE MOORE OPPORTUNITIES 11350 RANDOM HILLS RD FAIRFAX, VA 22030	**-***1379	501(C)(3)	362,775.	0.	N/A	N/A	OTHER YOUTH DEVELOPMENT N.E.C.
CLEAN FAIRFAX COUNCIL, INC 12000 GOVERNMENT CENTER PKWY FAIRFAX, VA 22035-0002	**-***1379	501(C)(3)	10,000.	0.	N/A	N/A	ENVIRONMENTAL BEAUTIFICATION
COALITION FOR QUEER CREATIVE ARTS THERAPIES (CQCAT) - 3201 DUVAL ROAD - AUSTIN, TX 78759	**-***8251	501(C)(3)	10,000.	0.	N/A	N/A	PROFESSIONAL SOCIETIES & ASSOCIATIONS
COMMUNITY COALITION FOR HAITI (CCH) - P.O. BOX 1222 - VIENNA, VA 22183	**-***3122	501(C)(3)	31,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT, CAPACITY BUILDING
COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES - P.O. BOX 342 - LEESBURG, VA 20178	**-***0727	501(C)(3)	67,553.	0.	N/A	N/A	COMMUNITY FOUNDATIONS
COMMUNITY FOUNDATION OF JACKSON HOLE - P.O. BOX 574 - JACKSON, WY 83001	**-***8856	501(C)(3)	50,000.	0.	N/A	N/A	COMMUNITY FOUNDATIONS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COMMUNITY LODGINGS, INC. 3912 ELBERT AVE ALEXANDRIA, VA 22305-2047	**-***8495	501(C)(3)	15,000.	0.	N/A	N/A	HOUSING & SHELTER NEC
COMMUNITY RESIDENCES FOUNDATION, INC (DBA CRI FOUNDATION) - 14160 NEWBROOK DRIVE - CHANTILLY, VA 20151	**-***3414	501(C)(3)	25,000.	0.	N/A	N/A	OTHER PHILANTHROPY, VOLUNTARISM, GRANTMAKING
COMPUTER CORE 201 N UNION ST ALEXANDRIA, VA 22314-2663	**-***8428	501(C)(3)	15,000.	0.	N/A	N/A	EMPLOYMENT TRAINING
CONGREGATION BETH EMETH 12523 LAWYERS ROAD HERNDON, VA 20171	**-***2795	501(C)(3)	7,876.	0.	N/A	N/A	JEWISH
CORNERSTONE CRAFTSMAN INC. 2111 EISENHOWER AVE ALEXANDRIA, VA 22314-4679	**-***4741	501(C)(3)	30,000.	0.	N/A	N/A	PHILANTHROPY/CHARITY/VOLUNTARISM PROMOTION
CORNERSTONES, INC. 11150 SUNSET HILLS ROAD RESTON, VA 20190	**-***7615	501(C)(3)	5,500.	0.	N/A	N/A	OTHER HOUSING, SHELTER N.E.C.
CULPEPER HOUSING & SHELTER SERVICES (CHASS) - 215 E. SPENCER STREET - CULPEPER, VA 22701	**-***3631	501(C)(3)	30,000.	0.	N/A	N/A	COMMUNITY/NEIGHBORHOOD DEVELOPMENT
DIAN FOSSEY GORILLA FUND INTERNATIONAL, INC. - 800 CHEROKEE AVE SE - ATLANTA, GA 30315-1470	**-***8866	501(C)(3)	8,000.	0.	N/A	N/A	PROTECTION OF ENDANGERED SPECIES
DOCTORS WITHOUT BORDERS USA INC P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	**-***3452	501(C)(3)	7,500.	0.	N/A	N/A	DISASTER PREPAREDNESS AND RELIEF SERVICE

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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DREXEL UNIVERSITY P.O. BOX 8215 PHILADELPHIA, PA 19101-9684	**-***2630	501(C)(3)	350,000.	0.	N/A	N/A	HIGHER ED INSTITUTIONS
EARTH SANGHA 10123 COMMONWEALTH BLVD. FAIRFAX, VA 22032	**-***8546	501(C)(3)	20,000.	0.	N/A	N/A	FOREST CONSERVATION
EASTERSEALS DC MD VA 1420 SPRING STREET SILVER SPRING, MD 20910	**-***2296	501(C)(3)	13,250.	0.	N/A	N/A	HEALTH SUPPORT SERVICES
ECUMENICAL CHURCH AND UNIVERSITY 1026 POPE ST COLUMBIA, SC 29201-1826	**-***9668	501(C)(3)	10,000.	0.	N/A	N/A	CHRISTIAN
ELDEN STREET PLAYERS DBA NEXTSTOP THEATRE - 269 SUNSET PARK DR - HERNDON, VA 20170	**-***3154	501(C)(3)	22,000.	0.	N/A	N/A	THEATER
ENGLISH EMPOWERMENT CENTER 2855 ANNANDALE ROAD FALLS CHURCH, VA 22042	**-***8748	501(C)(3)	16,000.	0.	N/A	N/A	REMEDIAL READING, READING ENCOURAGEMENT
EPILEPSY FOUNDATION 3540 CRAIN HIGHWAY, SUITE 675 BOWIE, MD 20716	**-***6660	501(C)(3)	62,500.	0.	N/A	N/A	EPILEPSY
FACETS 10700 PAGE AVENUE, BUILDING B FAIRFAX, VA 22030	**-***6266	501(C)(3)	12,752.	0.	N/A	N/A	HOMELESS SERVICES/ CENTERS
FAIRFAX COURT APPOINTED SPECIAL ADVOCATES (CASA) - 4103 CHAIN BRIDGE ROAD - FAIRFAX, VA 22030	**-***5197	501(C)(3)	32,500.	0.	N/A	N/A	CHILDREN'S RIGHTS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FALLS CHURCH COMMUNITY SERVICE COUNCIL, INC. - 7416 ARLINGTON ROAD - FALLS CHURCH, VA 22042	**-***4772	501(C)(3)	15,000.	0.	N/A	N/A	FOOD BANKS, FOOD PANTRIES
FIRST PRESBYTERIAN CHURCH OF HAMPTON - 514 S. ARMISTEAD AVE. - HAMPTON, VA 23669	**-***5802	501(C)(3)	40,000.	0.	N/A	N/A	RELATED NEC
FIVE TALENTS USA P.O. BOX 331 VIENNA, VA 22183	**-***0918	501(C)(3)	12,000.	0.	N/A	N/A	INTERNATIONAL ECONOMIC DEVELOPMENT
FIVE18 FAMILY SERVICES (FORMALLY PATRICK HENRY FAMILY SERVICES) - 1621-B ENTERPRISE DR. - LYNCHBURG, VA 24502	**-***0819	501(C)(3)	20,573.	0.	N/A	N/A	HUMAN SERVICES NEC
FLINT HILL SCHOOL 3320 JERMANTOWN ROAD OAKTON, VA 22124	**-***8212	501(C)(3)	10,000.	0.	N/A	N/A	ELEMENTARY, SECONDARY ED
FOOD FOR NEIGHBORS 11710 PLAZA AMERICA DR, SUITE 130 RESTON, VA 20190	**-***6063	501(C)(3)	30,000.	0.	N/A	N/A	FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
FORMED FAMILIES FORWARD 10304 EATON PLACE, SUITE 100 FAIRFAX, VA 22030-2221	**-***8866	501(C)(3)	15,000.	0.	N/A	N/A	EDUCATIONAL SERVICES AND SCHOOLS
FOSTER CARE TO SUCCESS 23811 CHAGRIN BLVD CLEVELAND, OH 44122-5555	**-***8437	501(C)(3)	19,200.	0.	N/A	N/A	FOSTER CARE
FRIENDS OF BARNABAS P.O. BOX 4804 MIDLOTHIAN, VA 23112	**-***7279	501(C)(3)	6,000.	0.	N/A	N/A	AMBULATORY HEALTH CENTER, COMMUNITY CLINIC

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FRIENDS OF HOMELESS ANIMALS 39710 GOODPUPPY LANE ALDIE, VA 20105	**-***5910	501(C)(3)	6,444.	0.	N/A	N/A	ANIMAL PROTECTION AND WELFARE
FUTURE KINGS, INC. 17949 MAIN STREET DUMFRIES, VA 22026	**-***4881	501(C)(3)	5,250.	0.	N/A	N/A	EDUCATIONAL SERVICES AND SCHOOLS
GEORGE MASON UNIVERSITY FOUNDATION, INC - 4400 UNIVERSITY DRIVE - FAIRFAX, VA 22030	**-***3842	501(C)(3)	130,250.	0.	N/A	N/A	FUNDRAISING AND/OR FUND DISTRIBUTION
GEORGE MASON UNIVERSITY OFFICE OF ADMISSIONS - 4400 UNIVERSITY DRIVE - FAIRFAX, VA 22030-4422	**-***3842	501(C)(3)	9,166.	0.	N/A	N/A	MEDIA, COMMUNICATIONS ORGANIZATIONS
GEORGIA TECH FOUNDATION INC 760 SPRING STREET N.W. ATLANTA, GA 30308	**-***3294	501(C)(3)	7,500.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
GIRLS ON THE RUN OF NOVA 10301 DEMOCRACY LANE FAIRFAX, VA 22030	**-***6885	501(C)(3)	15,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
GIRLS ROCK PITTSBURGH 460 MELWOOD AVE PITTSBURGH, PA 15213	**-***3011	501(C)(3)	10,000.	0.	N/A	N/A	MUSIC
GOLDMAN SACHS PHILANTHROPY FUND 200 WEST ST FL 15 NEW YORK CITY, NH 10282	**-***4905	501(C)(3)	142,794.	0.	N/A	N/A	FUNDRAISING ORGS THAT CROSS CATEGORIES
GOODWIN LIVING FOUNDATION 4800 FILLMORE AVE ALEXANDRIA, VA 22311	**-***9749	501(C)(3)	10,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GREATER WASHINGTON COMMUNITY FOUNDATION - 1325 G STREET NW - WASHINGTON, DC 20005	** - ***3119	501(C)(3)	5,474.	0.	N/A	N/A	PHILANTHROPY, VOLUNTARISM & GRANTMAKING FDTNS NEC
GREENPEACE FUND, INC. 702 H STREET NW, SUITE 300 WASHINGTON, DC 20001	** - ***3195	501(C)(3)	7,500.	0.	N/A	N/A	LAND RESOURCES CONSERVATION
HABITAT FOR HUMANITY INTERNATIONAL 285 PEACHTREE CENTER AVE NE ATLANTA, GA 30303-1220	** - ***4868	501(C)(3)	25,000.	0.	N/A	N/A	INTERNAT., FOREIGN AFFAIRS & NATIONAL SECURITY NEC
HABITAT FOR HUMANITY OF WASHINGTON, D.C. & NORTHERN VIRGINIA - 6295 EDSALL ROAD, SUITE 120 - ALEXANDRIA, VA 22312	** - ***9700	501(C)(3)	10,000.	0.	N/A	N/A	HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT
HAMPTON UNIVERSITY 200 WILLIAM R. HARVEY WAY HAMPTON, VA 23668	** - ***5990	501(C)(3)	18,750.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
HARRASEKET FOUNDATION 301 PARK AVENUE FALLS CHURCH, VA 22046	** - ***0668	501(C)(3)	20,000.	0.	N/A	N/A	VOCATIONAL COUNSELING/ GUIDANCE/ TESTING
HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA - 3760 FOWLER STREET - FORT MYERS, FL 33901	** - ***2120	501(C)(3)	10,000.	0.	N/A	N/A	FOOD BANKS, FOOD PANTRIES
HERNDON-RESTON FISH, INC. 1801 ROBERT FULTON DR RESTON, VA 20191-5461	** - ***7414	501(C)(3)	15,000.	0.	N/A	N/A	OTHER HOUSING SUPPORT SERVICES
HISPANICS AGAINST CHILD ABUSE AND NEGLECT - PO BOX 1803 - FALLS CHURCH, VA 22041-0803	** - ***5697	501(C)(3)	15,000.	0.	N/A	N/A	CHILD ABUSE, PREVENTION OF

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HOME CARE PARTNERS 1234 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005	**-***0603	501(C)(3)	20,000.	0.	N/A	N/A	HOMEMAKER, HOME HEALTH AIDE
HOPECAM, INC. 12100 SUNSET HILLS ROAD RESTON, VA 20190-5913	**-***6801	501(C)(3)	8,500.	0.	N/A	N/A	OTHER YOUTH DEVELOPMENT N.E.C.
HOPELINK BEHAVIORAL HEALTH 10455 WHITE GRANITE DRIVE OAKTON, VA 22124	**-***0899	501(C)(3)	17,500.	0.	N/A	N/A	OTHER MENTAL HEALTH, CRISIS INTERVENTION
HOWARD UNIVERSITY 2400 6TH STREET NW, SUITE 218 WASHINGTON, DC 20059	**-***4707	501(C)(3)	25,000.	0.	N/A	N/A	EDUCATION NEC
INOVA HEALTH FOUNDATION 8095 INNOVATION PARK DR FAIRFAX, VA 22031-4868	**-***1867	501(C)(3)	72,825.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
JK COMMUNITY FARM 35516 PAXSON ROAD PURCELLVILLE, VA 20132	**-***6966	501(C)(3)	6,444.	0.	N/A	N/A	FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
JUSTICE HIGH SCHOOL SCHOLARSHIP FUND, INC. - P.O. BOX 4612 - FALLS CHURCH, VA 22044	**-***0517	501(C)(3)	20,000.	0.	N/A	N/A	FUNDRAISING AND/OR FUND DISTRIBUTION
KATHLEEN AND EDDIE ARTHUR HEARTS OF LOVE - 3601 RUSSELL ROAD - ALEXANDRIA, VA 22305	**-***2369	501(C)(3)	10,000.	0.	N/A	N/A	COMMUNITY FOUNDATIONS
KITCHEN OF PURPOSE 918 S. LINCOLN STREET, SUITE 2 ARLINGTON, VA 22204	**-***7695	501(C)(3)	17,000.	0.	N/A	N/A	EMPLOYMENT TRAINING

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LEADING THE WAY WITH DR MICHAEL YOUSSEF INC - PO BOX 20100 - ATLANTA, GA 30325	**-***6773	501(C)(3)	10,000.	0.	N/A	N/A	RELIGION-RELATED NEC
LEUKEMIA & LYMPHOMA SOCIETY P.O. BOX 22324 NEW YORK, NH 10087-0001	**-***4916	501(C)(3)	7,000.	0.	N/A	N/A	CANCER RESEARCH
LIFTMEUP P.O. BOX 104 GREAT FALLS, VA 22066	**-***7545	501(C)(3)	10,200.	0.	N/A	N/A	DEVELOPMENTALLY DISABLED SERVICES/ CENTERS
LITERACY VOLUNTEERS OF AMERICA-PRINCE WILLIAM, INC. - 2235-C TACKETT'S MILL DRIVE - WOODBRIDGE, VA 22192	**-***0421	501(C)(3)	15,000.	0.	N/A	N/A	ADULT, CONTINUING ED
LIVING HOPE EVANGELICAL PRESBYTERIAN CHURCH - 7135 AUBURN MILL RD - WARRENTON, VA 201879167	**-***0243	501(C)(3)	50,000.	0.	N/A	N/A	PROTESTANT
LORTON COMMUNITY ACTION CENTER PO BOX 154 LORTON, VA 22199-0154	**-***1451	501(C)(3)	20,000.	0.	N/A	N/A	EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)
LOUDOUN EDUCATION FOUNDATION 21000 EDUCATION COURT ASHBURN, VA 20148	**-***3768	501(C)(3)	15,580.	0.	N/A	N/A	FUNDRAISING AND/OR FUND DISTRIBUTION
LOUDOUN FREE CLINIC 224-A CORNWALL STREET NW LEESBURG, VA 20176-2701	**-***1059	501(C)(3)	15,500.	0.	N/A	N/A	HEALTH CARE NEC
LOUDOUN HUNGER RELIEF, INC. 750 MILLER DRIVE, SUITE A-1 LEESBURG, VA 20175	**-***1635	501(C)(3)	20,000.	0.	N/A	N/A	FOOD BANKS, FOOD PANTRIES

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LOUDOUN LITERACY COUNCIL P.O. BOX 1932 LEESBURG, VA 20177	**-***7843	501(C)(3)	23,337.	0.	N/A	N/A	ADULT, CONTINUING ED
LOUDOUN SYMPHONY ASSOCIATION, INC. PO BOX 4478 LEESBURG, VA 20177-8552	**-***5633	501(C)(3)	10,000.	0.	N/A	N/A	SYMPHONY ORCHESTRAS
MAIN STREET CHILD DEVELOPMENT CENTER - 4401 SIDEBURN RD - FAIRFAX, VA 22030-4403	**-***2179	501(C)(3)	16,040.	0.	N/A	N/A	KINDERGARTEN, NURSERY SCHOOLS, PRESCHOOL
MARINE CORPS SCHOLARSHIP FOUNDATION - 909 N WASHINGTON ST - ALEXANDRIA, VA 22314-1555	**-***5062	501(C)(3)	50,340.	0.	N/A	N/A	SCHOLARSHIPS, STUDENT FINANCIAL AID, AWARDS
MARYMOUNT UNIVERSITY 2807 N. GLEBE ROAD ARLINGTON, VA 22207-4224	**-***3801	501(C)(3)	6,000.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
MARYWOOD UNIVERSITY 2300 ADAMS AVE SCRANTON, PA 18509-1514	**-***5453	501(C)(3)	25,000.	0.	N/A	N/A	EDUCATION NEC
MELWOOD, INC. 5606 DOWER HOUSE ROAD UPPER MARLBORO, MD 20772	**-***7690	501(C)(3)	15,000.	0.	N/A	N/A	EMPLOYMENT PROCUREMENT ASSISTANCE & JOB TRAINING
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE TAMPA, FL 33612-9416	**-***8636	501(C)(3)	10,000.	0.	N/A	N/A	SURGICAL SPECIALTIES
MOUNT VERNON LADIES' ASSOCIATION OF THE UNION - PO BOX 110 - MOUNT VERNON, VA 22121	**-***4701	501(C)(3)	50,250.	0.	N/A	N/A	HISTORY MUSEUMS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MOUNTAINSIDE MONTESSORI SCHOOL 4206 BELVOIR RD MARSHALL, VA 20115	**-***2529	501(C)(3)	200,000.	0.	N/A	N/A	EDUCATION NEC
NAMI-NORTHERN VIRGINIA PO BOX 480 OAKTON, VA 22124	**-***1920	501(C)(3)	11,000.	0.	N/A	N/A	MENTAL HEALTH ASSOCIATIONS
NATIONAL BREAST CENTER FOUNDATION 277 S WASHINGTON ST ALEXANDRIA, VA 22314-3672	**-***1009	501(C)(3)	50,000.	0.	N/A	N/A	BREAST CANCER
NATIONAL CAPITAL AREA COUNCIL - BOY SCOUTS OF AMERICA - 9190 ROCKVILLE PIKE - BETHESDA, MD 20814-3812	**-***4610	501(C)(3)	10,000.	0.	N/A	N/A	BOY SCOUTS
NATIONAL CHRISTIAN FOUNDATION 1150 SANCTUARY PKWY ALPHARETTA, GA 30009	**-***9280	501(C)(3)	15,000.	0.	N/A	N/A	CHRISTIAN
NATIONAL PUBLIC RADIO, INC (NPR) P.O. BOX 791490 BALTIMORE, MD 21279	**-***7625	501(C)(3)	6,500.	0.	N/A	N/A	MEDIA, COMMUNICATIONS ORGANIZATIONS
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	**-***4616	501(C)(3)	15,000.	0.	N/A	N/A	WILDLIFE PRESERVATION/ PROTECTION
NATURE FORWARD 8940 JONES MILL ROAD CHEVY CHASE, MD 20815	**-***3715	501(C)(3)	20,000.	0.	N/A	N/A	ENVIRONMENTAL EDUCATION & OUTDOOR SURVIVAL
NAVAL POSTGRADUATE SCHOOL FOUNDATION - PO BOX 8626 - MONTEREY, CA 93943	**-***8729	501(C)(3)	25,000.	0.	N/A	N/A	SCHOLARSHIPS, STUDENT FINANCIAL AID, AWARDS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NORTHERN VIRGINIA FAMILY SERVICE 3110 FAIRVIEW PARK DRIVE, SUITE 500 FALLS CHURCH, VA 22042	** - ***1977	501(C)(3)	53,500.	0.	N/A	N/A	FAMILY SERVICES
NORTHERN VIRGINIA FINE ARTS ASSOCIATION - THE ATHENAEUM - ALEXANDRIA, VA 22314	** - ***3662	501(C)(3)	8,000.	0.	N/A	N/A	ARTS, CULTURAL ORGS
NORTHERN VIRGINIA REGIONAL PARK AUTHORITY (NOVA PARKS) - 5400 OX RD - FAIRFAX STA, VA 22039-1022	** - ***5585	501(C)(3)	238,792.	0.	N/A	N/A	ENVIRONMENT
NORTHERN VIRGINIA SCIENCE CENTER FOUNDATION - 3957 PENDER DRIVE - FAIRFAX, VA 22030	** - ***8625	501(C)(3)	35,000.	0.	N/A	N/A	SCIENCE & TECHNOLOGY MUSEUM
NORTHWESTERN UNIVERSITY NORTHWESTERN UNIVERSITY / ALUMNI RELATIONS AND DEVELOPMENT - EVANSTON, IL 60	** - ***7817	501(C)(3)	675,000.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
NUEVA VIDA, INC. 801 N. PITT STREET ALEXANDRIA, VA 22314-1782	** - ***3145	501(C)(3)	30,000.	0.	N/A	N/A	CANCER
OLD DOMINION UNIVERSITY EDUCATIONAL FOUNDATION - 4417 MONARCH WAY, 4TH FLOOR - NORFOLK, VA 23529	** - ***2014	501(C)(3)	10,000.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
OPERATION RENEWED HOPE FOUNDATION 6315 MARYVIEW ST ALEXANDRIA, VA 22310-2928	** - ***8293	501(C)(3)	20,000.	0.	N/A	N/A	MILITARY/ VETERANS' ORGANIZATIONS
OPPORTUNITY INTERNATIONAL, INC. 550 WEST VAN BUREN STREET CHICAGO, IL 60607	** - ***7624	501(C)(3)	15,000.	0.	N/A	N/A	INTERNATIONAL ECONOMIC DEVELOPMENT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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OUR MINDS MATTER 1550 WILSON BLVD ARLINGTON, VA 22209-2490	**-***3590	501(C)(3)	26,500.	0.	N/A	N/A	OTHER MENTAL HEALTH, CRISIS INTERVENTION
OXFAM AMERICA, INC. 77 NORTH WASHINGTON STREET BOSTON, MA 02114	**-***9110	501(C)(3)	10,000.	0.	N/A	N/A	INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
PATHWAY HOMES, INC 10201 FAIRFAX BLVD FAIRFAX, VA 22030-2209	**-***1459	501(C)(3)	10,000.	0.	N/A	N/A	OTHER HOUSING SUPPORT SERVICES
PEBBLE BEACH COMPANY FOUNDATION PO BOX 1767 PEBBLE BEACH, CA 93953	**-***9888	501(C)(3)	50,000.	0.	N/A	N/A	COMMUNITY FOUNDATIONS
PENNSYLVANIA STATE UNIVERSITY (PENN STATE UNIVERSITY) - ATTN: OFFICE OF THE BURSAR - EXTERNAL AWARDS - UNIVERSITY PARK, PA	**-***0376	501(C)(3)	450,000.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
PHILLIPS PROGRAMS 7010 BRADDOCK RD ANNANDALE, VA 22003	**-***3311	501(C)(3)	10,000.	0.	N/A	N/A	SPECIAL ED INSTITUTIONS
PINK SPACE THEORY 3360 POST OFFICE ROAD WOODBIDGE, VA 22193	**-***0393	501(C)(3)	15,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
PORTO CHARITIES INC 10660 PAGE AVE #4446 FAIRFAX, VA 22038	**-***4129	501(C)(3)	5,500.	0.	N/A	N/A	COMMUNITY FOUNDATIONS
PRATHAM USA 9703 RICHMOND AVENUE, SUITE 102 HOUSTON, TX 77042	**-***0808	501(C)(3)	26,700.	0.	N/A	N/A	PUBLIC FOUNDATIONS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PREVENTION POINT PITTSBURGH 460 MELWOOD AVENUE PITTSBURGH, PA 15213	**-***2314	501(C)(3)	10,000.	0.	N/A	N/A	PUBLIC HEALTH PROGRAMS
PRISON FELLOWSHIP MINISTRIES P.O. BOX 1550 MERRIFIELD, VA 22116-1550	**-***8294	501(C)(3)	12,000.	0.	N/A	N/A	SERVICES TO PRISONERS/ FAMILIES
PROJECT MEND-A-HOUSE 8665 SUDLEY RD MANASSAS, VA 20110	**-***3024	501(C)(3)	10,000.	0.	N/A	N/A	HOME IMPROVEMENT/ REPAIRS
PROVISION CHURCH P.O. BOX 6400 ALEXANDRIA, VA 22306	**-***7646	501(C)(3)	10,000.	0.	N/A	N/A	CHRISTIAN
RAILS TO TRAILS CONSERVANCY 2121 WARD CT NW WASHINGTON, DC 20037-1251	**-***7006	501(C)(3)	10,000.	0.	N/A	N/A	NATURAL RESOURCE CONSERVATION AND PROTECTION
READING IS FUNDAMENTAL OF NORTHERN VIRGINIA, INC. - PO BOX 7012 - ARLINGTON, VA 22207-0012	**-***5758	501(C)(3)	15,000.	0.	N/A	N/A	PRIMARY/ELEMENTARY SCHOOL
RIVERSIDE CENTER FOR THE PERFORMING ARTS - 95 RIVERSIDE PKWY - FREDERICKSBURG, VA 22406-1022	**-***1872	501(C)(3)	10,000.	0.	N/A	N/A	PERFORMING ARTS CENTERS
ROCK RECOVERY PO BOX 100923 ARLINGTON, VA 22201	**-***1272	501(C)(3)	25,000.	0.	N/A	N/A	COUNSELING SUPPORT GROUPS
SAN MIGUEL SCHOOL, INC. ATTN: DEVELOPMENT OFFICE WASHINGTON, DC 20012	**-***2349	501(C)(3)	42,000.	0.	N/A	N/A	PRIMARY/ELEMENTARY SCHOOL

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SECOND STORY P.O. BOX 694 DUNN LORING, VA 22027	**-***9463	501(C)(3)	35,500.	0.	N/A	N/A	TEMPORARY SHELTER FOR THE HOMELESS
SEVATRUCK FOUNDATION 2815 OLD LEE HIGHWAY FAIRFAX, VA 22031	**-***1173	501(C)(3)	27,000.	0.	N/A	N/A	FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
SEVEN LOAVES SERVICES, INC. P.O. BOX 1924 MIDDLEBURG, VA 20118	**-***9888	501(C)(3)	10,000.	0.	N/A	N/A	HUMAN SERVICES NEC
SHAKESPEARE THEATRE COMPANY 516 8TH STREET SE WASHINGTON, DC 20003	**-***5988	501(C)(3)	25,000.	0.	N/A	N/A	ARTS, CULTURE & HUMANITIES
SHEPHERD'S CENTER OF FAIRFAX-BURKE 4019 OLLEY LN FAIRFAX, VA 22032-1387	**-***7392	501(C)(3)	20,000.	0.	N/A	N/A	COUNTY/ STREET/ CIVIC/ MULTI
SHRINERS HOSPITAL FOR CHILDREN PO BOX 947765 ATLANTA, GA 30394	**-***3608	501(C)(3)	57,500.	0.	N/A	N/A	HOSPITAL (SPECIALTY)
SIGNATURE THEATRE, INC. 4200 CAMPBELL AVENUE ARLINGTON, VA 22206	**-***7785	501(C)(3)	10,000.	0.	N/A	N/A	THEATER
SILOAM HEALTH 820 GALE LANE NASHVILLE, TN 37204	**-***7940	501(C)(3)	6,500.	0.	N/A	N/A	COMMUNITY HEALTH SYSTEMS
SMITHSONIAN NATIONAL AIR & SPACE MUSEUM - CONTRIBUTION RECEIPT CENTER - WASHINGTON, DC 20090	**-***6027	501(C)(3)	25,000.	0.	N/A	N/A	MUSEUMS & MUSEUM ACTIVITIES

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOME INC. (SO OTHERS MIGHT EAT) 71 O ST NW WASHINGTON, DC 20001-1258	**-***8123	501(C)(3)	7,250.	0.	N/A	N/A	HOMELESS SERVICES/ CENTERS
SOUND IMPACT 5952 INNISVALE DRIVE FAIRFAX STATION, VA 22039	**-***9087	501(C)(3)	10,000.	0.	N/A	N/A	MUSIC GROUPS, BANDS, ENSEMBLES
SPACE OF HER OWN, INC. 520 KING ST. ALEXANDRIA, VA 22314	**-***2179	501(C)(3)	20,000.	0.	N/A	N/A	MANAGEMENT & TECHNICAL ASSISTANCE
SPECIAL OLYMPICS SOUTHERN CALIFORNIA - 1600 FORBES WAY - LONG BEACH, CA 90810	**-***8450	501(C)(3)	10,000.	0.	N/A	N/A	SPECIAL OLYMPICS
SPECIALLY ADAPTED RESOURCE CLUB (SPARC) - 11232 BEAVER TRAIL CT - RESTON, VA 20191	**-***3060	501(C)(3)	31,000.	0.	N/A	N/A	HUMAN SERVICES NEC
SSP INTERNATIONAL, INC. (SUMMER SCIENCE PROGRAM) - 1207 DELAWARE AVE #680 - WILMINGTON, DE 19806	**-***1965	501(C)(3)	10,000.	0.	N/A	N/A	EDUCATIONAL SERVICES AND SCHOOLS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	**-***6012	501(C)(3)	92,200.	0.	N/A	N/A	HOSPITAL (SPECIALTY)
ST. PAUL VI CATHOLIC HIGH SCHOOL 42341 BRADDOCK ROAD CHANTILLY, VA 20152-5374	**-***3660	501(C)(3)	20,500.	0.	N/A	N/A	SECONDARY SCHOOL/HIGH SCHOOL
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	**-***4654	501(C)(3)	10,000.	0.	N/A	N/A	HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRAZ CENTER 1010 N W.C. MACINNES PLACE TAMPA, FL 33602	**-***7085	501(C)(3)	5,500.	0.	N/A	N/A	PERFORMING ARTS CENTERS
SUSTAINABILITY MATTERS 577 KERN SPRINGS ROAD WOODSTOCK, VA 22664	**-***4760	501(C)(3)	30,000.	0.	N/A	N/A	ENVIRONMENTAL QUALITY PROTECTION AND BEAUTIF
TENNESSEE TECHNOLOGICAL UNIVERSITY FOUNDATION - PO BOX 1915 - COOKEVILLE, TN 38505	**-***7911	501(C)(3)	9,000.	0.	N/A	N/A	EDUCATION NEC
THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY - P.O. BOX 1068 - HARRISONBURG, VA 22803	**-***0746	501(C)(3)	10,000.	0.	N/A	N/A	COMMUNITY FOUNDATIONS
THE GEORGE WASHINGTON FOUNDATION 1201 WASHINGTON AVE FREDERICKSBURG, VA 22401	**-***5507	501(C)(3)	15,000.	0.	N/A	N/A	HISTORICAL SOCIETIES AND RELATED ACTIVITIES
THE HOUSE, INC. 14000 CROWN COURT WOODBIDGE, VA 22193	**-***7568	501(C)(3)	15,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
THE LAMB CENTER PO BOX 1385 FAIRFAX, VA 22038-1385	**-***2581	501(C)(3)	15,000.	0.	N/A	N/A	HOMELESS SERVICES/ CENTERS
THE LILABEAN FOUNDATION INC 105 ROCKDALE DRIVE SILVER SPRING, MD 20901	**-***7388	501(C)(3)	10,000.	0.	N/A	N/A	FUNDRAISING &/OR FUND DISTRIBUTION
THE LINKS FOUNDATION, INC. 1200 MASSACHUSETTS AVENUE N.W. WASHINGTON, DC 20005	**-***0830	501(C)(3)	10,000.	0.	N/A	N/A	COMMUNITY SERVICE CLUBS (KIWANIS, LIONS, ETC)

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE URBAN ALTERNATIVE PO BOX 4000 DALLAS, TX 75208-0560	**-***5253	501(C)(3)	8,000.	0.	N/A	N/A	RELIGIOUS MEDIA, COMMUNICATIONS ORGANIZATION
THE WOMEN'S CENTER 133 PARK STREET, NE VIENNA, VA 22180	**-***3496	501(C)(3)	10,018.	0.	N/A	N/A	MENTAL HEALTH TREATMENT
TREVOR PROJECT P.O. BOX 69232 WEST HOLLYWOOD, CA 90069	**-***1287	501(C)(3)	7,500.	0.	N/A	N/A	HOT LINE, CRISIS INTERVENTION
TRUE GROUND HOUSING PARTNERS 4318 N CARLIN SPRINGS RD ARLINGTON, VA 22203-2006	**-***5133	501(C)(3)	30,000.	0.	N/A	N/A	HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT
TURNING POINT MINISTRY PO BOX 3838 SAN DIEGO, CA 92163-1838	**-***5805	501(C)(3)	10,000.	0.	N/A	N/A	PROTESTANT
U.S COMMITTEE FOR REFUGEES AND IMMIGRANTS - 2231 CRYSTAL DR. - ARLINGTON, VA 22202	**-***8704	501(C)(3)	7,000.	0.	N/A	N/A	INTERNAT., FOREIGN AFFAIRS & NATIONAL SECURITY NEC
UNITED COMMUNITY MINISTRIES 7511 FORDSON ROAD ALEXANDRIA, VA 22306	**-***0780	501(C)(3)	10,000.	0.	N/A	N/A	EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)
UNITED METHODIST FAMILY SERVICES OF VIRGINIA (UMFS) - 5400 SHAWNEE ROAD, SUITE 101 - ALEXANDRIA, VA 22312	**-***5969	501(C)(3)	20,000.	0.	N/A	N/A	FOSTER CARE
UNIVERSITY OF DELAWARE STUDENT FINANCIAL SERVICES NEWARK, DE 19716	**-***0297	501(C)(3)	52,167.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARY WASHINGTON FOUNDATION - 1119 HANOVER ST - FREDERICKSBURG, VA 22401-5412	** - ***9627	501(C)(3)	21,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION - 4603 CALVERT ROAD - COLLEGE PARK, MD 20740	** - ***7313	501(C)(3)	9,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109-1288	** - ***6309	501(C)(3)	16,714.	0.	N/A	N/A	HIGHER ED INSTITUTIONS
UNIVERSITY OF SCRANTON 800 LINDEN ST SCRANTON, PA 18510	** - ***5495	501(C)(3)	25,000.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
US NAVAL INSTITUTE FOUNDATION 291 WOOD RD ANNAPOLIS, MD 21402-1213	** - ***4344	501(C)(3)	50,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
VIENNA PRESBYTERIAN CHURCH 124 PARK STREET NE VIENNA, VA 22180	** - ***5443	501(C)(3)	21,000.	0.	N/A	N/A	PROTESTANT
VIRGINIA CHAMBER ORCHESTRA P.O. BOX 7484 ALEXANDRIA, VA 22307	** - ***1586	501(C)(3)	10,000.	0.	N/A	N/A	ARTS, CULTURE & HUMANITIES
VIRGINIA TECH FOUNDATION, INC. NORTHERN VIRGINIA CENTER (0336) BLACKSBURG, VA 24061	** - ***1690	501(C)(3)	100,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
WAMU 88.5 AMERICAN UNIVERSITY RADIO - AMERICAN UNIVERSITY - WASHINGTON, DC 20090-8101	** - ***6549	501(C)(3)	14,750.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON DC CHRISTIAN REFORMED CHURCH - 5911 NEW HAMPSHIRE AVE NE - WASHINGTON, DC 20011-1533	**-***4732	501(C)(3)	20,600.	0.	N/A	N/A	PROTESTANT
WATERFRONT CHURCH DC P.O. BOX 70666 WASHINGTON, DC 20024	**-***4223	501(C)(3)	25,000.	0.	N/A	N/A	CHRISTIAN
WILD VIRGINIA INCORPORATED 108 5TH ST SE CHARLOTTESVLE, VA 22902-5279	**-***1861	501(C)(3)	20,000.	0.	N/A	N/A	ALLIANCE/ ADVOCACY ORGANIZATIONS
WILDERNESS KIDS ALEXANDRIA 111 E HOWELL AVE ALEXANDRIA, VA 22301	**-***1683	501(C)(3)	20,500.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
WINDY HILL FOUNDATION, INC. P.O. BOX 1593 MIDDLEBURG, VA 20118	**-***4012	501(C)(3)	10,000.	0.	N/A	N/A	HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT
WOLF TRAP FOUNDATION FOR THE PERFORMING ARTS - 1645 TRAP ROAD - VIENNA, VA 22182	**-***1544	501(C)(3)	5,650.	0.	N/A	N/A	PERFORMING ARTS CENTERS
WOMEN FOR AFGHAN WOMEN 5510 CHEROKEE AVE. ALEXANDRIA, VA 22312	**-***9734	501(C)(3)	25,000.	0.	N/A	N/A	WOMEN'S RIGHTS
WORLD CENTRAL KITCHEN ATTN: DONOR SERVICES TEAM WASHINGTON, DC 20001	**-***1132	501(C)(3)	43,750.	0.	N/A	N/A	DISASTER PREPAREDNESS AND RELIEF SERVICE
WOUNDED WARRIOR PROJECT PO BOX 758516 TOPEKA, KS 66675-8516	**-***0934	501(C)(3)	9,450.	0.	N/A	N/A	MILITARY/ VETERANS' ORGANIZATIONS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

** - ***2459

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YEAR UP, INC. 609 H STREET NE, SUITE 500 WASHINGTON, DC 20002	**-***4407	501(C)(3)	20,000.	0.	N/A	N/A	COMMUNITY/JR. COLLEGE
YELLOW RIBBON FUND 7101 WISCONSIN AVENUE, SUITE 800 BETHESDA, MD 20824	**-***7583	501(C)(3)	20,000.	0.	N/A	N/A	MILITARY/ VETERANS' ORGANIZATIONS
YMCA OF THE ROCKIES PO BOX 20800 ESTES PARK, CO 80511	**-***4913	501(C)(3)	10,000.	0.	N/A	N/A	YMCA, YWCA, YWHA, YMHA
YOUNG LIFE BALTIMORE 2220 CALLOW AVE BALTIMORE, MD 21217-4623	**-***5934	501(C)(3)	12,000.	0.	N/A	N/A	RELIGIOUS LEADERSHIP, YOUTH DEVELOPMENT
GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET, NW WASHINGTON, DC 20001	**-***4703	501(C)(3)	27,000.	0.	N/A	N/A	SECONDARY SCHOOL/HIGH SCHOOL

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN

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

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.** Employer identification number ****-***2459**

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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

THE COMMUNITY FOUNDATION FOR NORTHERN

Schedule J (Form 990) (Rev. 12-2024) VIRGINIA, INC.

** - *** 2459

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 and/or 1099-NEC 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) RENEE B YANCEY PRESIDENT AND CEO	(i)	218,128.	0.	0.	4,363.	10,363.	232,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE COMMUNITY FOUNDATION FOR NORTHERN

Schedule J (Form 990) (Rev. 12-2024) VIRGINIA, INC.

** - *** 2459

Part III Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
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 ****-***2459**

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	30	4,621,988.	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 ()				
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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 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.		

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

Schedule M (Form 990) 2024

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Schedule M (Form 990) 2024

** - *** 2459

Page 2

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.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number	** - *** 2459
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VIRGINIA THROUGH PHILANTHROPY AND COMMUNITY LEADERSHIP WITH THE VISION OF BUILDING A COMMUNITY THAT WORKS FOR EVERYONE. 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 4D, OTHER PROGRAM SERVICES:
THE COMMUNITY FOUNDATION HOSTS TWO GIVING CIRCLES: THE LOUDOUN IMPACT FUND, A GIVING CIRCLE FOR LOUDOUN COUNTY DONORS SUPPORTING LOUDOUN BASED CAUSES, AND THE BUSINESS WOMEN'S GIVING CIRCLE, A GIVING CIRCLE FOR LOCAL WOMEN WHO SUPPORT ORGANIZATION PREPARING GIRLS AND WOMEN FOR CAREER AND FINANCIAL SUCCESS.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 67,373.

FORM 990, PART VI, SECTION B, LINE 11B:
THE TREASURER OF THE ORGANIZATION IS RESPONSIBLE FOR THE REVIEW AND PRESENTATION OF FORM 990 TO THE ORGANIZATION'S BOARD OF DIRECTORS. APPROVAL OF FORM 990 IS MADE BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE COMMUNITY FOUNDATION 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 ARE UNDER OBLIGATION TO THE FOUNDATION TO INFORM THEM OF ANY CONFLICT OF INTEREST. ANY TRANSACTION INVOLVING A POSSIBLE CONFLICT OF INTEREST SHALL BE APPROVED BY THE BOARD OF DIRECTORS, OR BY A COMMITTEE THEREOF AUTHORIZED UNDER THE BYLAWS OF THE FOUNDATION TO DO SO. THE PRESIDENT SHALL BE RESPONSIBLE FOR THE APPLICATION AND INTERPRETATION OF THE CONFLICT-OF-INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD AND EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL COMPENSATION REVIEW OF THE PRESIDENT'S SALARY AND SETS IT FOR THE NEXT YEAR. DETAILS OF THIS DELIBERATION ARE DOCUMENTED IN THE MEETING MINUTES AND IN ACCORDANCE WITH CONTRACTED TERMS.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND ANNUAL AUDITED 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 INDEPENDENT AUDITORS AND OVERSIGHT OF THE INDEPENDENT AUDIT.

FORM 990, PART III, LINE 1
THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA'S MISSION IS TO ADVANCE EQUITY ACROSS NORTHERN VIRGINIA THROUGH PHILANTHROPY AND COMMUNITY LEADERSHIP WITH THE VISION OF BUILDING A COMMUNITY THAT WORKS FOR

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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														
38	MAMMOTH OFFICE FURNITURE	06/11/18	SL	7.00		16	461.				461.	401.		60.	461.
39	MAMMOTH OFFICE FURNITURE	06/11/18	SL	7.00		16	338.				338.	294.		44.	338.
40	OFFICE DEPOT FURNITURE - CONFERENCE CHAIRS	06/11/18	SL	7.00		16	1,700.				1,700.	1,478.		222.	1,700.
44	MAMMOTH OFFICE FURNITURE	06/01/18	SL	7.00		16	1,518.				1,518.	1,320.		198.	1,518.
49	OFFICE DEPOT FURNITURE - 2 BLACK CONFERENCE CHAIRS	09/30/18	SL	7.00		16	255.				255.	212.		36.	248.
51	WASHINGTON WORKPLACE-8 HEXY MIDBACK TASK CHAIRS	05/16/23	SL	7.00		16	3,276.				3,276.	544.		477.	1,021.
	* 990 PAGE 10 TOTAL - FURNITURE						7,548.				7,548.	4,249.		1,037.	5,286.
	EQUIPMENT														
36	HP LASERJET MFP	06/07/15	SL	5.00		16	3,913.				3,913.	3,913.		0.	3,913.
37	HP LASERJET MFP	06/07/15	SL	5.00		16	400.				400.	400.		0.	400.
50	ORION COMMUNICATIONS - CONFERENCE ROOM TV	09/30/18	SL	5.00		16	2,351.				2,351.	2,351.		0.	2,351.
52	NTIVA - NETWORK EQUIPMENT	04/30/23	SL	5.00		16	9,144.				9,144.	2,133.		1,829.	3,962.
53	DELL - LATTITUDE 7440	06/03/24	SL	3.00		16	5,133.				5,133.	143.		1,711.	1,854.
	* 990 PAGE 10 TOTAL - EQUIPMENT						20,941.				20,941.	8,940.		3,540.	12,480.
	LEASEHOLD IMPROVEMENT														
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENT						0.				0.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						28,489.				28,489.	13,189.		4,577.	17,766.