

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2940 HUNTER MILL ROAD 201 City or town, state or province, country, and ZIP or foreign postal code OAKTON, VA 22124 F Name and address of principal officer: EILEEN ELLSWORTH SAME AS C ABOVE	D Employer identification number 51-0232459 E Telephone number (703) 879-7640 G Gross receipts \$ 28,135,985. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFNOVA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1978
		M State of legal domicile: VA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA GROWS PHILANTHROPY TO RESPOND TO NEED, SEED		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	23	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	22	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	13	
	6	Total number of volunteers (estimate if necessary)	22	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	10,594,056.
9		Program service revenue (Part VIII, line 2g)	709,080.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,324,811.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,001.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,668,948.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,059,928.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	842,572.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 417,103.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,448,362.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,350,862.	
	19	Revenue less expenses. Subtract line 18 from line 12	-681,914.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	71,072,105.
21		Total liabilities (Part X, line 26)	288,902.	
22		Net assets or fund balances. Subtract line 21 from line 20	70,783,203.	

Part II Signature Block

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

Sign Here	Signature of officer EILEEN ELLSWORTH, PRESIDENT AND CEO Type or print name and title	Date 11/15/2021
Paid Preparer	Print/Type preparer's name ANDREW E. YOUNG, CPA Preparer's signature ANDREW E. YOUNG, CPA Date 11/17/21 Check <input type="checkbox"/> if self-employed PTIN P01203950	Firm's name RENNER AND COMPANY CPA, P.C. Firm's EIN ▶ 54-1498950 Firm's address 700 NORTH FAIRFAX STREET SUITE 400 ALEXANDRIA, VA 22314 Phone no. (703) 535-1200

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

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [X] Yes [] 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 \$ 7,407,828. including grants of \$ 5,792,410.) (Revenue \$ 818,886.) 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, 2021, THE COMMUNITY FOUNDATION HELD 153 SEPARATE DONOR ADVISED FUNDS THAT AWARDED \$5,792,410 IN TOTAL GRANTS.

4b (Code:) (Expenses \$ 313,856. including grants of \$ 313,856.) (Revenue \$) SCHOLARSHIP FUNDS: THE COMMUNITY FOUNDATION MANAGES AND ADMINISTERS 28 SCHOLARSHIP FUNDS ESTABLISHED BY INDIVIDUAL DONORS THAT HELP GRADUATING HIGH SCHOOL SENIORS WITH FINANCIAL CHALLENGES ATTEND 2 AND 4 YEAR COLLEGES AND UNIVERSITIES. FOR THE YEAR ENDING JUNE 30, 2021, THE COMMUNITY FOUNDATION AWARDED \$313,856 IN TOTAL SCHOLARSHIPS TO 98 STUDENTS.

4c (Code:) (Expenses \$ 327,882. including grants of \$ 327,882.) (Revenue \$) DISCRETIONARY GRANT FUNDS: IN ADDITION TO DONOR ADVISED FUNDS AND SCHOLARSHIP FUNDS, THE COMMUNITY FOUNDATION CONTINUOUSLY DEVELOPS AND BUILDS DISCRETIONARY FUNDS THAT HELP RESPOND TO LOCAL NEED AND SEED INNOVATION IN THE REGION. DISCRETIONARY FUNDS INCLUDE OUR COMMUNITY INVESTMENT FUNDS WHICH HELP RELIEVE THE SUFFERING CAUSED BY POVERTY, LEVEL THE PLAYING FIELD FOR LOCAL CHILDREN AND YOUTH, PROVIDE ACCESS TO HEALTH CARE AND MENTAL HEALTH CARE, CREATE JOB OPPORTUNITIES FOR OUR MOST VULNERABLE AND MARGINALIZED RESIDENTS, HELP SENIORS AGE IN PLACE, AND HELP MILITARY FAMILIES ATTAIN FINANCIAL SECURITY. OUR INNOVATION FUND HELPS LAUNCH NEW CYBERSECURITY AND CODING COURSES OF STUDY IN LOCAL PUBLIC SCHOOLS AND SUPPORT PROGRAMS WITH INNOVATIVE APPROACHES TO STEM EDUCATION ACROSS NORTHERN VIRGINIA. OUR HEALTH KIDS GRANTS ARE

4d Other program services (Describe on Schedule O.) (Expenses \$ 119,941. including grants of \$ 119,941.) (Revenue \$)

4e Total program service expenses 8,169,507.

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?		
	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	23	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15a			
15b			
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 **▶**
EILEEN ELLSWORTH - (703) 879-7640
2940 HUNTER MILL ROAD, SUITE 201, OAKTON, VA 22124

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BERNARD MUSTAFA CHAIR	2.00 0.00	X		X				0.	0.	0.
(2) CATHERINE SCHOTT MURRAY VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(3) HELAINE WEISSMAN TREASURER	2.00 0.00	X		X				0.	0.	0.
(4) MARC WISHKOFF SECRETARY	2.00 0.00	X		X				0.	0.	0.
(5) CINDY ANDREOTTI DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) DAVID ARMSTRONG DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) TSHAKA CUNNINGHAM DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) BRANDON ELLEDGE DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) ANITA GUPTA DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) CHERYL JANEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) ROBERT KIPPS DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) HARRY KLAFF DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) KAREN MCWILLIAMS DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) MELINDA MERK DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) SUSAN NOLAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) RICHARD PINEDA DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) JULIE SIMMONS DIRECTOR	1.00 0.00	X						0.	0.	0.

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL SINGH DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) JOSH STILLMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) MITCH WEINTRAUB DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) GEORGE WILSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) GINO ZACCARDELLI GENERAL COUNSEL	1.00 0.00	X						0.	0.	0.
(23) EILEEN ELLSWORTH PRESIDENT AND CEO	40.00 0.00			X				218,300.	0.	10,091.
1b Subtotal								218,300.	0.	10,091.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								218,300.	0.	10,091.

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

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

Section B. Independent Contractors

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

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

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

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	412,248.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	131,761.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,317,712.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,695,940.			
	h	Total. Add lines 1a-1f		8,861,721.			
Program Service Revenue	2 a	FUND FEE INCOME	Business Code				
			900099	818,886.	818,886.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		818,886.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,390,351.		1,390,351.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(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	(i) Securities				
			(ii) Other				
				16,959,889.			
	b	Less: cost or other basis and sales expenses	7b	14,029,621.			
	c	Gain or (loss)	7c	2,930,268.			
d	Net gain or (loss)		2,930,268.		2,930,268.		
8 a	Gross income from fundraising events (not including \$ 412,248. of contributions reported on line 1c). See Part IV, line 18	8a	43,710.				
b	Less: direct expenses	8b	39,416.				
c	Net income or (loss) from fundraising events		4,294.		4,294.		
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	61,428.		61,428.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		61,428.				
12	Total revenue. See instructions		14,066,948.	818,886.	0.	4,386,341.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,554,089.	6,554,089.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	234,220.	81,977.	70,266.	81,977.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	662,173.	231,760.	198,653.	231,760.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,725.	1,654.	1,417.	1,654.
10 Payroll taxes	62,092.	21,732.	18,628.	21,732.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	23,320.		23,320.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	818,886.	818,886.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	36,635.	4,140.	8,578.	23,917.
12 Advertising and promotion	316.			316.
13 Office expenses	26,923.	2,389.	23,890.	644.
14 Information technology	89,605.	21,061.	47,490.	21,054.
15 Royalties				
16 Occupancy	39,554.		39,554.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,843.		2,843.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,700.		5,700.	
23 Insurance	9,479.		9,479.	
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	429,276.	412,034.	4,337.	12,905.
b OTHER	25,741.	9,524.	7,465.	8,752.
c DUES, SUBSCRIPTIONS AND	17,621.		15,859.	1,762.
d COMMUNITY PARTNERSHIPS	12,150.	4,617.	2,916.	4,617.
e All other expenses	13,593.	5,644.	1,936.	6,013.
25 Total functional expenses. Add lines 1 through 24e	9,068,941.	8,169,507.	482,331.	417,103.
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 if following SOP 98-2 (ASC 958-720)

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	434,899.	1	833,038.
	2	Savings and temporary cash investments	592,389.	2	182,371.
	3	Pledges and grants receivable, net		3	10,000.
	4	Accounts receivable, net	25,700.	4	480.
	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	34,833.	9	37,785.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 103,343.		
	b	Less: accumulated depreciation	10b 90,890.	10c	12,453.
	11	Investments - publicly traded securities	69,941,695.	11	86,788,117.
	12	Investments - other securities. See Part IV, line 11		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	24,436.	15	17,160.
16	Total assets. Add lines 1 through 15 (must equal line 33)	71,072,105.	16	89,074,533.	
Liabilities	17	Accounts payable and accrued expenses	78,709.	17	96,683.
	18	Grants payable	37,132.	18	10,000.
	19	Deferred revenue	41,300.	19	95,135.
	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	131,761.	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		25	
	26	Total liabilities. Add lines 17 through 25	288,902.	26	201,818.
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	65,293,393.	27	82,602,908.
	28	Net assets with donor restrictions	5,489,810.	28	6,269,807.
	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	70,783,203.	32	88,872,715.
	33	Total liabilities and net assets/fund balances	71,072,105.	33	89,074,533.

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THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,066,948.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,068,941.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,998,007.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,783,203.
5	Net unrealized gains (losses) on investments	5	13,091,505.
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	88,872,715.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ 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	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12777571.	13578890.	20058694.	10594056.	8861721.	65870932.
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	12777571.	13578890.	20058694.	10594056.	8861721.	65870932.
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)						19349465.
6 Public support. Subtract line 5 from line 4.						46521467.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	12777571.	13578890.	20058694.	10594056.	8861721.	65870932.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	797,612.	1260454.	1719313.	1776331.	1390351.	6944061.
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.)	16,975.	5,700.	11,700.	15,023.	61,428.	110,826.
11 Total support. Add lines 7 through 10						72925819.
12 Gross receipts from related activities, etc. (see instructions)					12	3,779,573.
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 2020 (line 6, column (f), divided by line 11, column (f))	14	63.79 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	61.77 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 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 in 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

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>	Yes	No
b Did the activities described in 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		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	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

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

THE COMMUNITY FOUNDATION FOR NORTHERN

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Employer identification number

51-0232459

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,193,129.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,105,056.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>485,379.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>334,325.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>244,787.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 203,617.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 202,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	513 AMERICAN TOWER CORP COM USD0.01 _____ _____ _____	\$ <u>117,308.</u>	<u>12/04/20</u>
2	630 COPART INC COM USD0.0001 _____ _____ _____	\$ <u>70,617.</u>	<u>12/04/20</u>
2	230 MICROSOFT CORP _____ _____ _____	\$ <u>49,303.</u>	<u>12/04/20</u>
2	373 DOLLAR TREE INC _____ _____ _____	\$ <u>41,966.</u>	<u>12/04/20</u>
2	413 TRUPANION INC COM USD0.00001 _____ _____ _____	\$ <u>39,607.</u>	<u>12/04/20</u>
2	1750 AES CORP COM USD0.01 _____ _____ _____	\$ <u>36,873.</u>	<u>12/04/20</u>

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	90 MASTERCARD INCORPORATED CL A _____ _____ _____	\$ <u>30,992.</u>	<u>12/04/20</u>
2	245 CARMAX INC _____ _____ _____	\$ <u>23,643.</u>	<u>12/04/20</u>
2	52 OREILLY AUTOMOTIVE INC COM _____ _____ _____	\$ <u>23,400.</u>	<u>12/04/20</u>
2	110 VISA INC _____ _____ _____	\$ <u>23,395.</u>	<u>12/04/20</u>
2	85 BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS B _____ _____ _____	\$ <u>19,665.</u>	<u>12/04/20</u>
2	6 AMAZON.COM INC _____ _____ _____	\$ <u>18,975.</u>	<u>12/04/20</u>

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>2</u>	15 MARKEL CORP COM NPV _____ _____ _____	\$ <u>14,998.</u>	<u>12/04/20</u>
<u>2</u>	1160 ENERGY RECOVERY INC _____ _____ _____	\$ <u>13,091.</u>	<u>12/04/20</u>
<u>2</u>	100 APPLE INC COM USD0.00001 _____ _____ _____	\$ <u>12,225.</u>	<u>12/04/20</u>
<u>4</u>	1575 SHARES T ROWE PRICE GROUP INC. _____ _____ _____	\$ <u>301,849.</u>	<u>06/02/21</u>
<u>4</u>	1,700 SHARES MARRIOTT INTERNATIONAL _____ _____ _____	\$ <u>164,917.</u>	<u>08/12/20</u>
<u>4</u>	202 SHARES OF MARRIOTT VACATIONS _____ _____ _____	\$ <u>18,613.</u>	<u>08/12/20</u>

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	2,500 SHARES OF CAPITAL ONE FINANCIAL	\$ 331,825.	04/08/21
6	560 SHARES MOODY'S COPORATION	\$ 147,302.	01/28/21
6	500 SHARES VISA INC.	\$ 97,485.	01/28/21
8	34 SHARES AMAZON.COM INC	\$ 102,011.	07/29/20
8	270 ICON PLC F	\$ 52,191.	12/14/20
8	505 INTER PARFUMS INC	\$ 28,336.	12/14/20

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	35 ALIGH TECHNOLOGY INC _____ _____ _____	\$ <u>17,748.</u>	<u>12/14/20</u>
8	3 SHARES THERMO FISHER SCIENTIFIC _____ _____ _____	\$ <u>1,414.</u>	<u>12/14/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	153	110
2 Aggregate value of contributions to (during year)	3,483,681.	4,620,038.
3 Aggregate value of grants from (during year)	4,750,322.	1,846,768.
4 Aggregate value at end of year	62,006,543.	26,110,732.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2020

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,489,810.	5,552,774.	5,566,429.	5,535,902.	5,366,819.
b Contributions					530.
c Net investment earnings, gains, and losses	1,862,995.	2,178,216.	302,815.	363,946.	460,855.
d Grants or scholarships	925,848.	2,096,980.	142,270.	180,675.	158,156.
e Other expenditures for facilities and programs					
f Administrative expenses	157,150.	144,200.	174,200.	152,744.	134,146.
g End of year balance	6,269,807.	5,489,810.	5,552,774.	5,566,429.	5,535,902.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 22.0210 %
 - c Term endowment 77.9790 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		37,041.	29,356.	7,685.
d Equipment		43,907.	42,889.	1,018.
e Other		22,395.	18,645.	3,750.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,453.

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	26,391,857.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	13,091,505.	
b	Donated services and use of facilities	2b	12,874.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	13,104,379.	
3	Subtract line 2e from line 1	3	13,287,478.	
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	818,886.	
b	Other (Describe in Part XIII.)	4b	-39,416.	
c	Add lines 4a and 4b	4c	779,470.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,066,948.	

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

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

1	Total expenses and losses per audited financial statements		1	8,302,345.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	12,874.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	39,416.	
e	Add lines 2a through 2d	2e	52,290.	
3	Subtract line 2e from line 1	3	8,250,055.	
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	818,886.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	818,886.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,068,941.	

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, 2021. IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARDS REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITION AND CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE

Part XIII Supplemental Information (continued)

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<ul style="list-style-type: none"> a <input checked="" type="checkbox"/> Mail solicitations b <input checked="" type="checkbox"/> Internet and email solicitations c <input checked="" type="checkbox"/> Phone solicitations d <input checked="" type="checkbox"/> In-person solicitations 	<ul style="list-style-type: none"> e <input checked="" type="checkbox"/> Solicitation of non-government grants f <input type="checkbox"/> Solicitation of government grants g <input checked="" type="checkbox"/> Special fundraising events
--	---
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

THE COMMUNITY FOUNDATION FOR NORTHERN

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NVCF GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	455,958.		455,958.
	2	Less: Contributions	412,248.		412,248.
	3	Gross income (line 1 minus line 2)	43,710.		43,710.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	5,339.		5,339.
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	34,077.		34,077.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			39,416.
11	Net income summary. Subtract line 10 from line 3, column (d)			4,294.	

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

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

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

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

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name Address

Name Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party
c If "Yes," enter name and address of the third party:

Name

Name Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GEORGE MASON UNIVERSITY FOUNDATION, INC - 4400 UNIVERSITY DRIVE, MS 1A3 - FAIRFAX, VA 22030	54-1603842	501(C)(3)	594,338.	0.	N/A	N/A	LINDA APPLE MONSON SCHOLARSHIP
VIRGINIA HOSPITAL CENTER FOUNDATION - 1701 N. GEORGE MASON DRIVE - ARLINGTON, VA 22205	20-4129901	501(C)(3)	583,200.	0.	N/A	N/A	CALDWELL C. AND ELLEN S. KENDRICK NURSING SCHOLARSHIP FUND
INOVA HEALTH FOUNDATION 8110 GATEHOUSE ROAD SUITE 200 EAST FALLS CHURCH, VA 22042	54-1071867	501(C)(3)	413,000.	0.	N/A	N/A	INOVA KELLAR CENTER
INFANT TODDLER FAMILY DAY CARE 11166 FAIRFAX BLVD. SUITE 206 FAIRFAX, VA 22030	54-1228948	501(C)(3)	200,000.	0.	N/A	N/A	HOME BASED CHILDCARE BUSINESSES IN NOVA.
NORTHERN VIRGINIA COMMUNITY COLLEGE - 6699 SPRINGFIELD CENTER DRIVE, ROOM 204 - SPRINGFIELD, VA 22150	51-0249730	501(C)(3)	171,240.	0.	N/A	N/A	SCHOLARSHIP
STEPHEN M. ROSS SCHOOL OF BUSINESS AT UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE ST. SUITE 8000 - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	157,435.	0.	N/A	N/A	GENERAL CAPACITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 241.**

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

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

51-0232459

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Part II Continuation of Grants and Other Assistance to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING HOPE EVANGELICAL PRESBYTERIAN CHURCH - 14000 HOLCREST CT - HAYMARKET, VA 20169	51-0580243	501(C)(3)	150,000.	0.	N/A	N/A	BUILDING HOPE FUND
AUGUSTANA UNIVERSITY 2001 SOUTH SUMMIT AVE. SIOUX FALLS, SD 57197	46-0224588	501(C)(3)	133,000.	0.	N/A	N/A	AUGIE ACCESS
ST. OLAF COLLEGE 1520 ST OLAF AVENUE NORTHFIELD, MN 55057	41-0693979	501(C)(3)	101,000.	0.	N/A	N/A	ANNUAL FUND
BETHEL NO. 1, JOB'S DAUGHTERS INTERNATIONAL - 4870-B OLD DOMINION DRIVE - ARLINGTON, VA 22207	47-0832950	501(C)(3)	90,000.	0.	N/A	N/A	BETHEL #1, JDI
MOUNTAINSIDE MONTESSORI SCHOOL 4206 BELVOIR RD MARSHALL, VA 20115	27-2412529	501(C)(3)	85,000.	0.	N/A	N/A	SCHOLARSHIP FUND
BALLETX 1923 WASHINGTON AVENUE PHILADELPHIA, PA 19146	31-1784286	501(C)(3)	80,000.	0.	N/A	N/A	BUILDING FUND
EPILEPSY FOUNDATION 8301 PROFESSIONAL PLACE EAST, SUITE LANDOVER, MD 20785	52-0856660	501(C)(3)	80,000.	0.	N/A	N/A	GENERAL CAPACITY
CHRIST CENTRAL MINISTRIES, INC. 115 RAILROAD AVENUE WAGENER, SC 29164	57-1128230	501(C)(3)	72,000.	0.	N/A	N/A	GENERAL CAPACITY
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE, SUITE 10 OAKTON, VA 22124	54-0791977	501(C)(3)	70,162.	0.	N/A	N/A	YOUTH INITIATIVES FOR IMMIGRANT YOUTH

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE, SUITE 250 ASHBURN, VA 20147	53-0196584	501(C)(3)	66,000.	0.	N/A	N/A	SCHOLARSHIP
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE CASHIER'S OFF FAIRFAX, VA 22030	54-1603842	501(C)(3)	60,943.	0.	N/A	N/A	SCHOLARSHIP
IMPACTASSETS 4340 EAST WEST HIGHWAY SUITE 210 BETHESDA, MD 20814	26-2048480	501(C)(3)	59,800.	0.	N/A	N/A	UREEKA'S FIREUP NOVA EDA PROGRAM
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE. NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	56,500.	0.	N/A	N/A	GENERAL CAPACITY
DREXEL UNIVERSITY 3141 CHESTNUT ST., SUITE 310 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	55,000.	0.	N/A	N/A	ANNETTE PENNONI LIVING ROOM
CAPITAL CARING 3180 FAIRVIEW PARK DRIVE HEADQUARTERS/SUITE 500 - FALLS CHURCH, VA 22042	54-1920770	501(C)(3)	51,700.	0.	N/A	N/A	GENERAL CAPACITY
AMERICAN UNIVERSITY 4801 MASSACHUSETTES AVENUE NW WASHINGTON, DC 20016	53-0196549	501(C)(3)	50,000.	0.	N/A	N/A	WCL, ANTI-CORRUPTION LAW
THE STUTTERING ASSOCIATION FOR THE YOUNG - 205 S. BUCKHOUT ST. - IRVINGTON, NY 10533	33-1049070	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL CAPACITY
SAN MIGUEL SCHOOL, INC. 7705 GEORGIA AVE NW WASHINGTON, DC 20012	20-5992349	501(C)(3)	45,000.	0.	N/A	N/A	GENERAL CAPACITY

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THE HOUSE, INC. 14000 CROWN COURT SUITE 105 WOODBIDGE, VA 22193	20-2947568	501(C)(3)	45,000.	0.	N/A	N/A	THE 2020 BUILD BACK DREAM FORWARD REINVENTION OF FOOD
UNIVERSITY OF VIRGINIA P.O. BOX 400204 CHARLOTTESVILLE, VA 22904	54-1682176	501(C)(3)	41,967.	0.	N/A	N/A	SCHOLARSHIP
ARTSTREAM PO BOX 75090 CHICAGO, IL 60675	37-1516235	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL CAPACITY
PRINCE WILLIAM CONSERVATION ALLIANCE - 2560 PAXTON STREET - WOODBRIDGE, VA 22192	38-3653371	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL CAPACITY
PRISON FELLOWSHIP MINISTRIES 44180 RIVERSIDE PARKWAY LANSLOWNE, VA 20176	62-0988294	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL CAPACITY
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY - 800 WASHINGTON STREET, SW, SUITE 200 - BLACKSBURG, VA 24061	54-0721690	501(C)(3)	37,804.	0.	N/A	N/A	SCHOLARSHIP
COMMUNITIES IN SCHOOLS OF NORTHERN VIRGINIA - PO BOX 3512 - ALEXANDRIA, VA 22302	46-3063331	501(C)(3)	35,162.	0.	N/A	N/A	GENERAL CAPACITY
ARLINGTON FREE CLINIC 2921 11TH STREET S ARLINGTON, VA 22204	54-1671883	501(C)(3)	35,000.	0.	N/A	N/A	GENERAL CAPACITY
GENERAL-COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA - 2940 HUNTER MILL ROAD SUITE 201 - OAKTON, VA 22124	51-0232459	501(C)(3)	34,250.	0.	N/A	N/A	GENERAL CAPACITY

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WAMU FM PO BOX 98101 WASHINGTON, DC 20008	53-0196549	501(C)(3)	30,750.	0.	N/A	N/A	GENERAL CAPACITY
BEACON FOR ADULT LITERACY 9535 LINTON HALL ROAD BRISTOW, VA 20136	54-0563007	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL CAPACITY
YELLOW RIBBON FUND PO BOX 41048 BETHESDA, MD 20824	36-4567583	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL CAPACITY
NORTHERN VIRGINIA REGIONAL PARK AUTHORITY - 5400 OX ROAD - FAIRFAX STATION, VA 22039	51-0523026	501(C)(3)	28,888.	0.	N/A	N/A	BULL RUN SHOOTING CENTER
FRIENDS OF GUEST HOUSE 1 EAST LURAY AVENUE ALEXANDRIA, VA 22301	51-0201327	501(C)(3)	28,000.	0.	N/A	N/A	GENERAL CAPACITY
HEALTH TANZANIA FOUNDATION 1300 CRYSTAL DRIVE, #605 ARLINGTON, VA 22202	45-5468614	501(C)(3)	28,000.	0.	N/A	N/A	GENERAL CAPACITY
LOUDOUN CITIZENS FOR SOCIAL JUSTICE, INC./ LOUDOUN ABUSED WOMEN'S SHELTER - 105 EAST MARKET STREET - LEESBURG, VA 20176	54-1282756	501(C)(3)	27,936.	0.	N/A	N/A	GENERAL CAPACITY
EASTER SEALS GREATER WASHINGTON-BALTIMORE REGION - 1420 SPRING STREET - SILVER SPRING, MD 20910	53-0212296	501(C)(3)	27,500.	0.	N/A	N/A	FOR SUPPORTING MILITARY NEEDS
AUDUBON NATURALIST SOCIETY 8940 JONES MILL ROAD CHEVY CHASE, MD 20815	53-0233715	501(C)(3)	26,000.	0.	N/A	N/A	ENVIRONMENT FUND: ED PROGRAM

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EARTH FORCE, INC. PO BOX 1228 DENVER, CO 80201	52-1830873	501(C)(3)	26,000.	0.	N/A	N/A	MIDDLE SCHOOLERS AND ARLINGTON COUNTY FORESTRY AND NATURAL RESOURCES PLAN
PRINCE WILLIAM PUBLIC SYSTEM FOUNDATION INC - 13083 CHINN PARK DR - WOODBRIDGE, VA 22192	54-1883415	501(C)(3)	26,000.	0.	N/A	N/A	OUTDOOR LIBRARY SPACE TO ENABLE HANDS-ON EXPLORATION OF NATURE AND CONSERVATION ACTIVITIES
MARINE CORPS SCHOLARSHIP FOUNDATION - 909 N WASHINGTON STREET SUITE 400 - ALEXANDRIA, VA 22314	22-1905062	501(C)(3)	25,250.	0.	N/A	N/A	FIDELIS FUND
ALIVE! 2723 KING ST. ALEXANDRIA, VA 22302	54-0914017	501(C)(3)	25,000.	0.	N/A	N/A	BUILD BACK DREAM FORWARD REINVENTION OF FOOD
AMERICAN ACADEMY OF DIPLOMACY 1200 18TH STREET, N.W. SUITE 902 WASHINGTON, DC 20036	52-1341314	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL CAPACITY
ATLANTIC COUNCIL 1030 15TH STREET NW 12TH FLOOR WASHINGTON, DC 20005	52-0742294	501(C)(3)	25,000.	0.	N/A	N/A	THE GENERAL JAMES L. JONES CHAIR FOR STRATEGY AND SECURITY
CULPEPER COMMUNITY DEVELOPMENT CORPORATION - 602 SOUTH MAIN STREET SUITE 3 - CULPEPER, VA 22701	54-1463631	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL CAPACITY
HERNDON-RESTON FISH, INC. 1141 ELDEN STREET SUITE 200 HERNDON, VA 20170	23-7417414	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL CAPACITY
MOUNT VERNON LADIES' ASSOCIATION OF THE UNION - PO BOX 110 - MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL CAPACITY

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NAKASEC (NATIONAL KOREAN AMERICAN SERVICE & EDUCATION CONSORTIUM) - 4304 EVERGREEN LANE SUITE 104 - ANNANDALE, VA 22003	11-3303986	501(C)(3)	25,000.	0.	N/A	N/A	COMMUNICATIONS/POLICY TEAM LEAD POSITION FOR NAKASEC
SUMMER SCIENCE PROGRAM 11010 LAKE GROVE BLVD STE 100418 MORRISVILLE, NC 27560	94-3341965	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL CAPACITY
WHITE HOUSE HISTORICAL ASSOCIATION PO BOX 27624 WASHINGTON, DC 20038	52-0749685	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL CAPACITY
COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES - P.O. BOX 342 - LEESBURG, VA 20178	54-1950727	501(C)(3)	24,940.	0.	N/A	N/A	LEESBURG VETERINARY SPECIALISTS BLANCHFIELD
LORTON COMMUNITY ACTION CENTER P.O. BOX 154 LORTON, VA 22199	51-0181451	501(C)(3)	22,000.	0.	N/A	N/A	HELP WITH URGENT NEEDS
PRATHAM USA 9703 RICHMOND AVE, SUITE 102 HOUSTON, TX 77042	76-0620808	501(C)(3)	22,000.	0.	N/A	N/A	WORLD BANK COMMUNITY CONNECTIONS INITIATIVE
VIRGINIA COMMONWEALTH UNIVERSITY 1015 FLOYD AVENUE HARRIS HALL, FIRST FLOOR, BOX 843026 - RICHMOND, VA 23284	54-0757884	501(C)(3)	21,600.	0.	N/A	N/A	SCHOLARSHIP
PATRICK HENRY FAMILY SERVICES 1621 ENTERPRISE DR. LYNCHBURG, VA 24502	54-0660819	501(C)(3)	21,450.	0.	N/A	N/A	GENERAL CAPACITY
LIBERTY'S PROMISE 2900A RICHMOND HIGHWAY ALEXANDRIA, VA 22305	27-0058022	501(C)(3)	20,162.	0.	N/A	N/A	HELPING THE IMMIGRANT YOUTH OF ALEXANDRIA SUCCEED

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NORTHERN VIRGINIA MEDIATION SERVICE - 9653 FAIRFAX BLVD. STE 203 - FAIRFAX, VA 22031	54-1566587	501(C)(3)	20,162.	0.	N/A	N/A	NORTHERN VIRGINIA MEDIATION SERVICE
1ST STAGE P.O. BOX 9384 MCLEAN, VA 22102	26-0565070	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
AMARA LEGAL CENTER PO BOX 15255 WASHINGTON, DC 20003	46-3819394	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
AMERICAN CHESTNUT FOUNDATION 8266 EAST MAIN STREET MARSHALL, VA 20115	35-2282774	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - 935 REDGATE AVENUE - NORFOLK, VA 23507	54-0506321	501(C)(3)	20,000.	0.	N/A	N/A	CHILD ABUSE PROGRAM
CHILDREN'S SCIENCE CENTER 3957 PENDER DRIVE SUITE 100 FAIRFAX, VA 22030	90-0168625	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
COMMUNITY COALITION FOR HAITI (CCH) - P.O. BOX 1222 - VIENNA, VA 22183	65-1163122	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
FAIRFAX SYMPHONY ORCHESTRA 2667 PROSPERITY AVENUE FAIRFAX, VA 22031	54-6052893	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
JESUIT HIGH SCHOOL 4701 N. HIMES AVE TAMPA, FL 33614	53-0196617	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY

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NORTHERN VIRGINIA CONSERVATION TRUST - 4022-A HUMMER ROAD - ANNANDALE, VA 22003	54-1724626	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
OPPORTUNITY INTERNATIONAL 550 WEST VAN BUREN SUITE 200 CHICAGO, IL 60607	54-0907624	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
PEOPLES ACTION INSTITUTE 1130 N MILWAUKEE AVE CHICAGO, IL 60642	36-2755109	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
PROJECT MEND-A-HOUSE 8787 COMMERCE CT MANASSAS, VA 20110	54-1733024	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
RANDOLPH EASTERN SCHOOL CORPORATION - 731 N PLUM STREET - UNION CITY, IN 47390	35-1076047	501(C)(3)	20,000.	0.	N/A	N/A	DAVID AND CAROL YOUNG SCHOLARSHIP
RYAN BARTEL FOUNDATION, INC. PO BOX 184 WATERFORD, VA 20197	47-5129027	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
ST. JOSEPH'S UNIVERSITY 5600 CITY AVE. PHILADELPHIA, PA 19131	23-1352674	501(C)(3)	20,000.	0.	N/A	N/A	JOHN P. MCNULTY SCHOLARSHIP
THE ARC OF LOUDOUN 601 CATOCTIN CIRCLE, NE LEESBURG, VA 20176	54-0835314	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY
OAKBROOK CHURCH 1700 RESTON PARKWAY RESTON, VA 20194	51-0251107	501(C)(3)	19,000.	0.	N/A	N/A	GENERAL CAPACITY

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FOSTER CARE TO SUCCESS 23811 CHAGRIN BLVD STE 210 CLEVELAND, OH 44122	52-1238437	501(C)(3)	17,750.	0.	N/A	N/A	GENERAL CAPACITY
WASHINGTON DC CHRISTIAN REFORMED CHURCH - 5911 NEW HAMPSHIRE AVE. NE - WASHINGTON, DC 20011	52-1394732	501(C)(3)	17,600.	0.	N/A	N/A	GENERAL CAPACITY
REBUILDING TOGETHER ARLINGTON/ FAIRFAX/ FALLS CHURCH INC. - 10723 MAIN STREET SUITE 135 - FAIRFAX, VA 22030	27-4158090	501(C)(3)	17,181.	0.	N/A	N/A	REBUILDING TOGETHER EXPRESS (RT EXPRESS)
CONGREGATION BETH EMETH 12523 LAWYERS ROAD HERNDON, VA 20171	54-1112795	501(C)(3)	16,619.	0.	N/A	N/A	GENERAL SUPPORT
THE COLLEGE OF WILLIAM AND MARY P.O. BOX 8795 WILLIAMSBURG, VA 23187	54-0734117	501(C)(3)	16,500.	0.	N/A	N/A	LEADERSHIP FUND
SECOND STORY P.O. BOX 694 DUNN LORING, VA 22027	54-0899463	501(C)(3)	16,000.	0.	N/A	N/A	HOUSING AND SUPPORT FOR HOMELESS YOUTH
DULLES SOUTH FOOD PANTRY 24757 ARCOLA MILLS DRIVE DULLES, VA 20166	47-2847067	501(C)(3)	15,500.	0.	N/A	N/A	GENERAL CAPACITY
ASSAM FOUNDATION OF NORTH AMERICA, INC. - 4391 MCMENEMY ST. - VADNAIS HEIGHTS, MN 55127	61-0994468	501(C)(3)	15,000.	0.	N/A	N/A	VARIOUS COVID-19 RELIEF EFFORTS IN ASSAM, INDIA
CAMPAGNA CENTER, INC. 418 SOUTH WASHINGTON STREET ALEXANDRIA, VA 22314	54-0534609	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY

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CENTER FOR EXCELLENCE IN EDUCATION 8201 GREENSBORO DR. SUITE 215 MCLEAN, VA 22102	52-1256563	501(C)(3)	15,000.	0.	N/A	N/A	STEM PROGRAM
DC CANDLELIGHTERS CHILDHOOD CANCER FOUNDATION - PO BOX 824 - CENTREVILLE, VA 20122	26-2254258	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
EDINBORO UNIVERSITY 210 MEADVILLE STREET EDINBORO, PA 16444	25-1191087	501(C)(3)	15,000.	0.	N/A	N/A	FUNDING INTERNATIONAL STUDENTS INTERESTED IN PURSUING ART THERAPY.
JERNIGAN FOUNDATION PO BOX 11268 OLYMPIA, WA 98508	20-8111798	501(C)(3)	15,000.	0.	N/A	N/A	FOR THE ITHEMBA TRUST
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE SUITE 500 ALPHARETTA, GA 30009	30-0209280	501(C)(3)	15,000.	0.	N/A	N/A	AFG MEMORIAL FUND #10450
NORTHERN VIRGINIA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 4094 MAJESTIC LANE #148 - FAIRFAX, VA 22033	23-7403010	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
NORTHERN VIRGINIA FINE ARTS ASSOCIATION - 201 PRINCE STREET - ALEXANDRIA, VA 22314	54-0753662	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
NUEVA VIDA, INC 801 N. PITT STREET, #113 ALEXANDRIA, VA 22314	54-1943145	501(C)(3)	15,000.	0.	N/A	N/A	A MENTAL HEALTH INTERVENTION FOR UNINSURED LATINOS
PATHWAY HOMES 10201 FAIRFAX BLVD SUITE 200 FAIRFAX, VA 22030	54-1041459	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY

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SPECIALLY ADAPTED RESOURCE CLUB (SPARC) - PO BOX 10797 - BURKE, VA 22009	20-5513060	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
THE CULMORE CLINIC PO BOX 8332 FALLS CHURCH, VA 22041	30-0765570	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
UNITED COMMUNITY 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
YOUNG LIFE BALTIMORE 2220 CALLOW AVENUE BALTIMORE, MD 21217	84-0385934	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
ST. ANDREW'S EPISCOPAL CHURCH 6509 SYDENSTRICKER ROAD BURKE, VA 22015	31-1629166	501(C)(3)	14,032.	0.	N/A	N/A	GENERAL CAPACITY
VIENNA PRESBYTERIAN CHURCH 124 PARK ST NE VIENNA, VA 22180	54-6025443	501(C)(3)	13,000.	0.	N/A	N/A	GENERAL CAPACITY
VIRGINIA TECH FOUNDATION, INC. 902 PRICES FORK ROAD BLACKSBURG, VA 24060	54-0721690	501(C)(3)	12,806.	0.	N/A	N/A	REEMA SAMAHA ENDOWMENT
FIVE TALENTS USA P.O. BOX 331 VIENNA, VA 22183	54-1940918	501(C)(3)	12,500.	0.	N/A	N/A	GENERAL CAPACITY
ARLINGTON FOOD ASSISTANCE CENTER PO BOX 6261 ARLINGTON, VA 22206	54-1473207	501(C)(3)	12,250.	0.	N/A	N/A	GENERAL CAPACITY

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BRITEPATHS 3959 PENDER DR. SUITE 200 FAIRFAX, VA 22030	52-1596259	501(C)(3)	12,000.	0.	N/A	N/A	FINANCIAL ASSISTANCE PROGRAM
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL CAPACITY
THE URBAN ALTERNATIVE PO BOX 4000 DALLAS, TX 75208	75-1835253	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL CAPACITY
UNIVERSITY OF MARYLAND - COLLEGE PARK - 1109 LEE BUILDING, 7809 REGENTS DRIVE - COLLEGE PARK, MD 20742	52-2197313	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL CAPACITY
CORNERSTONES, INC. 11150 SUNSET HILLS ROAD SUITE 210 RESTON, VA 20190	54-1037615	501(C)(3)	11,500.	0.	N/A	N/A	GENERAL CAPACITY
DUKE UNIVERSITY 114 SOUTH BUCHANAN BOULEVARD, BOX N DURHAM, NC 27708	56-0532129	501(C)(3)	11,500.	0.	N/A	N/A	SCHOLARSHIP
VOLUNTEER FAIRFAX 10700 PAGE AVENUE SUITE 101 FAIRFAX, VA 22030	23-7370759	501(C)(3)	11,500.	0.	N/A	N/A	FOR COMMUNITY CONVERSATION
CRU P.O. BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	11,418.	0.	N/A	N/A	SCHOLARSHIP
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	11,000.	0.	N/A	N/A	GENERAL CAPACITY

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOBILE HOPE LOUDOUN P.O. BOX 4135 ASHBURN, VA 20148	46-3053144	501(C)(3)	11,000.	0.	N/A	N/A	CRISIS CARE FOR HOMELESS YOUTH
SO OTHERS MIGHT EAT 71 O STREET N.W. WASHINGTON, DC 20001	23-7098123	501(C)(3)	11,000.	0.	N/A	N/A	GENERAL CAPACITY
ARENA STAGE 1101 6TH STREET S.W. WASHINGTON, DC 20024	53-0246894	501(C)(3)	10,700.	0.	N/A	N/A	YOUTH OUTREACH TO UNDERSERVED COMMUNITIES.
CENTRAL UNION MISSION P.O. BOX 96763 WASHINGTON, DC 20090	53-0218650	501(C)(3)	10,500.	0.	N/A	N/A	GENERAL CAPACITY
CARPENTER'S SHELTER 930 N. HENRY ST. ALEXANDRIA, VA 22314	54-1571849	501(C)(3)	10,250.	0.	N/A	N/A	GENERAL CAPACITY
WORLD CENTRAL KITCHEN 655 NEW YORK AVE. NW, 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	10,250.	0.	N/A	N/A	GENERAL CAPACITY
ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM - PO BOX 74 - DUMFRIES, VA 22026	54-0897679	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
ALEXANDRIA TUTORING CONSORTIUM 323 SOUTH FAIRFAX ST. ALEXANDRIA, VA 22314	56-2542869	501(C)(3)	10,000.	0.	N/A	N/A	SUMMER VIRTUAL TUTORING
ALL AGES READ TOGETHER 1141 ELDEN ST. SUITE 200 HERNDON, VA 20170	27-1118675	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY

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ALZHEIMER'S ASSOCIATION, NATIONAL CAPITAL AREA CHAPTER - 8180 GREENSBORO DRIVE SUITE 400 - MCLEAN, VA 22102	13-3039601	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
AMERICAN YOUTH PHILHARMONIC ORCHESTRAS - 4026 HUMMER ROAD - ANNANDALE, VA 22003	54-1064716	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
ARLINGTON ARTS CENTER 3550 WILSON BLVD. ARLINGTON, VA 22201	23-7382322	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
ASIAN AMERICAN CHAMBER OF COMMERCE FOUNDATION - 8300 BOONE BLVD STE 450 - TYSONS CORNER, VA 22182	27-1302191	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
AUTISM SOCIETY 6110 EXECUTIVE BLVD. SUITE 305 ROCKVILLE, MD 20852	52-1020149	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
BOY SCOUTS OF AMERICA - NATIONAL CAPITAL AREA COUNCIL - 9190 ROCKVILLE PIKE - BETHESDA, MD 20814	53-0204610	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
BRIDGES TO INDEPENDENCE 46 S. GLEBE ROAD SUITE 201 ARLINGTON, VA 22204	54-1368484	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
CHILD CARE CENTER OF THE COMMON GROUND FOUNDATION - 1700 WAINWRIGHT DRIVE - RESTON, VA 20190	54-0913856	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
CHILDREN'S HOSPITAL FOUNDATION 1 INVENTA PLACE 6TH FLOOR SILVER SPRING, MD 20910	52-1640402	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY

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CREATIVE CAULDRON 410 SOUTH MAPLE AVENUE, RETAIL 116 FALLS CHURCH, VA 22046	31-1816020	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
GENERATION HOPE 415 MICHIGAN AVE NE STE 430 WASHINGTON, DC 20017	27-3554088	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
GIRLS ON THE RUN NOVA 10301 DEMOCRACY LANE SUITE 100 FAIRFAX, VA 22030	54-2026885	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
HIGHER ACHIEVEMENT 1750 COLUMBIA RD. NW WASHINGTON, DC 20009	52-1383374	501(C)(3)	10,000.	0.	N/A	N/A	CLOSING THE OPPORTUNITY GAP FOR MIDDLE SCHOOL YOUTH DURING COVID-19
HOMESTRETCH, INC. 303 SOUTH MAPLE AVE SUITE 400 FALLS CHURCH, VA 22046	54-1894391	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
IIT MADRAS ALUMNI ASSOCIATION OF NORTH AMERICA - PO BOX 1660 - CUPERTINO, CA 95015	76-0035493	501(C)(3)	10,000.	0.	N/A	N/A	FOR COVID-19 RELIEF FOR INDIA FUND
JOHN LELAND CENTER FOR THEOLOGICAL STUDIES - 1306 NORTH HIGHLAND STREET - ARLINGTON, VA 22201	54-1890249	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
LA COCINA 918 S. LINCOLN ST. SUITE 2 ARLINGTON, VA 22204	46-2037695	501(C)(3)	10,000.	0.	N/A	N/A	ZERO BARRIERS TRAINING AND ENTREPRENEURSHIP CENTER - WORKFORCE AND ENTREPRENEURSHIP

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LEADERSHIP ARLINGTON 4201 WILSON BLVD. SUITE 110-197 ARLINGTON, VA 22203	54-1907862	501(C)(3)	10,000.	0.	N/A	N/A	FOR COMMUNITY CONVERSATION
LEADERSHIP FAIRFAX, INC. 8230 OLD COURTHOUSE ROAD SUITE 100 VIENNA, VA 22182	54-1685151	501(C)(3)	10,000.	0.	N/A	N/A	FOR COMMUNITY CONVERSATION
LEADERSHIP PRINCE WILLIAM 9720 CAPITAL COURT SUITE 204 MANASSAS, VA 20110	20-8649170	501(C)(3)	10,000.	0.	N/A	N/A	FOR COMMUNITY CONVERSATION
LITERACY VOLUNTEERS OF AMERICA-PRINCE WILLIAM, INC. - 4326 DALE BLVD #6 - WOODBRIDGE, VA 22193	54-1590421	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
LOUDOUN LITERACY COUNCIL PO BOX 1932 LEESBURG, VA 20177	52-1227843	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
MAKE-A-WISH AMERICA 1702 EAST HIGHLAND AVE. SUITE 400 PHOENIX, AZ 85016	86-0481941	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
MANNA HOUSE, INC. 435 EAST 25TH STREET BALTIMORE, MD 21218	52-0822574	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
MIAMI UNIVERSITY 301 S. CAMPUS AVE. ROOM 123 OXFORD, OH 45056	31-6402089	501(C)(3)	10,000.	0.	N/A	N/A	SCHOLARSHIP
MIDDLEBURG HUMANE FOUNDATION P.O. BOX 684 MARSHALL, VA 20116	54-1694317	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY

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MINDS INCORPORATED 4700 CONNECTICUT AVE NW, #408 WASHINGTON, DC 20008	46-3779255	501(C)(3)	10,000.	0.	N/A	N/A	MINDFULNESS PROGRAM IN SCHOOLS
NATIONAL INVENTORS HALL OF FAME 600 DULANY ST., MADISON BUILDING ALEXANDRIA, VA 22314	34-1580038	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
NORTHERN PIEDMONT COMMUNITY FOUNDATION - PO BOX 182 - WARRENTON, VA 20188	31-1742955	501(C)(3)	10,000.	0.	N/A	N/A	LAND FUND
NORTHERN VIRGINIA BLACK CHAMBER OF COMMERCE INC - 8300 BOONE BLVD STE 450 - TYSONS CORNER, VA 22182	26-3184201	501(C)(3)	10,000.	0.	N/A	N/A	BTRNOW - BUILD THRIVING RETURNS NOW
NOVA OUTSIDE 17 W MOUNT IDA AVE ALEXANDRIA, VA 22305	85-1060443	501(C)(3)	10,000.	0.	N/A	N/A	2021 STUDENT ENVIRONMENTAL ACTION SHOWCASE
OFFENDER AID AND RESTORATION OF ARLINGTON, INC. - 1400 N UHLE ST. #704 - ARLINGTON, VA 22201	54-1024562	501(C)(3)	10,000.	0.	N/A	N/A	HOUSING ASSISTANCE AFTER INCARCERATION
PHILADELPHIA CITY ROWING 450 PLYMOUTH ROAD, SUITE 305 PLYMOUTH MEETING, PA 19462	27-1522343	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
PINECREST SCHOOL 7209 QUIET COVE ANNANDALE, VA 22003	54-1055578	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
PREVENTION POINT PITTSBURGH 460 MELWOOD AVE. SUITE 205 PITTSBURGH, PA 15213	25-1852314	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY

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RISING HOPE UNITED METHODIST MISSION CHURCH - 8220 RUSSELL ROAD - ALEXANDRIA, VA 22309	54-1769526	501(C)(3)	10,000.	0.	N/A	N/A	FOR COMMUNITY CONVERSATION
SIGNATURE THEATRE, INC. 4200 CAMPBELL AVENUE ARLINGTON, VA 22206	62-1417785	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
SMITHSONIAN NATIONAL AIR & SPACE MUSEUM - PO BOX 98091 - WASHINGTON, DC 20090	53-0206027	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
SPACE OF HER OWN 520 KING STREET SUITE 100 ALEXANDRIA, VA 22314	30-0572179	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
THE ARC OF NORTHERN VIRGINIA 2755 HARTLAND ROAD SUITE 200 FALLS CHURCH, VA 22043	54-0675506	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
THE WORLD WAR II FOUNDATION 344 MAIN ST. SOUTH KINGSTON, RI 02879	27-4793304	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
TINNER HILL HERITAGE FOUNDATION PO BOX 6117 FALLS CHURCH, VA 22040	27-1207254	501(C)(3)	10,000.	0.	N/A	N/A	TINNER HILL MURAL PROJECT
TRAILSFOR YOUTH.ORG 6109 FOX HILL STREET SPRINGFIELD, VA 22150	47-0906586	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
UNIVERSITY OF DELAWARE - MEN'S LACROSSE PROGRAM - 631 S. COLLEGE AVE. BOB CARPENTER CENTER - ROOM 239 - NEWARK, DE 19716	51-6000297	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT FOR MEN'S LACROSSE TEAM COACHING STAFF

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URBAN ALLIANCE 2030 Q STREET NW WASHINGTON, DC 20009	52-1938443	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
VIRGINIA HISPANIC CHAMBER OF COMMERCE FOUNDATION - 8300 BOONE BOULEVARD SUITE 450 - TYSONS, VA 22182	31-1797590	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT THE RAPIDLY GROWING HISPANIC ENTREPRENEURIAL COMMUNITY IN NORTHERN VIRGINIA AND
VOICE (VIRGINIANS ORGANIZED FOR INTERFAITH COMMUNITY ENGAGEMENT) - 4444 ARLINGTON BLVD - ARLINGTON, VA 22204	27-1207254	501(C)(3)	10,000.	0.	N/A	N/A	FOR COMMUNITY CONVERSATION
YEAR UP NATIONAL CAPITAL REGION 1901 S BELL ST STE. 100 ARLINGTON, VA 22202	04-3534407	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
TTU FOUNDATION TTU FOUNDATION TTU BOX 1915 COOKEVILLE, TN 38505	59-1777911	501(C)(3)	9,000.	0.	N/A	N/A	SCHOLARSHIPS
VOLUNTARY ACTION CENTER OF GREATER PRINCE WILLIAM DBA VOLUNTEER PRINCE WILLIAM - 9246 CENTER STREET - MANASSAS, VA 20110	54-1177488	501(C)(3)	8,200.	0.	N/A	N/A	FOR COMMUNITY CONVERSATION
BULL RUN UNITARIAN UNIVERSALISTS 9350 MAIN ST MANASSAS, VA 20110	54-1182161	501(C)(3)	8,000.	0.	N/A	N/A	OPERATING FUND
DON'T SHOOT PDX 18 NE KILLINGSWORTH STREET PORTLAND, OR 97217	81-3128753	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL CAPACITY
THE AUDUBON SOCIETY OF NORTHERN VIRGINIA, INC. - 11100 WILDLIFE CENTER DRIVE SUITE 100 - RESTON, VA 20190	51-0246325	501(C)(3)	8,000.	0.	N/A	N/A	CAMERA EQUIPMENT FOR CONSERVATION AND ENVIRONMENTAL EDUCATION PROJECTS AND PROGRAMS.

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FACETS 10700 PAGE AVENUE BUILDING B FAIRFAX, VA 22030	54-1516266	501(C)(3)	7,950.	0.	N/A	N/A	GENERAL CAPACITY
ANIMAL WELFARE LEAGUE OF ALEXANDRIA - 4101 EISENHOWER AVE - ALEXANDRIA, VA 22304	54-0796610	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL CAPACITY
WOLF TRAP FOUNDATION FOR THE PERFORMING ARTS - 1645 TRAP ROAD - VIENNA, VA 22182	23-7011544	501(C)(3)	7,500.	0.	N/A	N/A	MUSIC MOVES US FUND
BELTMONT ABBEY COLLEGE 100 BELMONT MOUNT HOLLY ROAD BELMONT, NC 28012	56-0547498	501(C)(3)	7,100.	0.	N/A	N/A	SCHOLARSHIP
CRADLE OF HOPE 8630 FENTON STREET SUITE 310 SILVER SPRING, MD 20910	52-1729434	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL FUND
SHRINERS HOSPITAL FOR CHILDREN 2900 N. ROCKY POINT DR. TAMPA, FL 33607	36-2193608	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL CAPACITY
VOLUNTEER ALEXANDRIA 123 N ALFRED STREET ALEXANDRIA, VA 22314	51-0255333	501(C)(3)	7,000.	0.	N/A	N/A	FOR COMMUNITY CONVERSATION
WORKHOUSE ARTS CENTER 9518 WORKHOUSE WAY LORTON, VA 22079	75-3057770	501(C)(3)	7,000.	0.	N/A	N/A	ART OF MOVEMENT PROGRAM, REST UNRESTRICTED
ACADEMY OF THE HOLY NAMES OF FLORIDA, INC. - 3319 BAYSHORE BLVD - TAMPA, FL 33629	59-0910354	501(C)(3)	6,500.	0.	N/A	N/A	ANNUAL FUND

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HABITAT FOR HUMANITY OF NORTHERN VIRGINIA - 6295 EDSALL RD SUITE 120 - ALEXANDRIA, VA 22312	54-1547367	501(C)(3)	6,500.	0.	N/A	N/A	GENERAL CAPACITY
NOVA INTERNATIONAL BUSINESS FOUNDATION - 1750 TYSONS BLVD STE 1500 - TYSONS, VA 22102	85-2264072	501(C)(3)	6,500.	0.	N/A	N/A	NOVA HISPANIC AMERICAN CHAMBER OF COMMERCE - ENTREPRENEURS BOOTCAMP REVENUE ACCELERATOR
VIRGINIA ASIAN FOUNDATION 14214 WASHINGTON HWY ASHLAND, VA 23005	26-1157999	501(C)(3)	6,500.	0.	N/A	N/A	VIRGINIA ASIAN CHAMBER OF COMMERCE, NOVA OFFICE
HELP ARGENTINA - PILAS 333 CENTRAL PARK WEST, #14 NEW YORK, NY 10025	55-0790450	501(C)(3)	6,300.	0.	N/A	N/A	ARGENTINOS POR LA EDUCACION, BUENOS AIRES, FOR SCHOLARSHIPS TO LOW INCOME STUDENTS
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST. MONTGOMERY, AL 36104	63-1135091	501(C)(3)	6,250.	0.	N/A	N/A	GENERAL CAPACITY
DELAWARE BOTANIC GARDENS, INC. PO BOX 1390 OCEAN VIEW, DE 19970	32-0371538	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL CAPACITY
HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	23-6002304	501(C)(3)	6,000.	0.	N/A	N/A	SCHOLARSHIP
MUSCULAR DYSTROPHY ASSOCIATION USA - NATIONAL OFFICE - PO BOX 97075 - WASHINGTON, DC 20090	13-1665552	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL CAPACITY
SEEDS OF PEACE PO BOX 70372 NEWARK, NJ 07101	52-1814447	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL CAPACITY

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TRINITY EPISCOPAL CHURCH 9108 JOHN S. MOSBY HIGHWAY UPPERVILLE, VA 20184	04-2780869	501(C)(3)	6,000.	0.	N/A	N/A	CHURCHES OF UPPERVILLE OUTREACH
WASHINGTON INTERNATIONAL HORSE SHOW - 1300 L STREET NW, SUITE 201 - WASHINGTON, DC 20005	53-0260530	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL CAPACITY
FAIRFAX DIAPERS 1731 KILLARNEY CT VIENNA, VA 22182	83-4337298	501(C)(3)	5,988.	0.	N/A	N/A	GENERAL CAPACITY
FIRST NIGHT ALEXANDRIA 112 S. PATRICK STREET ALEXANDRIA, VA 22314	54-1703488	501(C)(3)	5,500.	0.	N/A	N/A	COMMUNITY OUTREACH IN UNDERSERVED COMMUNITIES
ST. PATRICK'S CATHOLIC CHURCH 4101 NORBECK ROAD ROCKVILLE, MD 20853	52-0847510	501(C)(3)	5,500.	0.	N/A	N/A	GENERAL CAPACITY
CHARITIES AID FOUNDATION OF AMERICA - 225 REINEKERS LANE STE 375 - ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	5,435.	0.	N/A	N/A	TRANSFORM RURAL INDIA FOUNDATION (TRIF) IN SUPPORT OF THEIR COVID RELIEF WORK.
CHRISTOPHER NEWPORT UNIVERSITY 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606	54-1156248	501(C)(3)	5,300.	0.	N/A	N/A	SCHOLARSHIP
ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING - 4318 N CARLIN SPRINGS RD - ARLINGTON, VA 22203	54-1515133	501(C)(3)	5,250.	0.	N/A	N/A	GENERAL CAPACITY
BRIDGEWATER COLLEGE 402 E COLLEGE STREET BRIDGEWATER, VA 22812	54-0506306	501(C)(3)	5,200.	0.	N/A	N/A	SCHOLARSHIP

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ASIAN AMERICAN-PACIFIC ISLANDERS IN PHILANTHROPY - 300 FRANK H. OGAWA PLAZA SUITE 420 - OAKLAND, CA 94612	94-3150064	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
BREAD FOR THE WORLD INSTITUTE 425 3RD STREET SW SUITE 1200 WASHINGTON, DC 20024	51-0175510	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
CHALLENGE PROGRAM, INC. 416 MAIN ST. SUITE 102 JOHNSTOWN, PA 15901	20-1644028	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
CONGREGATION ADAT REYIM 6500 WESTBURY OAKS COURT SPRINGFIELD, VA 22152	52-1301562	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL FUND
DECORATIVE ARTS TRUST 206 WEST STATE ST. SUITE 300 MEDIA, PA 19063	23-2048668	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
DEFENSORES DE LA CUENCA 3013 PARKWAY CHEVERLY, MD 20785	85-1090314	501(C)(3)	5,000.	0.	N/A	N/A	LATINO CONSERVATION MONTH EDUCATIONAL EVENTS IN FAIRFAX COUNTY (JULY 2021)
FALLS CHURCH MCLEAN CHILDREN'S CENTER - 7230 IDYLWOOD ROAD - FALLS CHURCH, VA 22043	54-0841262	501(C)(3)	5,000.	0.	N/A	N/A	SCHOLARSHIPS
FIRST TEE COASTAL CAROLINAS PO BOX 1820 SHALLOTTE, NC 28459	27-0106935	501(C)(3)	5,000.	0.	N/A	N/A	LIN BRADLEY SCHOLARSHIP
GEORGETOWN UNIVERSITY 37TH & O STREET NW. G-19 HEALY HALL, BOX 571252 - WASHINGTON, DC 20057	53-0196603	501(C)(3)	5,000.	0.	N/A	N/A	SCHOLARSHIP

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

51-0232459

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL GOOD FUND 10211 WINCOPIN CIR STE 300 COLUMBIA, MD 21044	46-1495972	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
GREAT FALLS VOLUNTEER FIRE DEPARTMENT - 9916 GEORGETOWN PIKE - GREAT FALLS, VA 22066	54-6055640	501(C)(3)	5,000.	0.	N/A	N/A	GREAT FALLS FIRE DEPARTMENT
HAYMARKET REGIONAL FOOD PANTRY P.O. BOX 132 HAYMARKET, VA 20168	27-2161953	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
INSIGHT MEDITATION COMMUNITY OF WASHINGTON - P.O. BOX 3 - CABIN JOHN, MD 20818	52-2016933	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
JAMES MADISON UNIVERSITY FOUNDATION - 481 BLUESTONE DRIVE, MSC 4401 - HARRISONBURG, VA 22801	23-7156305	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
LEAGUE OF WOMEN VOTERS FAIRFAX AREA EDUCATION FUND - 4026-B HUMMER ROAD - ANNANDALE, VA 22003	52-1304268	501(C)(3)	5,000.	0.	N/A	N/A	LEAFLET AND BROCHURE PRINTING COSTS
LIBERTY UNIVERSITY 1971 UNIVERSITY BLVD. FINANCIAL AID MSC BOX 710282 - LYNCHBURG, VA 24515	54-0946734	501(C)(3)	5,000.	0.	N/A	N/A	SCHOLARSHIP
LIPSCOMB UNIVERSITY 1 UNIVERSITY PARK DR. NASHVILLE, TN 37204	62-0485733	501(C)(3)	5,000.	0.	N/A	N/A	SCHOLARSHIP
NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD SUITE 252 - ANNANDALE, VA 22003	51-0249730	501(C)(3)	5,000.	0.	N/A	N/A	COVID STUDENT AID FUND - BRIGHT FUTURES FUNDRAISER

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

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

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NV RIDES 8900 LITTLE RIVER TURNPIKE FAIRFAX, VA 22031	54-1145849	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
PENTAGON MEMORIAL FUND, INC 901 NORTH GLEBE ROAD SUITE 200 ARLINGTON, VA 22203	43-2018221	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
RADFORD UNIVERSITY PO BOX 6922 HETH HALL RADFORD, VA 24142	23-7219782	501(C)(3)	5,000.	0.	N/A	N/A	SCHOLARSHIP
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT, NW, 5TH FLOOR WASHINGTON DC, DC 20037	52-1437006	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
RECOVERY PROGRAM SOLUTIONS OF VIRGINIA - 11616 AMARA PLACE - WOODBRIDGE, VA 22192	45-2910746	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
RENEW WISCONSIN, INC. 214 NORTH HAMILTON STREET SUITE 300 MADISON, WI 53703	39-1702164	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
ROANOKE COLLEGE 226 HIGH ST. SALEM, VA 24153	54-0505945	501(C)(3)	5,000.	0.	N/A	N/A	SCHOLARSHIP
SALVATION ARMY NATIONAL HEADQUARTERS - 615 SLATERS LANE - ALEXANDRIA, VA 22314	22-2406433	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
ST. STEPHEN'S AND ST. AGNES SCHOOL FOUNDATION - 400 FONTAINE STREET - ALEXANDRIA, VA 22302	54-6054009	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GEORGE B. THOMAS SR. LEARNING ACADEMY INC - 1401 DENNIS AVE SLIGO MIDDLE SCHOOL - SILVER SPRING, MD 20902	52-1962992	501(C)(3)	5,000.	0.	N/A	N/A	CLOSE THE ACHIEVEMENT GAP FOR MINORITY CHILDREN
THE LINKS FOUNDATION 1200 MASSACHUSETTS AVENUE N.W. WASHINGTON, DC 20005	52-1170830	501(C)(3)	5,000.	0.	N/A	N/A	ARLINGTON CHAPTER STEM PROGRAMS
THE NETWORK GROUP PO BOX 13873 ARLINGTON, VA 22219	36-4961199	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
UNIVERSITY OF CALIFORNIA, BERKELEY 16 SPROUL HALL #1960 BERKELEY, CA 94720	94-3067788	501(C)(3)	5,000.	0.	N/A	N/A	SCHOLARSHIP
US COMMITTEE FOR REFUGEES AND IMMIGRANTS - 2231 CRYSTAL DR. SUITE 350 - ARLINGTON, VA 22202	13-1878704	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
VICENTE FERRER FOUNDATION USA 1100 15TH ST. NW, FLOOR 4 WASHINGTON, DC 20005	46-2351926	501(C)(3)	5,000.	0.	N/A	N/A	COVID RELIEF EFFORTS IN INDIA
VIRGINIA ATHLETICS FOUNDATION P.O. BOX 400833 CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL CAPACITY
WATERFRONT CHURCH DC P.O. BOX 70666 WASHINGTON, DC 20024	46-3964223	501(C)(3)	5,000.	0.	N/A	N/A	CAPITAL CAMPAIGN - AID CHURCH OPERATIONS/OUTREACH
WESTMONT COLLEGE 955 LA PAZ ROAD SANTA BARBARA, CA 93108	95-1684793	501(C)(3)	5,000.	0.	N/A	N/A	SCHOLARSHIP

Schedule I (Form 990)

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

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSIE RIVETERS 1220 WILKES STREET ALEXANDRIA, VA 22314	47-4710197	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL CAPACITY

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

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

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

PART I, LINE 2:

MONITORING OF GRANTS:

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

Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LA COCINA

(H) PURPOSE OF GRANT OR ASSISTANCE: ZERO BARRIERS TRAINING AND ENTREPRENEURSHIP CENTER - WORKFORCE AND ENTREPRENEURSHIP DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

VIRGINIA HISPANIC CHAMBER OF COMMERCE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE RAPIDLY GROWING HISPANIC ENTREPRENEURIAL COMMUNITY IN NORTHERN VIRGINIA AND ACROSS THE COMMONWEALTH OF VIRGINIA

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2020

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

51-0232459

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EILEEN ELLSWORTH PRESIDENT AND CEO	(i)	188,300.	30,000.	0.	0.	10,091.	228,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	61	2,652,191.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	15	43,749.	FAIR VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Schedule M (Form 990) 2020

51-0232459

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.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

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

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2020, THE COMMUNITY FOUNDATION LAUNCHED INSIGHT REGION, A NEW CENTER FOR DATA COMMUNITY RESEARCH. THE DATA AND REPORTS PRODUCED BY INSIGHT REGION ENABLE A MORE COMMON UNDERSTANDING OF LOCAL CHALLENGES AND OPPORTUNITIES, MORE RIGOROUS AND DATA-BASED CONVERSATIONS, AND MORE STRATEGIC ACTION ON THE DATA.

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

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

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

GIVING CIRCLES: THE COMMUNITY FOUNDATION CURRENTLY HOSTS 3 GIVING CIRCLES, INCLUDING THE GIVING CIRCLE OF HOPE, A GIVING CIRCLE CREATING POSITIVE CHANGE IN NORTHERN VIRGINIA THROUGH ENGAGED AND COLLECTIVE PHILANTHROPY, THE LOUDOUN IMPACT FUND, A GIVING CIRCLE FOR LOUDOUN DONORS SUPPORTING LOUDOUN BASED CAUSES, AND THE BUSINESS WOMEN'S GIVING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number	51-0232459
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CIRCLE, A GIVING CIRCLE FOR LOCAL WOMEN WHO SUPPORT ORGANIZATIONS

PREPARING GIRLS AND WOMEN FOR CAREER AND FINANCIAL SUCCESS.

EXPENSES \$ 119,941. INCLUDING GRANTS OF \$ 119,941. REVENUE \$ 0.

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

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

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

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

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

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

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

Name of the organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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UPON REQUEST AND ITS OWN WEBSITE.

FORM 990, PART XII, LINE 2C

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

FORM 990, PART III, LINE 1

THE MISSION OF THE COMMUNITY FOUNDATION IS TO GROW PHILANTHROPY TO RESPOND TO CRITICAL NEED, SEED INNOVATION, AND LEAD AND CONVENE THE COMMUNITY. WE WORK TO HELP BUILD A COMMUNITY THAT WORKS FOR EVERYONE. THE COMMUNITY FOUNDATION IS A SIGNIFICANT FUNDER OF THE REGION'S MOST IMPORTANT NONPROFITS AND SOCIAL SECTOR INITIATIVES. OUR DISCRETIONARY GRANTMAKING IS SUPPORTED BY THE PERMANENT FUND FOR NORTHERN VIRGINIA, A COLLECTION OF SEVERAL PERMANENT COMMUNITY ENDOWMENTS THAT CURRENTLY INCLUDE THE INNOVATION FUND, THE ENVIRONMENT FUND, THE ROSS ROBERTS FUND FOR THE ARTS, THE LATINO ENGAGEMENT AND ACHIEVEMENT FUND, THE EDUCATION FUND, THE POVERTY RELIEF FUND, THE MILITARY PERSONNEL AND THEIR FAMILIES FUND, THE MENTAL HEALTH FUND, THE AGING FUND, THE RACIAL JUSTICE AND EQUITY FUND, THE CHILD AND YOUTH DEVELOPMENT FUND, AND THE LAMOND FUND. THE COMMUNITY FOUNDATION IS ALSO A COMMUNITY LEADER, HOSTING A VARIETY OF CONFERENCES AND CONVENINGS EACH YEAR THAT HIGHLIGHT CROSS SECTOR COLLABORATIONS AND OTHER STRATEGIES THAT SUCCESSFULLY INCREASE THE ECONOMIC MOBILITY OF OUR CHILDREN, PROMOTE RACIAL JUSTICE AND EQUITY, AND DEVELOP MORE INCLUSIVE SYSTEMS OF ECONOMIC GROWTH. IN 2020, THE COMMUNITY FOUNDATION LAUNCHED INSIGHT REGION, A NEW CENTER FOR DATA COMMUNITY RESEARCH. THE DATA AND REPORTS

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

Employer identification number 51-0232459

PRODUCED BY INSIGHT REGION ENABLE A MORE COMMON UNDERSTANDING OF LOCAL CHALLENGES AND OPPORTUNITIES, MORE RIGOROUS AND DATA-BASED CONVERSATIONS, AND MORE STRATEGIC ACTION ON THE DATA.

Multiple horizontal lines for additional text entry.

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE														
7	FURNITURE	06/30/88	SL	7.00		16	726.				726.	726.		0.	726.
8	FURNITURE	06/30/91	SL	7.00		16	1,151.				1,151.	1,151.		0.	1,151.
9	EQUIPMENT	06/30/92	SL	3.00		16	396.				396.	396.		0.	396.
10	FURNITURE	06/30/93	SL	7.00		16	606.				606.	606.		0.	606.
11	BINDING MACHINE	05/18/94	SL	5.00		16	209.				209.	209.		0.	209.
12	LAP TOP	06/30/95	SL	5.00		16	1,800.				1,800.	1,800.		0.	1,800.
13	486 COMPUTER	06/30/95	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
14	HARD DRIVE	06/30/95	SL	5.00		16	150.				150.	150.		0.	150.
15	FAX MACHINE	06/30/95	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
16	RICHO COPIER	05/24/94	SL	5.00		16	432.				432.	432.		0.	432.
17	HP LASERJET PRINTER	06/30/96	SL	5.00		16	281.				281.	281.		0.	281.
18	LASER PRINTER	08/01/97	SL	5.00		16	878.				878.	878.		0.	878.
19	EQUIPMENT	06/01/98	SL	5.00		16	5,114.				5,114.	5,114.		0.	5,114.
20	AMERICAN OFFICE-HERMAN MILLER WORKSTATION	06/06/16	SL	3.00		16	1,733.				1,733.	1,733.		0.	1,733.
38	MAMMOTH OFFICE FURNITURE	06/11/18	SL	7.00		16	461.				461.	137.		66.	203.
39	MAMMOTH OFFICE FURNITURE	06/11/18	SL	7.00		16	338.				338.	100.		48.	148.
40	OFFICE DEPOT FURNITURE - CONFERENCE CHAIRS	06/11/18	SL	7.00		16	1,700.				1,700.	506.		243.	749.

028111 04-01-20

(D) - Asset disposed

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

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
41	OFFICE DEPOT FURNITURE - EXECUTIVE CHAIR	06/11/18	SL	7.00		16	130.				130.	40.		19.	59.
42	WALMART - WATER COOLER	06/14/18	SL	3.00		16	309.				309.	215.		94.	309.
44	MAMMOTH OFFICE FURNITURE	06/01/18	SL	7.00		16	1,519.				1,519.	451.		217.	668.
47	MAMMOTH OFFICE FURNITURE - PRESIDENT'S OFFICE	07/31/18	SL	7.00		16	844.				844.	242.		121.	363.
48	MAMMOTH OFFICE FURNITURE - PRESIDENT'S OFFICE	08/30/18	SL	7.00		16	1,362.				1,362.	373.		195.	568.
49	OFFICE DEPOT FURNITURE - 2 BLACK CONFERENCE CHAIRS	09/30/18	SL	7.00		16	256.				256.	66.		36.	102.
	* 990 PAGE 10 TOTAL - FURNITURE						22,395.				22,395.	17,606.		1,039.	18,645.
	EQUIPMENT														
21	DELL INSPIRON NOTEBOOK COMPUTER	03/22/01	SL	5.00		16	1,987.				1,987.	1,987.		0.	1,987.
22	DELL DIMENSION COMPUTER (WHITE)	03/22/01	SL	5.00		16	1,746.				1,746.	1,746.		0.	1,746.
23	DELL DIMENSION COMPUTER BLK-ACCTG	01/31/03	SL	5.00		16	1,272.				1,272.	1,272.		0.	1,272.
24	DELL DIMENSION COMPUTER BLK-GALA	04/07/03	SL	5.00		16	1,192.				1,192.	1,192.		0.	1,192.
25	IBM THINKPAD #1 - PRESIDENT	05/31/05	SL	5.00		16	1,690.				1,690.	1,690.		0.	1,690.
26	IBM THINKPAD #2 - ADMINISTRATOR	05/31/05	SL	5.00		16	1,690.				1,690.	1,690.		0.	1,690.
27	BLACKBAUD INC. - SOFTWARE LICENSE	12/01/05	SL	3.00		16	17,109.				17,109.	17,109.		0.	17,109.
28	THINKPAD T400 (UNASSIGNED)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
29	THINKPAD T400 (DIR GRANTS)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
30	THINKPAD T400 (MARKETING)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	THINKPAD T400 (ACCOUNTING)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
32	THINKPAD T400 (VICE PRESIDENT)	06/07/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
33	THINKPAD T400 (PRESIDENT)	05/20/11	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
34	THINKPAD T400 (G&S MANAGER)	05/20/11	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
35	8X8 PHONE SYSTEM	03/31/13	SL	3.00		16	1,325.				1,325.	1,325.		0.	1,325.
36	HP LASERJET MFP	06/07/15	SL	5.00		16	3,913.				3,913.	3,914.		0.	3,914.
37	HP LASERJET MFP	06/07/15	SL	5.00		16	400.				400.	399.		0.	399.
50	ORION COMMUNICATIONS - CONFERENCE ROOM TV	09/30/18	SL	5.00		16	2,349.				2,349.	862.		469.	1,331.
	* 990 PAGE 10 TOTAL - EQUIPMENT						43,907.				43,907.	42,420.		469.	42,889.
	LEASEHOLD IMPROVEMENT														
4	HOME DEPOT - OAKTON OFFICE KITCHEN	02/28/13	SL	3.00		16	2,295.				2,295.	2,295.		0.	2,295.
5	ACORN & ASSOCIATES - OAKTON OFFICE BUILDOUT	03/31/13	SL	3.00		16	11,894.				11,894.	11,894.		0.	11,894.
6	COMMUNICATIONS SYSTEM - OAKTON OFFICE WIRING	03/31/13	SL	3.00		16	1,892.				1,892.	1,892.		0.	1,892.
43	ACORN & ASSOCIATES - OAKTON OFFICE BUILDOUT UNIT 202	05/04/18	SL	5.00		16	20,960.				20,960.	9,083.		4,192.	13,275.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENT						37,041.				37,041.	25,164.		4,192.	29,356.
	* GRAND TOTAL 990 PAGE 10 DEPR						103,343.				103,343.	85,190.		5,700.	90,890.