

Form **990**

Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

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.

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**


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.		D Employer identification number 51-0232459
	Doing business as		E Telephone number (703) 879-7640
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 37,651,758.
	2940 HUNTER MILL ROAD	201	
	City or town, state or province, country, and ZIP or foreign postal code OAKTON, VA 22124		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: EILEEN ELLSWORTH SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
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		H(c) Group exemption number	
J Website: WWW.CFNOVA.ORG		L Year of formation: 1978 M State of legal domicile: VA	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA GROWS PHILANTHROPY TO RESPOND TO NEED, SEED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,861,721.	Current Year 11,078,300.
	9 Program service revenue (Part VIII, line 2g)	818,886.	851,991.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,320,619.	11,462,632.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,722.	58,899.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,066,948.	23,451,822.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,554,089.	7,035,671.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	963,210.	1,033,371.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 503,550.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,551,642.	1,766,380.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,068,941.	9,835,422.
19 Revenue less expenses. Subtract line 18 from line 12	4,998,007.	13,616,400.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 89,074,533.	End of Year 80,161,408.
	21 Total liabilities (Part X, line 26)	201,818.	206,543.
	22 Net assets or fund balances. Subtract line 21 from line 20	88,872,715.	79,954,865.

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		11/15/2022			
	Signature of officer	Date			
	EILEEN ELLSWORTH, PRESIDENT AND CEO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ANDREW E. YOUNG, CPA	Preparer's signature ANDREW E. YOUNG, CPA	Date 11/15/22	Check if self-employed <input type="checkbox"/>	PTIN P01203950
	Firm's name RENNER AND COMPANY CPA, P.C.	Firm's EIN 54-1498950		Phone no. (703) 535-1200	
	Firm's address 700 NORTH FAIRFAX STREET SUITE 400 ALEXANDRIA, VA 22314				

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 7,676,582. including grants of \$ 5,927,720.) (Revenue \$ 851,991.) 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, 2022, THE COMMUNITY FOUNDATION HELD 175 SEPARATE DONOR ADVISED FUNDS THAT AWARDED \$5,927,720 IN TOTAL GRANTS.

4b (Code:) (Expenses \$ 381,299. including grants of \$ 381,299.) (Revenue \$) SCHOLARSHIP FUNDS: THE COMMUNITY FOUNDATION MANAGES AND ADMINISTERS 39 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, 2022, THE COMMUNITY FOUNDATION AWARDED \$381,299 IN TOTAL SCHOLARSHIPS TO 118 STUDENTS.

4c (Code:) (Expenses \$ 630,629. including grants of \$ 630,629.) (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 \$ 96,023. including grants of \$ 96,023.) (Revenue \$)

4e Total program service expenses 8,784,533.

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Part IV Checklist of Required Schedules

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

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <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 line 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 on 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 on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	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?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	17		
If "Yes," complete Form 6069.			

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
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 on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
EILEEN ELLSWORTH - (703) 879-7640
2940 HUNTER MILL ROAD, SUITE 201, OAKTON, VA 22124

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN NOLAN DIRECTOR	1.00	X						0.	0.	0.
(19) TSHAKA CUNNINGHAM DIRECTOR	1.00	X						0.	0.	0.
(20) GINO ZACCARDELLI GENERAL COUNSEL	1.00	X						0.	0.	0.
(21) EILEEN ELLSWORTH PRESIDENT AND CEO	40.00			X				244,150.	0.	1,199.
(22) TARA NADEL VICE PRESIDENT OF MARKETING AND EVEN	40.00				X			103,000.	0.	0.
(23) ELIZABETH HUGHES SENIOR DIRECTOR OF INSIGHT REGION	40.00				X			112,333.	0.	6,948.
1b Subtotal								459,483.	0.	8,147.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								459,483.	0.	8,147.

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 **3**

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

Section B. Independent Contractors

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

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

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

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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	502,855.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,575,445.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,727,119.			
	h	Total. Add lines 1a-1f		11,078,300.			
Program Service Revenue	2 a	FUND FEE INCOME	Business Code				
			900099	851,991.	851,991.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		851,991.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,754,655.		1754655.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				23,877,018.			
	b	Less: cost or other basis and sales expenses		14,169,041.			
	c	Gain or (loss)		9,707,977.			
	d	Net gain or (loss)		9,707,977.		9707977.	
8 a	Gross income from fundraising events (not including \$ 502,855. of contributions reported on line 1c). See Part IV, line 18		71,088.				
			30,895.				
b	Less: direct expenses						
c	Net income or (loss) from fundraising events		40,193.		40,193.		
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code				
			900099	18,706.		18,706.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		18,706.				
12	Total revenue. See instructions		23,451,822.	851,991.	0.	11521531.	

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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 ...	7,035,671.	7,035,671.		
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	266,200.	93,170.	79,860.	93,170.
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	673,554.	235,744.	202,066.	235,744.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	24,577.	8,602.	7,373.	8,602.
10 Payroll taxes	69,040.	24,164.	20,712.	24,164.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,371.		24,371.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	854,359.	854,359.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	73,500.	4,924.	46,679.	21,897.
12 Advertising and promotion	4,347.			4,347.
13 Office expenses	28,314.	2,565.	25,649.	100.
14 Information technology	69,421.	13,401.	42,622.	13,398.
15 Royalties				
16 Occupancy	40,349.		40,349.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	6,782.		6,422.	360.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,606.		5,606.	
23 Insurance	10,518.		10,518.	
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	499,150.	479,540.	5,048.	14,562.
b OTHER	45,712.	20,293.	1,070.	24,349.
c COMMUNITY PARTNERSHIP	35,847.	5,197.	7,716.	22,934.
d MARKETING	31,342.		4,800.	26,542.
e All other expenses _____	36,762.	6,903.	16,478.	13,381.
25 Total functional expenses. Add lines 1 through 24e	9,835,422.	8,784,533.	547,339.	503,550.
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	833,038.	1	1,086,572.
	2 Savings and temporary cash investments	182,371.	2	351,162.
	3 Pledges and grants receivable, net	10,000.	3	10,000.
	4 Accounts receivable, net	480.	4	0.
	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	37,785.	9	32,476.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 103,343.		
	b Less: accumulated depreciation	10b 96,496.	10c	6,847.
	11 Investments - publicly traded securities	86,788,117.	11	77,464,322.
	12 Investments - other securities. See Part IV, line 11	1,193,129.	12	1,193,129.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	17,160.	15	16,900.
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,074,533.	16	80,161,408.	
Liabilities	17 Accounts payable and accrued expenses	96,683.	17	53,143.
	18 Grants payable	10,000.	18	10,000.
	19 Deferred revenue	95,135.	19	143,400.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	201,818.	26	206,543.
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	82,602,908.	27	75,081,601.
	28 Net assets with donor restrictions	6,269,807.	28	4,873,264.
	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	88,872,715.	32	79,954,865.
33 Total liabilities and net assets/fund balances	89,074,533.	33	80,161,408.	

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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	23,451,822.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,835,422.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,616,400.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	88,872,715.
5	Net unrealized gains (losses) on investments	5	-22,534,250.
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	79,954,865.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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)

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

2021

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).)
- 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 on 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						

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13578890.	20058694.	10594056.	8861721.	11078300.	64171661.
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	13578890.	20058694.	10594056.	8861721.	11078300.	64171661.
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)						19024100.
6 Public support. Subtract line 5 from line 4.						45147561.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	13578890.	20058694.	10594056.	8861721.	11078300.	64171661.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1260454.	1719313.	1776331.	1390351.	1754655.	7901104.
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.)	5,700.	11,700.	15,023.	61,428.	18,706.	112,557.
11 Total support. Add lines 7 through 10						72185322.
12 Gross receipts from related activities, etc. (see instructions)					12	4,186,834.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	62.54 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	63.79 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

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

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

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

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule A (Form 990) 2021

51-0232459 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Employer identification number

51-0232459

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,005,933.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>904,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>847,572.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>318,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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Part 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		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 239,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 234,746.	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.)

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	113 SHARES INVESCO OPTIMUM YIELD DIVERSIFIED	\$ 2,375.	11/26/21
2	112 SHARES INVESCO OPTIMUM YIELD DIVERSIFIED	\$ 2,354.	11/26/21
2	457 SHARES ISHARES CORE S&P 500 ETF	\$ 211,438.	11/26/21
2	458 SHARES ISHARES CORE S&P 500 ETF	\$ 211,901.	11/26/21
2	974 SHARES ISHARES S&P SMALLCAP 600/VAL ETF	\$ 100,595.	11/26/21
2	964 SHARES ISHARES S&P SMALLCAP 600/VAL ETF	\$ 99,562.	11/26/21

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	173 SHARES ISHARES S&P SMALLCAP/600 GROWTH ETF _____ _____ _____	\$ <u>23,437.</u>	<u>11/26/21</u>
2	181 SHARES ISHARES S&P SMALLCAP/600 GROWTH ETF _____ _____ _____	\$ <u>24,521.</u>	<u>11/26/21</u>
2	2420 SHARES ISHARES CORE MSCI EMERGING MKTS ETF _____ _____ _____	\$ <u>145,091.</u>	<u>11/26/21</u>
2	2419 SHARES ISHARES CORE MSCI EMERGING MKTS ETF _____ _____ _____	\$ <u>145,031.</u>	<u>11/26/21</u>
2	136 CREDIT SUISSE COMM RET ST-I _____ _____ _____	\$ <u>4,629.</u>	<u>12/03/21</u>
7	9090.909 SHARES OF TELOS CORP MD COMMON _____ _____ _____	\$ <u>300,000.</u>	<u>08/30/21</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
10	114 SHARES AUTOZONE, INC. <hr/> <hr/> <hr/>	\$ 234,746.	01/06/22
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

2021

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	175	121
2 Aggregate value of contributions to (during year)	4,749,959.	6,441,574.
3 Aggregate value of grants from (during year)	4,855,285.	2,136,603.
4 Aggregate value at end of year	53,347,075.	26,607,790.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2021

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	6,269,807.	5,489,810.	5,552,774.	5,566,429.	5,535,902.
b Contributions					
c Net investment earnings, gains, and losses	-567,476.	1,862,995.	2,178,216.	302,815.	363,946.
d Grants or scholarships	673,658.	925,848.	2,096,980.	142,270.	180,675.
e Other expenditures for facilities and programs					
f Administrative expenses	155,409.	157,150.	144,200.	174,200.	152,744.
g End of year balance	4,873,264.	6,269,807.	5,489,810.	5,552,774.	5,566,429.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 28.5310 %
 - c Term endowment 71.4690 %
- 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.	33,548.	3,493.
d Equipment		43,907.	43,359.	548.
e Other		22,395.	19,589.	2,806.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,847.

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	120,681.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-22,534,250.	
b	Donated services and use of facilities	2b	26,573.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-22,507,677.	
3	Subtract line 2e from line 1	3	22,628,358.	
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	854,359.	
b	Other (Describe in Part XIII.)	4b	-30,895.	
c	Add lines 4a and 4b	4c	823,464.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,451,822.	

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	9,038,531.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	26,573.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	30,895.	
e	Add lines 2a through 2d	2e	57,468.	
3	Subtract line 2e from line 1	3	8,981,063.	
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	854,359.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	854,359.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,835,422.	

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, 2022. 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)**

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.

2021

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.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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	573,943.			573,943.
	2 Less: Contributions	502,855.			502,855.
	3 Gross income (line 1 minus line 2)	71,088.			71,088.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,593.			5,593.
	6 Rent/facility costs				
	7 Food and beverages	5,292.			5,292.
	8 Entertainment	19,400.			19,400.
	9 Other direct expenses	24,150.			24,150.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				54,435.
11 Net income summary. Subtract line 10 from line 3, column (d)				16,653.	

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))
		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:
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Yes No
Yes No
13a %
13b %

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
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.

Blank lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INOVA HEALTH FOUNDATION 8110 GATEHOUSE ROAD SUITE 200 EAST FALLS CHURCH, VA 22042-1210	54-1071867	501(C)(3)	277,713.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
L'ARCHE GREATER WASHINGTON, D.C. P.O. BOX 21471 WASHINGTON, DC 20009	52-1233065	501(C)(3)	250,000.	0.	N/A	N/A	GROUP HOME (LONG-TERM, PRIMARY ASSISTED)
AUGUSTANA UNIVERSITY OFFICE OF ADVANCEMENT 2001 SOUTH SUMMIT AVENUE - SIOUX FALLS, SD 57197	46-0224588	501(C)(3)	166,000.	0.	N/A	N/A	HIGHER ED INSTITUTIONS
VIRGINIA TECH FOUNDATION, INC. 902 PRICES FORK ROAD (0336) BLACKSBURG, VA 24061	54-0721690	501(C)(3)	152,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
LIVING HOPE EVANGELICAL PRESBYTERIAN CHURCH - 7135 AUBURN MILL RD - WARRENTON, VA 20187-9167	51-0580243	501(C)(3)	150,000.	0.	N/A	N/A	PROTESTANT
THE ARC OF LOUDOUN 601 CATOCTIN CIRCLE, NE LEESBURG, VA 20176	54-0835314	501(C)(3)	140,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **255.**

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) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED COMMUNITY 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501(C)(3)	113,000.	0.	N/A	N/A	EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)
CHARITIES AID FOUNDATION OF AMERICA - 225 REINEKERS LANE SUITE 375 - ALEXANDRIA, VA 22314	43-1634280	501(C)(3)	77,312.	0.	N/A	N/A	FUNDRAISING &/OR FUND DISTRIBUTION
SAN MIGUEL SCHOOL, INC. ATTN: DEVELOPMENT OFFICE 7705 GEORGIA AVE NW - WASHINGTON, DC 20012	20-5992349	501(C)(3)	65,000.	0.	N/A	N/A	PRIMARY/ELEMENTARY SCHOOL
GEORGE MASON UNIVERSITY FOUNDATION, INC - 4400 UNIVERSITY DRIVE MS 1A3 - FAIRFAX, VA 22030	54-1603842	501(C)(3)	52,772.	0.	N/A	N/A	FUNDRAISING AND/OR FUND DISTRIBUTION
NOVA LABS 1916 ISAAC NEWTON SQUARE WEST RESTON, VA 20190	45-3796580	501(C)(3)	52,576.	0.	N/A	N/A	ARTS, CULTURAL ORGS - MULTIPURPOSE
BEST BUDDIES INTERNATIONAL 6231 LEESBURG PIKE, SUITE 310 FALLS CHURCH, VA 22044-2102	52-1614576	501(C)(3)	50,000.	0.	N/A	N/A	SERVICES PROMOTE THE INDEPENDENCE OF SPECIFIC INDIVIDUALS
FRIENDS OF RECTORTOWN, INC. P.O. BOX 333 RECTORTOWN, VA 20140	90-0064878	501(C)(3)	50,000.	0.	N/A	N/A	HISTORICAL SOCIETIES AND RELATED ACTIVITIES
MOUNT VERNON LADIES' ASSOCIATION OF THE UNION - ATTN: DEVELOPMENT DEPT P.O. BOX 110 - MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	50,000.	0.	N/A	N/A	HISTORY MUSEUMS
LOUDOUN LITERACY COUNCIL P.O. BOX 1932 LEESBURG, VA 20177	52-1227843	501(C)(3)	45,500.	0.	N/A	N/A	ADULT, CONTINUING ED

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL NO. 1, JOB'S DAUGHTERS INTERNATIONAL - 4870-B OLD DOMINION DRIVE - ARLINGTON, VA 22207	47-0832950	501(C)(3)	45,000.	0.	N/A	N/A	GIRLS CLUBS
EDUTUTORVA 801 RIDGE ROAD MCLEAN, VA 22101	85-2638064	501(C)(3)	45,000.	0.	N/A	N/A	EDUCATION N.E.C.
COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES - P.O. BOX 342 - LEESBURG, VA 20178	54-1950727	501(C)(3)	43,396.	0.	N/A	N/A	COMMUNITY FOUNDATIONS
COMMUNITY COALITION FOR HAITI (CCH) - P.O. BOX 1222 - VIENNA, VA 22183	65-1163122	501(C)(3)	40,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT, CAPACITY BUILDING
EPILEPSY FOUNDATION ATTN: DONOR SERVICES 3540 CRAIN HIGHWAY, SUITE 675 - BOWIE, MD 20716	52-0856660	501(C)(3)	40,000.	0.	N/A	N/A	EPILEPSY
LUTHERAN SOCIAL SERVICES OF THE NATIONAL CAPITAL AREA - 1730 RHODE ISLAND AVE NW SUITE 712 - WASHINGTON, DC 20036	53-0207407	501(C)(3)	38,000.	0.	N/A	N/A	ETHNIC/ IMMIGRANT SERVICES
CHILDRENS SCIENCE CENTER 3957 PENDER DRIVE SUITE 100 FAIRFAX, VA 22030	90-0168625	501(C)(3)	35,000.	0.	N/A	N/A	SCIENCE & TECHNOLOGY MUSEUM
COMMUNITIES IN SCHOOLS OF NORTHERN VIRGINIA - P.O. BOX 3512 - ALEXANDRIA, VA 22302	46-3063331	501(C)(3)	35,000.	0.	N/A	N/A	COMMUNITY COALITIONS
GENERATION HOPE 415 MICHIGAN AVENUE NE SUITE 430 WASHINGTON, DC 20017	27-3554088	501(C)(3)	35,000.	0.	N/A	N/A	SCHOLARSHIPS, STUDENT FINANCIAL AID, AWARDS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIGNATURE THEATRE, INC. 4200 CAMPBELL AVENUE ARLINGTON, VA 22206	62-1417785	501(C)(3)	35,000.	0.	N/A	N/A	THEATER
ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL, INC. - 901 S HIGHLAND ST. - ARLINGTON, VA 22204	52-1308986	501(C)(3)	34,000.	0.	N/A	N/A	ETHNIC/ IMMIGRANT SERVICES
HEALTH TANZANIA FOUNDATION 1300 CRYSTAL DRIVE, #605 ARLINGTON, VA 22202	45-5468614	501(C)(3)	32,500.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
JOHNS HOPKINS HOSPITAL 750 EAST PRATT ST. 17TH FLOOR BALTIMORE, MD 21202	52-0591656	501(C)(3)	31,018.	0.	N/A	N/A	HOSPITAL (GENERAL)
SUSTAINABILITY MATTERS 822 SWOVER CREEK ROAD EDINBURG, VA 22824	84-2664760	501(C)(3)	30,450.	0.	N/A	N/A	ENVIRONMENTAL QUALITY PROTECTION AND BEAUTIFYING
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVENUE NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	30,000.	0.	N/A	N/A	FOOD BANKS, FOOD PANTRIES
YELLOW RIBBON FUND 7101 WISCONSIN AVENUE, SUITE 800 BETHESDA, MD 20824	36-4567583	501(C)(3)	30,000.	0.	N/A	N/A	MILITARY/ VETERANS' ORGANIZATIONS
SAFESPOT CHILDREN'S ADVOCACY CENTER OF FAIRFAX - P.O. BOX 148 - FAIRFAX, VA 22038	46-1358388	501(C)(3)	29,450.	0.	N/A	N/A	CHILDREN AND YOUTH SERVICES
FRIENDS OF GUEST HOUSE 1 EAST LURAY AVENUE ALEXANDRIA, VA 22301-2025	51-0201327	501(C)(3)	29,000.	0.	N/A	N/A	REHABILITATION SERVICES FOR OFFENDERS

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WAMU 88.5 AMERICAN UNIVERSITY RADIO - AMERICAN UNIVERSITY P.O. BOX 98101 - WASHINGTON, DC 20090-8101	53-0196549	501(C)(3)	28,350.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
WORLD CENTRAL KITCHEN ATTN: DONOR SERVICES TEAM 200 MASSACHUSETTS AVE NW, 7TH FLOOR - WASHINGTON,	27-3521132	501(C)(3)	27,750.	0.	N/A	N/A	DISASTER PREPAREDNESS AND RELIEF SERVICE
WASHINGTON DC CHRISTIAN REFORMED CHURCH - 5911 NEW HAMPSHIRE AVENUE NE - WASHINGTON, DC 20011	52-1394732	501(C)(3)	27,600.	0.	N/A	N/A	PROTESTANT
ACADEMY OF THE HOLY NAMES OF FLORIDA, INC. - 3319 BAYSHORE BLVD - TAMPA, FL 33629	59-0910354	501(C)(3)	26,500.	0.	N/A	N/A	GENERAL CAPACITY
NORTHERN VIRGINIA FAMILY SERVICE ATTN: FINANCE 10455 WHITE GRANITE DRIVE, SUITE 100 - OAKTON, VA 22124	54-0791977	501(C)(3)	26,250.	0.	N/A	N/A	FAMILY SERVICES
SMART CITY WORKS INC 7950 JONES BRANCH DRIVE 8TH FLOOR MCLEAN, VA 22102	82-0941868	501(C)(3)	25,390.	0.	N/A	N/A	COMMUNITY IMPROVEMENT, CAPACITY BUILDING
A FARM LESS ORDINARY 17281 SIMMONS ROAD PURCELLVILLE, VA 20132	81-1191778	501(C)(3)	25,000.	0.	N/A	N/A	OTHER FOOD, AGRICULTURE, NUTRITION
CULPEPER COMMUNITY DEVELOPMENT CORPORATION - 215 E. SPENCER STREET - CULPEPER, VA 22701	54-1463631	501(C)(3)	25,000.	0.	N/A	N/A	COMMUNITY/NEIGHBORHOOD DEVELOPMENT
DREXEL UNIVERSITY C/O DR. GIRIJA KAIMAL P.O. BOX 8215 PHILADELPHIA, PA 19101-9684	23-1352630	501(C)(3)	25,000.	0.	N/A	N/A	HIGHER ED INSTITUTIONS

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MIAMI UNIVERSITY 301 S. CAMPUS AVE. ROOM 123 OXFORD, OH 45056	31-6402089	501(C)(3)	25,000.	0.	N/A	N/A	HIGHER ED INSTITUTIONS
TENANTS AND WORKERS UNITED 3801 MT. VERNON AVENUE ALEXANDRIA, VA 22305	54-1515305	501(C)(3)	25,000.	0.	N/A	N/A	CIVIL RIGHTS, SOCIAL ACTION, & ADVOCACY N.E.
THE PENNSYLVANIA STATE UNIVERSITY OFFICE OF DONOR AND MEMBER SERVICES 2583 GATEWAY DRIVE, SUITE 130, BRISTOL P	24-6000376	501(C)(3)	25,000.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
YEAR UP NATIONAL CAPITAL REGION 609 H STREET NE, SUITE 500 WASHINGTON, DC 20002	04-3534407	501(C)(3)	25,000.	0.	N/A	N/A	COMMUNITY/JR. COLLEGE
PATRICK HENRY FAMILY SERVICES 1621 ENTERPRISE DR. LYNCHBURG, VA 24502	54-0660819	501(C)(3)	24,500.	0.	N/A	N/A	FAMILY SERVICES
CHRIST CENTRAL MINISTRIES, INC. 1711 PENDLETON STREET COLUMBIA, SC 29201	57-1128230	501(C)(3)	24,000.	0.	N/A	N/A	CHRISTIAN
PRISON FELLOWSHIP MINISTRIES P.O. BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294	501(C)(3)	24,000.	0.	N/A	N/A	GENERAL CAPACITY
YOUNG LIFE BALTIMORE 2220 CALLOW AVENUE BALTIMORE, MD 21217	84-0385934	501(C)(3)	24,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
NORTHERN VIRGINIA REGIONAL PARK AUTHORITY - 5400 OX ROAD - FAIRFAX STATION, VA 22039-1022	51-0523026	501(C)(3)	23,585.	0.	N/A	N/A	FUNDRAISING AND/OR FUND DISTRIBUTION

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MORTON PLANT MEASE HEALTH CARE FOUNDATION INC - 1200 DRUID ROAD SOUTH - CLEARWATER, FL 33756	59-1751535	501(C)(3)	22,000.	0.	N/A	N/A	FUNDRAISING &/ OR FUND DISTRIBUTION
ACPS - FACE CENTER 1340 BRADDOCK PLACE ALEXANDRIA, VA 22311	69-0530096	501(C)(3)	21,800.	0.	N/A	N/A	EDUCATIONAL SERVICES AND SCHOOLS - OTHER
FACETS 10700 PAGE AVENUE, BUILDING B FAIRFAX, VA 22030	54-1516266	501(C)(3)	21,725.	0.	N/A	N/A	HOMELESS SERVICES/ CENTERS
SECOND STORY P.O. BOX 694 DUNN LORING, VA 22027	54-0899463	501(C)(3)	21,500.	0.	N/A	N/A	TEMPORARY SHELTER FOR THE HOMELESS
ST. PATRICK'S CATHOLIC CHURCH C/O OFFICE MANAGER 4101 NORBECK ROAD ROCKVILLE, MD 20853	52-0847510	501(C)(3)	21,000.	0.	N/A	N/A	CHRISTIAN
VIENNA PRESBYTERIAN CHURCH 124 PARK STREET NE VIENNA, VA 22180	54-6025443	501(C)(3)	21,000.	0.	N/A	N/A	CHRISTIAN
NORTHERN VIRGINIA CONSERVATION TRUST - 4022-A HUMMER ROAD - ANNANDALE, VA 22003	54-1724626	501(C)(3)	20,250.	0.	N/A	N/A	LAND RESOURCES CONSERVATION
ALEXANDRIA SYMPHONY ORCHESTRA 700 N FAIRFAX STREET, SUITE 501 ALEXANDRIA, VA 22314	54-0805937	501(C)(3)	20,000.	0.	N/A	N/A	SYMPHONY ORCHESTRAS
AMARA LEGAL CENTER, INC. 1629 K STREET NW SUITE 300 WASHINGTON, DC 20006	46-3819394	501(C)(3)	20,000.	0.	N/A	N/A	CIVIL RIGHTS, ADVOCACY FOR SPECIFIC GROUPS

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ASSAM FOUNDATION OF NORTH AMERICA, INC. - 4391 MCMENEMY STREET - VADNAIS HEIGHTS, MN 55127	61-0994468	501(C)(3)	20,000.	0.	N/A	N/A	PRIVATE GRANTMAKING FOUNDATIONS
BALLETX 1923 WASHINGTON AVENUE PHILADELPHIA, PA 19146	31-1784286	501(C)(3)	20,000.	0.	N/A	N/A	BALLET
CREATIVE CAULDRON ARTSPACE FALLS CHURCH 410 SOUTH MAPLE AVENUE, RETAIL 116 - FALLS CHURCH, VA	31-1816020	501(C)(3)	20,000.	0.	N/A	N/A	PERFORMING ARTS
GRID ALTERNATIVES MID-ATLANTIC 1629 BENNING ROAD NE SUITE 300 WASHINGTON, DC 20002	47-2717517	501(C)(3)	20,000.	0.	N/A	N/A	ENERGY RESOURCES CONSERVATION & DEVELOPMENT
HALCYON HOUSE 3400 PROSPECT STREET NW WASHINGTON, DC 20007	81-4819533	501(C)(3)	20,000.	0.	N/A	N/A	UNKNOWN
HERNDON-RESTON FISH, INC. 1141 ELDEN STREET SUITE 200 HERNDON, VA 20170	23-7417414	501(C)(3)	20,000.	0.	N/A	N/A	OTHER HOUSING SUPPORT SERVICES
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	53-0204616	501(C)(3)	20,000.	0.	N/A	N/A	WILDLIFE PRESERVATION/ PROTECTION
PRINCE WILLIAM CONSERVATION ALLIANCE - P.O. BOX 6351 - WOODBRIDGE, VA 22195	38-3653371	501(C)(3)	20,000.	0.	N/A	N/A	NATURAL RESOURCE CONSERVATION AND PROTECTION
RANDOLPH EASTERN SCHOOL CORPORATION - C/O SUPERINTENDENT 731 N PLUM STREET - UNION CITY, IN 47390	35-1076047	501(C)(3)	20,000.	0.	N/A	N/A	SECONDARY SCHOOL/HIGH SCHOOL

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RESETTLEMENT ACTION DC (REACT DC) 8637 CURTIS AVENUE ALEXANDRIA, VA 22309	87-2697692	501(C)(3)	20,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATIONS
SLIDING DOORS STEM & DYSLEXIA LEARNING CENTER - ATTN: ANDREA PODOFF 8907 LAUREL OVERLOOK DR. - LORTON, VA 22079	81-3211392	501(C)(3)	20,000.	0.	N/A	N/A	ELEMENTARY, SECONDARY ED
THE STUTTERING ASSOCIATION FOR THE YOUNG - 247 WEST 37TH STREET, 5TH FLOOR - NEW YORK, NY 10018	33-1049070	501(C)(3)	20,000.	0.	N/A	N/A	PERFORMING ARTS
V FOUNDATION FOR CANCER RESEARCH ATTN: RYAN MILLER 14600 WESTON PARK CARY, NC 27513	13-3705951	501(C)(3)	20,000.	0.	N/A	N/A	CANCER RESEARCH
VIRGINIA CHAPTER OF THE AMERICAN CHESTNUT FOUNDATION - 8266 EAST MAIN STREET - MARSHALL, VA 20115	35-2282774	501(C)(3)	20,000.	0.	N/A	N/A	ENVIRONMENTAL BEAUTIFICATION
YWAM CARIBBEAN PARTNERS INC. P.O. BOX 8341 GRAND RAPIDS, MI 49518	65-0253251	501(C)(3)	19,500.	0.	N/A	N/A	RELIGIOUS LEADERSHIP, YOUTH DEVELOPMENT
RUTGERS UNIVERSITY FOUNDATION P.O. BOX 193 NEW BRUNSWICK, NJ 08903-0193	23-7318742	501(C)(3)	19,375.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
ARCADIA FOOD, INC. 9000 RICHMOND HIGHWAY ALEXANDRIA, VA 22309	27-3611614	501(C)(3)	18,500.	0.	N/A	N/A	FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
SHELTER HOUSE, INC. 12310 PINECREST ROAD SUITE 304 RESTON, VA 20191	52-1217106	501(C)(3)	18,500.	0.	N/A	N/A	TEMPORARY SHELTER FOR THE HOMELESS

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CAPITAL CARING 3180 FAIRVIEW PARK DRIVE SUITE 500 FALLS CHURCH, VA 22042	54-1920770	501(C)(3)	18,300.	0.	N/A	N/A	HOSPICE
REBUILDING TOGETHER ARLINGTON/FAIRFAX/FALLS CHURCH - 10723 MAIN STREET, SUITE 135 - FAIRFAX, VA 22030	27-4158090	501(C)(3)	18,081.	0.	N/A	N/A	HOUSING REHABILITATION
FOSTER CARE TO SUCCESS 23811 CHAGRIN BLVD, SUITE 210 CLEVELAND, OH 44122	52-1238437	501(C)(3)	17,815.	0.	N/A	N/A	FOSTER CARE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	17,750.	0.	N/A	N/A	HOSPITAL (SPECIALTY)
DULLES AREA TRANSPORTATION ASSOCIATION - 11654 PLAZA AMERICA DRIVE, #707 - RESTON, VA 20190	62-1353357	501(C)(3)	17,500.	0.	N/A	N/A	PUBLIC TRANSPORTATION SYSTEMS AND SERVICES
OPERATION RENEWED HOPE FOUNDATION P.O. BOX 10142 ALEXANDRIA, VA 22310	45-3848293	501(C)(3)	17,500.	0.	N/A	N/A	MILITARY/ VETERANS' ORGANIZATIONS
LA COCINA VA 918 S. LINCOLN STREET, SUITE 2 ARLINGTON, VA 22204	46-2037695	501(C)(3)	17,050.	0.	N/A	N/A	EMPLOYMENT TRAINING
BRAWS - BRINGING RESOURCES TO AID WOMEN'S SHELTER - 133 PARK STREET NE, SUITE 3B - VIENNA, VA 22180	47-3961191	501(C)(3)	16,627.	0.	N/A	N/A	NONMONETARY SUPPORT N.E.C.
EASTER SEALS GREATER WASHINGTON-BALTIMORE REGION - 1420 SPRING STREET - SILVER SPRING, MD 20910	53-0212296	501(C)(3)	15,000.	0.	N/A	N/A	HEALTH SUPPORT SERVICES

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FAIRFAX PRESBYTERIAN CHURCH 10723 MAIN STREET FAIRFAX, VA 22030	23-6393377	501(C)(3)	15,000.	0.	N/A	N/A	PROTESTANT
FIRST PRESBYTERIAN CHURCH OF HAMPTON - 514 S. ARMISTEAD AVE. - HAMPTON, VA 23669	54-0575802	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL CAPACITY
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	15,000.	0.	N/A	N/A	HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT
LORTON COMMUNITY ACTION CENTER P.O. BOX 154 LORTON, VA 22199-0154	51-0181451	501(C)(3)	15,000.	0.	N/A	N/A	EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)
MMTCP ALUMNI ASSOCIATION 216 EAST 39TH STREET NORFOLK, VA 23504	88-0730108	501(C)(3)	15,000.	0.	N/A	N/A	MENTAL HEALTH ASSOCIATIONS - MULTIPURPOSE
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE SUITE 500 ALPHARETTA, GA 30009	30-0209280	501(C)(3)	15,000.	0.	N/A	N/A	CHRISTIAN
NORTHERN VIRGINIA BLACK CHAMBER OF COMMERCE INC - 8300 BOONE BLVD STE 450 - TYSONS CORNER, VA 22182	26-3184201	501(C)(3)	15,000.	0.	N/A	N/A	PROMOTION OF BUSINESS (CHAMBERS OF COMMERCE)
NUEVA VIDA, INC 801 N. PITT STREET, SUITE 113 ALEXANDRIA, VA 22314	54-1943145	501(C)(3)	15,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
PATHWAY HOMES 10201 FAIRFAX BLVD, SUITE 200 FAIRFAX, VA 22030	54-1041459	501(C)(3)	15,000.	0.	N/A	N/A	OTHER HOUSING SUPPORT SERVICES

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PRINCE WILLIAM ENVIRONMENTAL EXCELLENCE FOUNDATION - 8850 RIXLEW LANE - MANASSAS, VA 20109	20-3859806	501(C)(3)	15,000.	0.	N/A	N/A	WATER RESOURCE, WETLANDS CONSERVATION & MGMT
SMITHSONIAN NATIONAL AIR & SPACE MUSEUM - CONTRIBUTION RECEIPT CENTER P.O. BOX 98096 - WASHINGTON, DC 20090	53-0206027	501(C)(3)	15,000.	0.	N/A	N/A	MUSEUMS & MUSEUM ACTIVITIES
SPECIALLY ADAPTED RESOURCE CLUB (SPARC) - P.O. BOX 2082 - RESTON, VA 20191	20-5513060	501(C)(3)	15,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATIONS
ST. PAUL VI CATHOLIC HIGH SCHOOL 42341 BRADDOCK ROAD CHANTILLY, VA 20152	54-1223660	501(C)(3)	15,000.	0.	N/A	N/A	SECONDARY SCHOOL/HIGH SCHOOL
SIGMA NU EDUCATIONAL FOUNDATION ATTN: NEIL GILPIN / SIGMA NU CAMPAIGN 2738 EAST 51ST STREET, SUITE 370 - TUL	54-6035735	501(C)(3)	12,500.	0.	N/A	N/A	STUDENT SORORITIES, FRATERNITIES
ARLINGTON FOOD ASSISTANCE CENTER P.O. BOX 6261 ARLINGTON, VA 22206	54-1473207	501(C)(3)	12,250.	0.	N/A	N/A	FOOD BANKS, FOOD PANTRIES
ARENA STAGE 1101 6TH STREET SW WASHINGTON, DC 20024	53-0246894	501(C)(3)	12,100.	0.	N/A	N/A	THEATER
THE URBAN ALTERNATIVE P.O. BOX 4000 DALLAS, TX 75208	75-1835253	501(C)(3)	12,000.	0.	N/A	N/A	RELIGIOUS MEDIA, COMMUNICATIONS ORGANIZATION
VIRGINIA HOSPITAL CENTER FOUNDATION - 1701 N. GEORGE MASON DRIVE - ARLINGTON, VA 22205	20-4129901	501(C)(3)	12,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT

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EDUCATIONAL THEATRE COMPANY P.O. BOX 4760 ARLINGTON, VA 22204	52-2081464	501(C)(3)	11,000.	0.	N/A	N/A	ARTS EDUCATION/ SCHOOLS
LITERACY COUNCIL OF NORTHERN VIRGINIA - 2855 ANNANDALE ROAD - FALLS CHURCH, VA 22042	23-7098748	501(C)(3)	11,000.	0.	N/A	N/A	REMEDIAL READING, READING ENCOURAGEMENT
LOUDOUN LAURELS FOUNDATION PO BOX 183 LEESBURG, VA 20178	27-3682448	501(C)(3)	11,000.	0.	N/A	N/A	FUNDRAISING &/OR FUND DISTRIBUTION
THE LEUKEMIA & LYMPHOMA SOCIETY (NORTHEAST) - P.O. BOX 22324 - NEW YORK, NY 10087	13-5644916	501(C)(3)	11,000.	0.	N/A	N/A	CANCER RESEARCH
CHILD AND FAMILY NETWORK CENTER 3700 WHEELER AVENUE ALEXANDRIA, VA 22304	54-1589809	501(C)(3)	10,550.	0.	N/A	N/A	KINDERGARTEN, NURSERY SCHOOLS, PRESCHOOL
COMPUTER CORE 201 N. UNION STREET SUITE 110 (OFFICE #107) - ALEXANDRIA, VA 22314	54-1968428	501(C)(3)	10,550.	0.	N/A	N/A	EMPLOYMENT TRAINING
CARPENTER'S SHELTER 930 N. HENRY STREET ALEXANDRIA, VA 22314	54-1571849	501(C)(3)	10,500.	0.	N/A	N/A	OTHER HOUSING, SHELTER N.E.C.
ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM - P.O. BOX 74 - DUMFRIES, VA 22026	54-0897679	501(C)(3)	10,000.	0.	N/A	N/A	VICTIMS' SERVICES
ADRA INTERNATIONAL 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	52-1314847	501(C)(3)	10,000.	0.	N/A	N/A	INTERNATIONAL DEVELOPMENT, RELIEF SERVICES

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AFGHAN MEDICAL PROFESSIONAL ASSOCIATION OF AMERICA - 11206 CHAPEL ROAD - FAIRFAX STATION, VA 22039	04-3161512	501(C)(3)	10,000.	0.	N/A	N/A	MEDICAL DISCIPLINES
ALIVE! 2723 KING STREET ALEXANDRIA, VA 22302	54-0914017	501(C)(3)	10,000.	0.	N/A	N/A	EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)
ALL AGES READ TOGETHER 1141 ELDEN STREET SUITE 200 HERNDON, VA 20170	27-1118675	501(C)(3)	10,000.	0.	N/A	N/A	KINDERGARTEN, NURSERY SCHOOLS, PRESCHOOL
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	ALZHEIMER'S
ARLINGTON FREE CLINIC 2921 11TH STREET S ARLINGTON, VA 22204	54-1671883	501(C)(3)	10,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
ASPIRE! AFTERSCHOOL LEARNING P.O. BOX 41318 ARLINGTON, VA 22204	54-1705642	501(C)(3)	10,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
AUTISM SOCIETY 6110 EXECUTIVE BLVD. SUITE 305 ROCKVILLE, MD 20852	52-1020149	501(C)(3)	10,000.	0.	N/A	N/A	AUTISM
BELONG! 133 PARK STREET NE VIENNA, VA 22180	35-2637456	501(C)(3)	10,000.	0.	N/A	N/A	FAMILY SERVICES
BOXES OF BASICS 9323 WEST STREET MANASSAS, VA 20110	81-1661092	501(C)(3)	10,000.	0.	N/A	N/A	CHILDREN AND YOUTH SERVICES

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BOYS & GIRLS CLUBS OF GREATER WASHINGTON - 4103 BENNING ROAD NE - WASHINGTON, DC 20019	53-0236759	501(C)(3)	10,000.	0.	N/A	N/A	BOYS AND GIRLS CLUBS (COMBINED)
CADDIE SCHOOL FOR SOLDIERS 6 RHONDA DRIVE SCARBOROUGH, ME 04074	85-0596516	501(C)(3)	10,000.	0.	N/A	N/A	VOCATIONAL TECHNICAL
CALIFORNIA INSTITUTE OF TECHNOLOGY CALTECH ASSOCIATES, 1200 E. CALIFORNIA BLVD. MAIL CODE 5-32 - PASADENA, CA 9	95-1643307	501(C)(3)	10,000.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
CANCER INSTITUTE FOUNDATION, INC. 7625 WEST HILL LANE CUPERTINO, CA 95014	20-1140049	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
CENTRAL UNION MISSION P.O. BOX 96763 WASHINGTON, DC 20090-6763	53-0218650	501(C)(3)	10,000.	0.	N/A	N/A	TEMPORARY SHELTER FOR THE HOMELESS
CHILDREN'S HOSPITAL FOUNDATION ATTN: GIFT ADMINISTRATION 1 INVENTA PLACE, 6TH FLOOR - SILVER SPRING, MD 209	52-1640402	501(C)(3)	10,000.	0.	N/A	N/A	PEDIATRICS
DEBBIE ALLEN DANCE ACADEMY 3791 SANTA ROSALIA DRIVE LOS ANGELES, CA 90008	95-4831387	501(C)(3)	10,000.	0.	N/A	N/A	PERFORMING ARTS
DOORWAYS FOR WOMEN AND FAMILIES P.O. BOX 100185 ARLINGTON, VA 22210	54-1087829	501(C)(3)	10,000.	0.	N/A	N/A	HOMELESS SERVICES/ CENTERS
DUSABLE MUSEUM OF AFRICAN AMERICAN HISTORY - 740 EAST 56TH PLACE - CHICAGO, IL 60637	36-2524811	501(C)(3)	10,000.	0.	N/A	N/A	MUSEUMS & MUSEUM ACTIVITIES

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EDINBORO UNIVERSITY ATTN: DR. PENELOPE ORR 210 MEADVILLE STREET - EDINBORO, PA 16444	25-1191087	501(C)(3)	10,000.	0.	N/A	N/A	STUDENT SERVICES AND ORGANIZATIONS
EQUINE RESCUE LEAGUE FOUNDATION P.O. BOX 4366 LEESBURG, VA 20177	54-1541993	501(C)(3)	10,000.	0.	N/A	N/A	ANIMAL PROTECTION AND WELFARE (INCL. HUMANE SOCIETIES)
EXPRESS CARE 1183 CYPRESS TREE PLACE HERNDON, VA 20170	32-0076958	501(C)(3)	10,000.	0.	N/A	N/A	ETHNIC/ IMMIGRANT SERVICES
FAMILY PRESERVATION AND STRENGTHENING SERVICES - 2740 CHAIN BRIDGE ROAD SUITE 123 - VIENNA, VA 22181	20-5473832	501(C)(3)	10,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATIONS
FRESH START REFUGEE ASSISTANCE CENTER - C/O NEELAB YOUSAFZAI 7714 GLENISTER DRIVE - SPRINGFIELD, VA 22152	83-1079316	501(C)(3)	10,000.	0.	N/A	N/A	AFGHAN REFUGEE
HISPANICS AGAINST CHILD ABUSE AND NEGLECT - P.O. BOX 1803 - FALLS CHURCH, VA 22041	54-1405697	501(C)(3)	10,000.	0.	N/A	N/A	CHILD ABUSE, PREVENTION OF
HOMES NOT BORDERS INC 3610 EAST STREEST LANDOVER, MD 20785	83-4634632	501(C)(3)	10,000.	0.	N/A	N/A	ETHNIC/ IMMIGRANT SERVICES
IMMIGRANT & REFUGEE OUTREACH CENTER - P.O. BOX 11371 - MCLEAN, VA 22102	84-2802566	501(C)(3)	10,000.	0.	N/A	N/A	INTERNATIONAL MIGRATION, REFUGEE ISSUES
INMED PARTNERSHIPS FOR CHILDREN 21630 RIDGETOP CIRCLE, SUITE 130 STERLING, VA 20166	52-1482339	501(C)(3)	10,000.	0.	N/A	N/A	CHILDREN AND YOUTH SERVICES

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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	HUMANITIES ORGANIZATIONS
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	10,000.	0.	N/A	N/A	CIVIL RIGHTS, ADVOCACY FOR SPECIFIC GROUPS
LITERACY VOLUNTEERS OF AMERICA-PRINCE WILLIAM, INC. - 4326 DALE BLVD, SUITE 6 - WOODBRIDGE, VA 22193	54-1590421	501(C)(3)	10,000.	0.	N/A	N/A	ADULT, CONTINUING ED
LOUDOUN SYMPHONY ASSOCIATION INC P.O. BOX 4478 LEESBURG, VA 20177	54-1575633	501(C)(3)	10,000.	0.	N/A	N/A	MUSIC
LUTHERAN IMMIGRATION AND REFUGEE SERVICE - 700 LIGHT ST - BALTIMORE, MD 21230	13-2574854	501(C)(3)	10,000.	0.	N/A	N/A	INTERNATIONAL MIGRATION, REFUGEE ISSUES
MANNA HOUSE, INC. 435 EAST 25TH STREET BALTIMORE, MD 21218	52-0822574	501(C)(3)	10,000.	0.	N/A	N/A	HOMELESS SERVICES/ CENTERS
MESSIAH UNITED METHODIST CHURCH 6215 ROLLING ROAD SPRINGFIELD, VA 22152	54-6059490	501(C)(3)	10,000.	0.	N/A	N/A	PROTESTANT
MIDDLEBURG HUMANE FOUNDATION P.O. BOX 684 MARSHALL, VA 20116	54-1694317	501(C)(3)	10,000.	0.	N/A	N/A	ANIMAL PROTECTION AND WELFARE (INCL. HUMANE SOCIETIES)
MINDS INCORPORATED 4700 CONNECTICUT AVE NW, #408 WASHINGTON, DC 20008	46-3779255	501(C)(3)	10,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS

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MUSLIM ASSOCIATION OF VIRGINIA 5404 HOADLY ROAD MANASSAS, VA 20112	54-1523749	501(C)(3)	10,000.	0.	N/A	N/A	ISLAMIC
NAACP LEGAL DEFENSE AND EDUCATIONAL FUND, INC. - C/O LDF DEVELOPMENT 40 RECTOR STREET, 5 TH FLOOR - NEW YORK, NY 10006	13-1655255	501(C)(3)	10,000.	0.	N/A	N/A	CIVIL LIBERTIES ADVOCACY
NATIONAL COUNCIL FOR ADOPTION 431 NORTH LEE STREET ALEXANDRIA, VA 22314	75-1721671	501(C)(3)	10,000.	0.	N/A	N/A	CHILDREN AND YOUTH SERVICES
NATIONAL INVENTORS HALL OF FAME 600 DULANY STREET, MADISON BUILDING ALEXANDRIA, VA 22314	34-1580038	501(C)(3)	10,000.	0.	N/A	N/A	SCIENCE & TECHNOLOGY MUSEUM
NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DRIVE PMB 16009 BEAVERTON, OR 97008	04-3236982	501(C)(3)	10,000.	0.	N/A	N/A	REPRODUCTIVE RIGHTS
NORTHERN VIRGINIA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 4094 MAJESTIC LANE #148 - FAIRFAX, VA 22033	23-7403010	501(C)(3)	10,000.	0.	N/A	N/A	PROFESSIONAL SOCIETIES & ASSOCIATIONS
NORTHERN VIRGINIA FINE ARTS ASSOCIATION - THE ATHENAEUM 201 PRINCE STREET - ALEXANDRIA, VA 22314	54-0753662	501(C)(3)	10,000.	0.	N/A	N/A	ARTS, CULTURAL ORGS - MULTIPURPOSE
OLD DOMINION UNIVERSITY EDUCATIONAL FOUNDATION - 4417 MONARCH WAY, 4TH FLOOR - NORFOLK, VA 23529	54-6052014	501(C)(3)	10,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
OPPORTUNITY INTERNATIONAL 550 WEST VAN BUREN STREET SUITE 150 CHICAGO, IL 60607	54-0907624	501(C)(3)	10,000.	0.	N/A	N/A	INTERNATIONAL ECONOMIC DEVELOPMENT

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PATHFORWARD, INC. P.O. BOX 100731 ARLINGTON, VA 22210	54-1615993	501(C)(3)	10,000.	0.	N/A	N/A	HOMELESS SERVICES/ CENTERS
PHILADELPHIA CITY ROWING ATTN: CAITLIN MANCE 450 PLYMOUTH ROAD, SUITE 305 - PLYMOUTH MEETING, PA 1946	27-1522343	501(C)(3)	10,000.	0.	N/A	N/A	OTHER RECREATION, SPORTS, OR LEISURE ACTIVITIES
PINK SPACE THEORY 3360 POST OFFICE ROAD UNIT 1451 WOODBIDGE, VA 22193	83-3220393	501(C)(3)	10,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
POTOMAC ROTARY CHARITIES (FBO) RESTRICTED GRANT FOR FAMIL - P.O BOX 61254 - POTOMAC, MD 20859	52-1656534	501(C)(3)	10,000.	0.	N/A	N/A	PROMOTION OF BUSINESS (CHAMBERS OF COMMERCE)
PREVENTION POINT PITTSBURGH 460 MELWOOD AVENUE SUITE 205 PITTSBURGH, PA 15213	25-1852314	501(C)(3)	10,000.	0.	N/A	N/A	PUBLIC HEALTH PROGRAMS
PROJECT MEND-A-HOUSE 8787 COMMERCE COURT MANASSAS, VA 20110	54-1733024	501(C)(3)	10,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATIONS
REBUILDING TOGETHER ALEXANDRIA 700 PRINCESS STREET SUITE 206 ALEXANDRIA, VA 22314	54-1389286	501(C)(3)	10,000.	0.	N/A	N/A	HOUSING REHABILITATION
RISING HOPE UNITED METHODIST MISSION CHURCH - 8220 RUSSELL ROAD - ALEXANDRIA, VA 22309	54-1769526	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL CAPACITY
THE FENWICK FOUNDATION 23 N. FENWICK STREET ARLINGTON, VA 22201	27-4879033	501(C)(3)	10,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATIONS

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THE HEIGHTS INC 10400 SEVEN LOCKS ROAD POTOMAC, MD 20854	52-1128002	501(C)(3)	10,000.	0.	N/A	N/A	PRIMARY/ELEMENTARY SCHOOL
THE HOUSE, INC. 14000 CROWN COURT SUITE 105 WOODBIDGE, VA 22193	20-2947568	501(C)(3)	10,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
THE LAMB CENTER P.O. BOX 1385 FAIRFAX, VA 22038	41-2222581	501(C)(3)	10,000.	0.	N/A	N/A	HOMELESS SERVICES/CENTERS
THE PENTAGON FEDERAL CREDIT UNION FOUNDATION - 2930 EISENHOWER AVENUE - ALEXANDRIA, VA 22314	54-2062271	501(C)(3)	10,000.	0.	N/A	N/A	FINANCIAL COUNSELING, MONEY MANAGEMENT
THE SPITFIRE CLUB 210 LAVERNE AVENUE ALEXANDRIA, VA 22305	82-2084235	501(C)(3)	10,000.	0.	N/A	N/A	HUMANITIES ORGANIZATIONS
THE UNIVERSITY OF VIRGINIA HEALTH FOUNDATION - ATTN: DANICA ROSE P.O. BOX 800773 - CHARLOTTESVILLE, VA 22908-0773	41-2097394	501(C)(3)	10,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
TOGETHER WE BAKE 212 SOUTH WASHINGTON STREET ALEXANDRIA, VA 22314	47-2543526	501(C)(3)	10,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATIONS
UNITED METHODIST FAMILY SERVICES 5400 SHAWNEE ROAD, SUITE 101 ALEXANDRIA, VA 22312	54-0505969	501(C)(3)	10,000.	0.	N/A	N/A	FOSTER CARE
USTA/MID-ATLANTIC SECTION, INC. 620 HERNDON PARKWAY SUITE 290 HERNDON, VA 20170	54-1472806	501(C)(3)	10,000.	0.	N/A	N/A	TENNIS AND RACQUET SPORTS CLUBS/ LEAGUES

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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	EDUCATIONAL SERVICES AND SCHOOLS - OTHER
WESTERN FAIRFAX CHRISTIAN MINISTRIES - P.O. BOX 220802 - CHANTILLY, VA 20153	54-1606629	501(C)(3)	10,000.	0.	N/A	N/A	HOUSING EXPENSE REDUCTION SUPPORT, RENT ASST
THE KUGLER FAMILY EDUCATION FUND 6807 BLUECURL CIRCLE SPRINGFIELD, VA 22152	84-3782760	501(C)(3)	9,990.	0.	N/A	N/A	ELEMENTARY, SECONDARY ED
ASYLUMWORKS 1718 CONNECTICUT AVENUE NW, SUITE 3 WASHINGTON, DC 20009	81-3205931	501(C)(3)	9,500.	0.	N/A	N/A	ETHNIC/ IMMIGRANT SERVICES
NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	9,500.	0.	N/A	N/A	AMBULATORY HEALTH CENTER, COMMUNITY CLINIC
TENNESSEE TECHNOLOGICAL UNIVERSITY FOUNDATION - PO BOX 1915 - COOKEVILLE, TN 38505	59-1777911	501(C)(3)	9,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION - 4603 CALVERT ROAD - COLLEGE PARK, MD 20740	52-2197313	501(C)(3)	9,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
SO OTHERS MIGHT EAT 71 O STREET NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	8,250.	0.	N/A	N/A	HOMELESS SERVICES/ CENTERS
INFANT TODDLER FAMILY DAY CARE 11166 FAIRFAX BLVD., SUITE 206 FAIRFAX, VA 22030	54-1228948	501(C)(3)	8,099.	0.	N/A	N/A	KINDERGARTEN, NURSERY SCHOOLS, PRESCHOOL

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HOPECAM, INC. 12100 SUNSET HILLS ROAD SUITE C10 RESTON, VA 20190	56-2416801	501(C)(3)	8,091.	0.	N/A	N/A	OTHER YOUTH DEVELOPMENT N.E.C.
ANIMAL WELFARE LEAGUE OF ALEXANDRIA - 4101 EISENHOWER AVENUE - ALEXANDRIA, VA 22304	54-0796610	501(C)(3)	7,500.	0.	N/A	N/A	ANIMAL PROTECTION AND WELFARE (INCL. HUMANE SOCIETIES)
FAIRFAX COUNTY PUBLIC SCHOOLS 8115 GATEHOUSE ROAD SUITE 4300 FALLS CHURCH, VA 22042	54-0805373	501(C)(3)	7,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
JK COMMUNITY FARM 35516 PAXSON ROAD PURCELLVILLE, VA 20132	82-4736966	501(C)(3)	7,000.	0.	N/A	N/A	FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
ROSIE RIVETERS 1220 WILKES STREET ALEXANDRIA, VA 22314	47-4710197	501(C)(3)	7,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
SHRINERS HOSPITAL FOR CHILDREN ATTN: PROCESSING CENTER P.O. BOX 94 ATLANTA, GA 30394	36-2193608	501(C)(3)	7,000.	0.	N/A	N/A	HOSPITAL (SPECIALTY)
DOCTORS WITHOUT BORDERS USA INC P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	6,750.	0.	N/A	N/A	DISASTER PREPAREDNESS AND RELIEF SERVICE
CAPITAL YOUTH EMPOWERMENT PROGRAM 950 N. WASHINGTON STREET, SUITE 350 ARLINGTON, VA 22314	80-0290878	501(C)(3)	6,500.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
CARE USA HEADQUARTERS 151 ELLIS STREET N ATLANTA, GA 30303	13-1685039	501(C)(3)	6,500.	0.	N/A	N/A	INTERNATIONAL RELIEF

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DULLES SOUTH SOUP KITCHEN 42622 SUNY BAY COURT CHANTILLY, VA 20152	85-2339886	501(C)(3)	6,500.	0.	N/A	N/A	FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
HABITAT FOR HUMANITY OF NORTHERN VIRGINIA - 6295 EDSALL ROAD, SUITE 120 - ALEXANDRIA, VA 22312	54-1547367	501(C)(3)	6,500.	0.	N/A	N/A	HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT
JUST NEIGHBORS 7630 LITTLE RIVER TURNPIKE, SUITE 9 ANNANDALE, VA 22003	54-1820633	501(C)(3)	6,500.	0.	N/A	N/A	ETHNIC/ IMMIGRANT SERVICES
WESLEY HOUSING & DEVELOPMENT CORPORATION OF NORTHERN VIRGINIA - 5515 CHEROKEE AVENUE SUITE 200 - ALEXANDRIA, VA 22312	51-0155779	501(C)(3)	6,500.	0.	N/A	N/A	HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT
ANNANDALE HIGH SCHOOL ATTN: MEREDITH HEDRICK 4700 MEDFORD DRIVE - ANNANDALE, VA 22003	54-0805373	501(C)(3)	6,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
BULL RUN UNITARIAN UNIVERSALISTS 9350 MAIN STREET MANASSAS, VA 20110	54-1182161	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL CAPACITY
BURKE PRESBYTERIAN CHURCH 5690 OAK LEATHER DRIVE BURKE, VA 22015	54-1148953	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL CAPACITY
CENTER FOR REPRODUCTIVE RIGHTS ATTN: DEVELOPMENT DEPT 199 WATER STREET, 22ND FLOOR - NEW YORK, NY 10038	13-3669731	501(C)(3)	6,000.	0.	N/A	N/A	REPRODUCTIVE RIGHTS
COMMUNITY FOUNDATION OF ANNE ARUNDEL COUNTY - 900 BESTGATE ROAD, SUITE 400 - ANNAPOLIS, MD 21401	52-2098698	501(C)(3)	6,000.	0.	N/A	N/A	COMMUNITY FOUNDATIONS

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DELAWARE BOTANIC GARDENS, INC. P.O. BOX 1390 OCEAN VIEW, DE 19970	32-0371538	501(C)(3)	6,000.	0.	N/A	N/A	BOTANICAL GARDENS, ARBORETA & BOTANICAL ORGS
INTREPID SEA, AIR, AND SPACE MUSEUM - ONE INTREPID SQUARE WEST 46TH STREET & 12TH AVENUE - NEW YORK, NY 10036	13-3062419	501(C)(3)	6,000.	0.	N/A	N/A	HISTORY MUSEUMS
SEEDS OF PEACE P.O. BOX 70372 NEWARK, NJ 07101	52-1814447	501(C)(3)	6,000.	0.	N/A	N/A	PROMOTION OF INTERNATIONAL UNDERSTANDING
SHAKESPEARE THEATRE COMPANY ATTN: DEVELOPMENT 516 8TH STREET SE WASHINGTON, DC 20003	52-1405988	501(C)(3)	6,000.	0.	N/A	N/A	THEATER
YOUTH FOR TOMORROW ATTN: LOVE JONES 11835 HAZEL CIRCLE BRISTOW, VA 20136	52-1342268	501(C)(3)	6,000.	0.	N/A	N/A	GROUP HOME, RESIDENTIAL TREATMENT FACILITY
MAIN STREET CHILD DEVELOPMENT CENTER - 4401 SIDEBURN ROAD - FAIRFAX, VA 22030	54-1502179	501(C)(3)	5,880.	0.	N/A	N/A	KINDERGARTEN, NURSERY SCHOOLS, PRESCHOOL
FIRST NIGHT ALEXANDRIA 112 S. PATRICK STREET ALEXANDRIA, VA 22314	54-1703488	501(C)(3)	5,500.	0.	N/A	N/A	COMMUNITY CELEBRATIONS
WOLF TRAP FOUNDATION FOR THE PERFORMING ARTS - 1645 TRAP ROAD - VIENNA, VA 22182	23-7011544	501(C)(3)	5,350.	0.	N/A	N/A	PERFORMING ARTS CENTERS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

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

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

PART I, LINE 2:

MONITORING OF GRANTS:

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

Part IV Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

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 **1b**

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? **2**

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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 **7**

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 **8**

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

	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) 2021

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

51-0232459

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EILEEN ELLSWORTH PRESIDENT AND CEO	(i)	209,150.	35,000.	0.	0.	1,199.	245,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

Horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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	65	2,669,836.	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	57,283.	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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Schedule M (Form 990) 2021

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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

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

FORM 990, PART III, LINE 1

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. THE COMMUNITY FOUNDATION HAS ALSO LAUNCHED INSIGHT

Name of the organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number 51-0232459
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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 CIRCLE, A GIVING CIRCLE FOR LOCAL WOMEN WHO SUPPORT ORGANIZATIONS PREPARING GIRLS AND WOMEN FOR CAREER AND FINANCIAL SUCCESS.
 EXPENSES \$ 96,023. INCLUDING GRANTS OF \$ 96,023. 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:

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

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE														
7	FURNITURE	06/30/88	SL	7.00		16	726.				726.	726.		0.	726.
8	FURNITURE	06/30/91	SL	7.00		16	1,151.				1,151.	1,151.		0.	1,151.
9	EQUIPMENT	06/30/92	SL	3.00		16	396.				396.	396.		0.	396.
10	FURNITURE	06/30/93	SL	7.00		16	606.				606.	606.		0.	606.
11	BINDING MACHINE	05/18/94	SL	5.00		16	209.				209.	209.		0.	209.
12	LAP TOP	06/30/95	SL	5.00		16	1,800.				1,800.	1,800.		0.	1,800.
13	486 COMPUTER	06/30/95	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
14	HARD DRIVE	06/30/95	SL	5.00		16	150.				150.	150.		0.	150.
15	FAX MACHINE	06/30/95	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
16	RICHO COPIER	05/24/94	SL	5.00		16	432.				432.	432.		0.	432.
17	HP LASERJET PRINTER	06/30/96	SL	5.00		16	281.				281.	281.		0.	281.
18	LASER PRINTER	08/01/97	SL	5.00		16	878.				878.	878.		0.	878.
19	EQUIPMENT	06/01/98	SL	5.00		16	5,114.				5,114.	5,114.		0.	5,114.
20	AMERICAN OFFICE-HERMAN MILLER WORKSTATION	06/06/16	SL	3.00		16	1,733.				1,733.	1,733.		0.	1,733.
38	MAMMOTH OFFICE FURNITURE	06/11/18	SL	7.00		16	461.				461.	203.		66.	269.
39	MAMMOTH OFFICE FURNITURE	06/11/18	SL	7.00		16	338.				338.	148.		48.	196.
40	OFFICE DEPOT FURNITURE - CONFERENCE CHAIRS	06/11/18	SL	7.00		16	1,700.				1,700.	749.		243.	992.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
41	OFFICE DEPOT FURNITURE - EXECUTIVE CHAIR	06/11/18	SL	7.00		16	130.				130.	59.		18.	77.
42	WALMART - WATER COOLER	06/14/18	SL	3.00		16	309.				309.	309.		0.	309.
44	MAMMOTH OFFICE FURNITURE	06/01/18	SL	7.00		16	1,519.				1,519.	668.		217.	885.
47	MAMMOTH OFFICE FURNITURE - PRESIDENT'S OFFICE	07/31/18	SL	7.00		16	844.				844.	363.		121.	484.
48	MAMMOTH OFFICE FURNITURE - PRESIDENT'S OFFICE	08/30/18	SL	7.00		16	1,362.				1,362.	568.		195.	763.
49	OFFICE DEPOT FURNITURE - 2 BLACK CONFERENCE CHAIRS	09/30/18	SL	7.00		16	256.				256.	102.		36.	138.
	* 990 PAGE 10 TOTAL - FURNITURE						22,395.				22,395.	18,645.		944.	19,589.
	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.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	THINKPAD T400 (ACCOUNTING)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
32	THINKPAD T400 (VICE PRESIDENT)	06/07/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
33	THINKPAD T400 (PRESIDENT)	05/20/11	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
34	THINKPAD T400 (G&S MANAGER)	05/20/11	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
35	8X8 PHONE SYSTEM	03/31/13	SL	3.00		16	1,325.				1,325.	1,325.		0.	1,325.
36	HP LASERJET MFP	06/07/15	SL	5.00		16	3,913.				3,913.	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.	1,331.		470.	1,801.
	* 990 PAGE 10 TOTAL - EQUIPMENT						43,907.				43,907.	42,889.		470.	43,359.
	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.	13,275.		4,192.	17,467.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENT						37,041.				37,041.	29,356.		4,192.	33,548.
	* GRAND TOTAL 990 PAGE 10 DEPR						103,343.				103,343.	90,890.		5,606.	96,496.