

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3201 JERMANTOWN ROAD 660 City or town, state or province, country, and ZIP or foreign postal code FAIRFAX, VA 22030 F Name and address of principal officer: EILEEN ELLSWORTH SAME AS C ABOVE	D Employer identification number 51-0232459 E Telephone number (703) 879-7640 G Gross receipts \$ 43,908,689. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.CFNOVA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1978 M State of legal domicile: VA

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA'S MISSION IS TO ADVANCE EQUITY ACROSS NORTHERN	
Activities & Governance	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 23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 23
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 13
	6	Total number of volunteers (estimate if necessary)	6 23
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,078,300. 9,793,759.
	9	Program service revenue (Part VIII, line 2g)	851,991. 798,195.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,462,632. 255,408.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,899. 86,860.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,451,822. 10,934,222.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,035,671. 7,177,394.
	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)	1,033,371. 1,173,147.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	541,079.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,766,380. 1,674,433.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,835,422. 10,024,974.
	19	Revenue less expenses. Subtract line 18 from line 12	13,616,400. 909,248.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	80,161,408. 90,612,712.
	21	Total liabilities (Part X, line 26)	206,543. 409,478.
	22	Net assets or fund balances. Subtract line 21 from line 20	79,954,865. 90,203,234.

Part II Signature Block

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

Sign Here	Signature of officer EILEEN ELLSWORTH, PRESIDENT AND CEO Type or print name and title	Date 11/14/2023
Paid Preparer Use Only	Print/Type preparer's name ANDREW E. YOUNG, CPA	Preparer's signature ANDREW E. YOUNG, CPA
	Firm's name RENNER AND COMPANY CPA, P.C.	Date 11/14/23
	Firm's address 700 NORTH FAIRFAX STREET SUITE 400 ALEXANDRIA, VA 22314	Check <input type="checkbox"/> if self-employed PTIN P01203950
		Firm's EIN 54-1498950
		Phone no. (703) 535-1200

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 \$ 6,465,161. including grants of \$ 4,749,969.) (Revenue \$ 798,195.) 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, 2023, THE COMMUNITY FOUNDATION HELD 155 SEPARATE DONOR ADVISED FUNDS THAT AWARDED \$4,749,969 IN TOTAL GRANTS.

4b (Code:) (Expenses \$ 543,536. including grants of \$ 540,536.) (Revenue \$) SCHOLARSHIP FUNDS: THE COMMUNITY FOUNDATION MANAGES AND ADMINISTERS 38 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, 2023, THE COMMUNITY FOUNDATION AWARDED \$540,536 IN TOTAL SCHOLARSHIPS TO 143 STUDENTS.

4c (Code:) (Expenses \$ 1,805,883. including grants of \$ 1,805,883.) (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 \$ 81,749. including grants of \$ 81,006.) (Revenue \$)

4e Total program service expenses 8,896,329.

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Part IV Checklist of Required Schedules

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

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

Part IV Checklist of Required Schedules (continued)

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

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 23		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 23		
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
3201 JERMANTOWN ROAD, SUITE 660, FAIRFAX, VA 22030

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) 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) AMY MACKAY DIRECTOR	1.00	X						0.	0.	0.
(7) ASHISH KHOSLA DIRECTOR	1.00	X						0.	0.	0.
(8) BEATRIZ MCNELLY DIRECTOR	1.00	X						0.	0.	0.
(9) CHERYL JANEY DIRECTOR	1.00	X						0.	0.	0.
(10) DAVID ARMSTRONG DIRECTOR	1.00	X						0.	0.	0.
(11) GEORGE WILSON DIRECTOR	1.00	X						0.	0.	0.
(12) HARRY KLAFF DIRECTOR	1.00	X						0.	0.	0.
(13) JEFF PON DIRECTOR	1.00	X						0.	0.	0.
(14) JOSH STILLMAN DIRECTOR	1.00	X						0.	0.	0.
(15) JULIE SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(16) MEERA PILLAI DIRECTOR	1.00	X						0.	0.	0.
(17) MEGAN MOCHO DIRECTOR	1.00	X						0.	0.	0.

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) MELINDA MERK DIRECTOR	1.00	X					0.	0.	0.	
(19) MITCH WEINTRAUB DIRECTOR	1.00	X					0.	0.	0.	
(20) PAUL SINGH DIRECTOR	1.00	X					0.	0.	0.	
(21) RICHARD PINEDA DIRECTOR	1.00	X					0.	0.	0.	
(22) TSHAKA CUNNINGHAM DIRECTOR	1.00	X					0.	0.	0.	
(23) GINO ZACCARDELLI GENERAL COUNSEL	1.00	X					0.	0.	0.	
(24) EILEEN ELLSWORTH PRESIDENT AND CEO	40.00			X			240,000.	0.	1,199.	
(25) ELIZABETH HUGHES SENIOR DIRECTOR OF INSIGHT REGION	40.00				X		120,000.	0.	0.	
(26) TARA NADEL VP OF MARKETING AND EVENTS	40.00				X		110,000.	0.	0.	
1b Subtotal							470,000.	0.	1,199.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							470,000.	0.	1,199.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	445,982.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,347,777.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,980,073.			
	h	Total. Add lines 1a-1f		9,793,759.			
Program Service Revenue	2 a	FUND FEE INCOME	Business Code				
			900099	798,195.	798,195.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		798,195.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,260,630.		2260630.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				30,805,391.			
	b	Less: cost or other basis and sales expenses	7b	32,810,613.			
	c	Gain or (loss)	7c	-2,005,222.			
d	Net gain or (loss)		-2,005,222.		-2005222.		
8 a	Gross income from fundraising events (not including \$ 445,982. of contributions reported on line 1c). See Part IV, line 18						
		8a	203,820.				
b	Less: direct expenses	8b	163,854.				
c	Net income or (loss) from fundraising events		39,966.		39,966.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code				
			900099	46,894.		46,894.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		46,894.				
12	Total revenue. See instructions		10,934,222.	798,195.	0.	342,268.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,177,394.	7,177,394.		
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	251,200.	87,920.	75,360.	87,920.
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	794,643.	278,125.	238,393.	278,125.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	51,440.	18,004.	15,432.	18,004.
10 Payroll taxes	75,864.	26,553.	22,759.	26,552.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,459.		24,459.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	798,201.	798,201.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	48,615.	3,995.	24,215.	20,405.
12 Advertising and promotion	6,841.			6,841.
13 Office expenses	44,927.	2,893.	42,034.	
14 Information technology	60,078.	12,910.	34,260.	12,908.
15 Royalties				
16 Occupancy	46,048.		46,048.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	13,095.		13,095.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,907.		4,907.	
23 Insurance	10,257.		10,257.	
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	468,686.	455,631.	4,796.	8,259.
b COMMUNITY PARTNERSHIP	34,338.	5,130.	7,408.	21,800.
c OTHER	33,868.	5,804.	4,549.	23,515.
d MARKETING	29,825.		4,095.	25,730.
e All other expenses	50,288.	23,769.	15,499.	11,020.
25 Total functional expenses. Add lines 1 through 24e	10,024,974.	8,896,329.	587,566.	541,079.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,086,572.	1	843,512.
	2 Savings and temporary cash investments	351,162.	2	251,013.
	3 Pledges and grants receivable, net	10,000.	3	10,000.
	4 Accounts receivable, net		4	28,826.
	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	32,476.	9	42,899.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,356.		
	b Less: accumulated depreciation	10b 9,679.	10c	13,677.
	11 Investments - publicly traded securities	77,464,322.	11	88,095,931.
	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	16,900.	15	133,725.
16 Total assets. Add lines 1 through 15 (must equal line 33)	80,161,408.	16	90,612,712.	
Liabilities	17 Accounts payable and accrued expenses	53,143.	17	59,136.
	18 Grants payable	10,000.	18	55,000.
	19 Deferred revenue	143,400.	19	154,125.
	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	0.	25	141,217.
	26 Total liabilities. Add lines 17 through 25	206,543.	26	409,478.
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	75,081,601.	27	85,100,236.
	28 Net assets with donor restrictions	4,873,264.	28	5,102,998.
	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	79,954,865.	32	90,203,234.
33 Total liabilities and net assets/fund balances	80,161,408.	33	90,612,712.	

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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	10,934,222.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,024,974.
3	Revenue less expenses. Subtract line 2 from line 1	3	909,248.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	79,954,865.
5	Net unrealized gains (losses) on investments	5	9,339,121.
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	90,203,234.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

2022

Open to Public Inspection

Name of the organization	THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number	51-0232459
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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20058694.	10594056.	8861721.	11078300.	9793759.	60386530.
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	20058694.	10594056.	8861721.	11078300.	9793759.	60386530.
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)						17619286.
6 Public support. Subtract line 5 from line 4.						42767244.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	20058694.	10594056.	8861721.	11078300.	9793759.	60386530.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1719313.	1776331.	1390351.	1754655.	2260630.	8901280.
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.)	11,700.	15,023.	61,428.	18,706.	46,894.	153,751.
11 Total support. Add lines 7 through 10						69441561.
12 Gross receipts from related activities, etc. (see instructions)					12	4,595,557.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	61.59 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	62.54 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

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>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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>		
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>		

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

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

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

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

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

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

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

2022

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		\$ 3,269,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,108,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 428,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 309,922.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 302,184.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 293,600.	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		\$ 223,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
3	1285 SHARES APPLE INC. _____ _____ _____	\$ <u>207,354.</u>	<u>08/30/22</u>
4	1167 SHARES AMAZON.COM INC _____ _____ _____	\$ <u>146,114.</u>	<u>06/02/23</u>
4	300 SHRES AMPHENOL CORP _____ _____ _____	\$ <u>23,121.</u>	<u>06/02/23</u>
4	200 SHARES ROPER TECHNOLOGIES INC _____ _____ _____	\$ <u>91,542.</u>	<u>06/02/23</u>
4	146 SHARES MICROSOFT CORP _____ _____ _____	\$ <u>49,145.</u>	<u>06/05/23</u>
5	2020 SHARES FASTENAL CO. _____ _____ _____	\$ <u>103,485.</u>	<u>11/10/22</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	120 SHARES O'REILLY AUTOMOTIVE INC. _____ _____ _____	\$ <u>103,364.</u>	<u>04/04/23</u>
5	483 UNION PAC CORP _____ _____ _____	\$ <u>95,335.</u>	<u>04/04/23</u>
7	69 SHARES AEROJET ROCKETDYNE HLDGS INC COM _____ _____ _____	\$ <u>3,787.</u>	<u>12/16/22</u>
7	73 SHARES AIR TRANSPORT SERVICES GROUP INC _____ _____ _____	\$ <u>1,945.</u>	<u>12/16/22</u>
7	32 SHARES ALLSTATE CORP COM USD0.01 _____ _____ _____	\$ <u>4,198.</u>	<u>12/16/22</u>
7	40 SHARES ALPHABET INC CAP STK CL C _____ _____ _____	\$ <u>3,634.</u>	<u>12/16/22</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	106 SHARES AMERICAN INTERNATIONAL GROUP INC _____ _____ _____	\$ <u>6,632.</u>	<u>12/16/22</u>
7	11 SHARES APPLE INC _____ _____ _____	\$ <u>1,480.</u>	<u>12/16/22</u>
7	3 SHARES AUTOZONE INC COM _____ _____ _____	\$ <u>7,141.</u>	<u>12/16/22</u>
7	41 SHARES BRISTOL-MYERS SQUIBB CO COM _____ _____ _____	\$ <u>3,013.</u>	<u>12/16/22</u>
7	11 SHARES BROADCOM INC COM _____ _____ _____	\$ <u>6,115.</u>	<u>12/16/22</u>
7	25 SHARES CIGNA CORP NEW COM _____ _____ _____	\$ <u>8,182.</u>	<u>12/16/22</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	85 SHARES CVS HEALTH CORPORATION COM	\$ 8,113.	12/16/22
7	7 SHARES CARLISLE COMPANIES INC	\$ 1,673.	12/16/22
7	68 SHARES COGNIZANT TECHNOLOGY SOLUTIONS CORP COM CL A	\$ 3,778.	12/16/22
7	31 SHARES COMERICA INC	\$ 1,977.	12/16/22
7	144 SHARES CONAGRA BRANDS INC	\$ 5,473.	12/16/22
7	103 SHARES CONOCOPHILLIPS COM	\$ 11,375.	12/16/22

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	14 SHARES DTE ENERGY CO _____ _____ _____	\$ 1,621.	12/16/22
7	60 SHARES DT MIDSTREAM INC COMMON _____ _____ _____	\$ 3,321.	12/16/22
7	101 SHARES DISCOVER FINANCIAL SERVICES _____ _____ _____	\$ 9,786.	12/16/22
7	29 SHARES DOLLAR GEN CORP NEW COM _____ _____ _____	\$ 7,199.	12/16/22
7	40 SHARES DOLLAR TREE INC _____ _____ _____	\$ 5,706.	12/16/22
7	47 SHARES DOW INC COM _____ _____ _____	\$ 2,341.	12/16/22

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	30 SHARES ELECTRONIC ARTS INC _____ _____ _____	\$ <u>3,652.</u>	<u>12/16/22</u>
7	39 SHARES FISERV INC _____ _____ _____	\$ <u>3,845.</u>	<u>12/16/22</u>
7	22 SHARES HCA HEALTHCARE INC _____ _____ _____	\$ <u>5,259.</u>	<u>12/16/22</u>
7	107 SHARES HOWMET AEROSPACE INC COM _____ _____ _____	\$ <u>4,080.</u>	<u>12/16/22</u>
7	34 SHARES JOHNSON & JOHNSON COM _____ _____ _____	\$ <u>5,973.</u>	<u>12/16/22</u>
7	15 SHARES L3HARRIS TECHNOLOGIES INC COM _____ _____ _____	\$ <u>3,199.</u>	<u>12/16/22</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	6 SHARES LAM RESEARCH CORP COM _____ _____ _____	\$ <u>2,664.</u>	<u>12/16/22</u>
7	48 SHARES MASCO CORP COM _____ _____ _____	\$ <u>2,276.</u>	<u>12/16/22</u>
7	71 SHARES MERCK & CO. INC COM _____ _____ _____	\$ <u>7,753.</u>	<u>12/16/22</u>
7	95 SHARES METLIFE INC COM _____ _____ _____	\$ <u>6,790.</u>	<u>12/16/22</u>
7	42 SHARES MICRON TECHNOLOGY INC _____ _____ _____	\$ <u>2,187.</u>	<u>12/16/22</u>
7	62 SHARES MONDELEZ INTL INC COM _____ _____ _____	\$ <u>4,102.</u>	<u>12/16/22</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	56 SHARES MORGAN STANLEY COM _____ _____ _____	\$ <u>4,864.</u>	<u>12/16/22</u>
7	27 SHARES MOTOROLA SOLUTIONS INC _____ _____ _____	\$ <u>6,816.</u>	<u>12/16/22</u>
7	13 SHARES NORTHROP GRUMMAN CORP COM _____ _____ _____	\$ <u>6,888.</u>	<u>12/16/22</u>
7	79 SHARES ORACLE CORP _____ _____ _____	\$ <u>6,287.</u>	<u>12/16/22</u>
7	15 SHARES PNC FINANCIAL SERVICES GROUP COM _____ _____ _____	\$ <u>2,256.</u>	<u>12/16/22</u>
7	42 SHARES RAYMOND JAMES FINL INC COM _____ _____ _____	\$ <u>4,484.</u>	<u>12/16/22</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	94 SHARES RAYTHEON TECHNOLOGIES CORP COM _____ _____ _____	\$ <u>9,244.</u>	<u>12/16/22</u>
7	23 SHARES RELIANCE STEEL & ALUMINUM CO _____ _____ _____	\$ <u>4,627.</u>	<u>12/16/22</u>
7	42 SHARES SEAWORLD ENTERTAINMENT INC _____ _____ _____	\$ <u>2,277.</u>	<u>12/16/22</u>
7	97 SHARES TJX COMPANIES INC _____ _____ _____	\$ <u>7,532.</u>	<u>12/16/22</u>
7	15 SHARES UNITED PARCEL SERVICE INC _____ _____ _____	\$ <u>2,673.</u>	<u>12/16/22</u>
7	124 SHARES VISHAY INTERTECHNOLOGY INC COM _____ _____ _____	\$ <u>2,678.</u>	<u>12/16/22</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	16 SHARES WASTE MANAGEMENT INC _____ _____ _____	\$ 2,589.	12/16/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

2022

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	155	131
2 Aggregate value of contributions to (during year)	4,749,959.	5,852,899.
3 Aggregate value of grants from (during year)	4,828,760.	2,344,394.
4 Aggregate value at end of year	57,701,396.	32,501,838.
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 July 25,2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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) 2022

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	4,873,264.	6,269,807.	5,489,810.	5,552,774.	5,566,429.
b Contributions					
c Net investment earnings, gains, and losses	752,760.	-567,476.	1,862,995.	2,178,216.	302,815.
d Grants or scholarships	381,608.	673,658.	925,848.	2,096,980.	142,270.
e Other expenditures for facilities and programs					
f Administrative expenses	141,418.	155,409.	157,150.	144,200.	174,200.
g End of year balance	5,102,998.	4,873,264.	6,269,807.	5,489,810.	5,552,774.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 27.0550 %
 - c Term endowment 72.9440 %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,807.	6,585.	9,222.
e Other		7,549.	3,094.	4,455.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,677.

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

Schedule D (Form 990) 2022

51-0232459 Page **3**

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) OPERATING LEASE	141,217.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	141,217.

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 ...

Schedule D (Form 990) 2022

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	19,713,562.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,339,121.	
b	Donated services and use of facilities	2b	74,566.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	9,413,687.	
3	Subtract line 2e from line 1	3	10,299,875.	
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	798,201.	
b	Other (Describe in Part XIII.)	4b	-163,854.	
c	Add lines 4a and 4b	4c	634,347.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,934,222.	

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	9,465,193.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	74,566.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	163,854.	
e	Add lines 2a through 2d	2e	238,420.	
3	Subtract line 2e from line 1	3	9,226,773.	
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	798,201.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	798,201.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,024,974.	

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, 2023. 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)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Employer identification number
51-0232459

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events

- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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	649,802.			649,802.
	2 Less: Contributions	445,982.			445,982.
	3 Gross income (line 1 minus line 2)	203,820.			203,820.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	28,972.			28,972.
	6 Rent/facility costs				
	7 Food and beverages	82,224.			82,224.
	8 Entertainment	13,980.			13,980.
	9 Other direct expenses	52,658.			52,658.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				177,834.
11 Net income summary. Subtract line 10 from line 3, column (d)				25,986.	

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

Name

Address

- 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.

Multiple horizontal lines for providing supplemental information.

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

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
MOUNTAINSIDE MONTESSORI SCHOOL 4206 BELVOIR RD MARSHALL, VA 20115	27-2412529	501 (C) (3)	375,000.	0.	N/A	N/A	EDUCATION
AUGUSTANA UNIVERSITY 2001 SOUTH SUMMIT AVENUE SIOUX FALLS, SD 57197	46-0224588	501 (C) (3)	366,000.	0.	N/A	N/A	HIGHER ED INSTITUTIONS
NORTHERN VIRGINIA REGIONAL PARK AUTHORITY - 5400 OX ROAD - FAIRFAX STATION, VA 22039	51-0523026	501 (C) (3)	235,283.	0.	N/A	N/A	ENVIRONMENT
EDUTUTORVA 801 RIDGE ROAD MCLEAN, VA 22101	85-2638064	501 (C) (3)	197,000.	0.	N/A	N/A	EDUCATION
INOVA HEALTH FOUNDATION 8095 INNOVATION PARK DR FAIRFAX, VA 22031	54-1071867	501 (C) (3)	155,350.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
LIVING HOPE EVANGELICAL PRESBYTERIAN CHURCH - 7135 AUBURN MILL RD - WARRENTON, VA 20187	51-0580243	501 (C) (3)	150,000.	0.	N/A	N/A	PROTESTANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **238.**

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) 2022

THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA, INC.

Schedule I (Form 990)

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VIRGINIA TECH FOUNDATION, INC. 902 PRICES FORK ROAD BLACKSBURG, VA 24061	54-0721690	501 (C) (3)	102,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
CHP 11-99 FOUNDATION 3188 AIRWAY AVENUE COSTA MESA, CA 92626	95-6530738	501 (C) (3)	97,955.	0.	N/A	N/A	VOLUNTARY EMP. BENEFICIARY ASSOC. (GOV.)
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE, SUITE 10 OAKTON, VA 22124	54-0791977	501 (C) (3)	68,250.	0.	N/A	N/A	FAMILY SERVICES
ACADEMY OF THE HOLY NAMES OF FLORIDA, INC. - 3319 BAYSHORE BLVD - TAMPA, FL 33629	59-0910354	501 (C) (3)	54,000.	0.	N/A	N/A	CHRISTIAN
MELWOOD HORTICULTURAL TRAINING CENTER, INC. - 5606 DOWER HOUSE ROAD - UPPER MARLBORO, MD 20772	52-0857690	501 (C) (3)	53,000.	0.	N/A	N/A	EMPLOYMENT PROCUREMENT ASSISTANCE & JOB TRAINING
BEST BUDDIES INTERNATIONAL 7956L TYSONS CORNER CENTER TYSONS, VA 22102	52-1614576	501 (C) (3)	50,000.	0.	N/A	N/A	SERVICES PROMOTE THE INDEPENDENCE OF SPECIFI
DREXEL UNIVERSITY P.O. BOX 8215 PHILADELPHIA, PA 19101	23-1352630	501 (C) (3)	50,000.	0.	N/A	N/A	HIGHER ED INSTITUTIONS
MOUNT VERNON LADIES' ASSOCIATION OF THE UNION - PO BOX 110 - MOUNT VERNON, VA 22121	54-0564701	501 (C) (3)	50,000.	0.	N/A	N/A	HISTORY MUSEUMS
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	53-0204616	501 (C) (3)	50,000.	0.	N/A	N/A	WILDLIFE PRESERVATION/ PROTECTION

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UNITED COMMUNITY MINISTRIES 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501 (C) (3)	50,000.	0.	N/A	N/A	HUMAN SERVICES - MULTIPURPOSE & OTHER N.E.C
VOICES FOR CHILDREN OF TAMPA BAY, INC. - 3314 HENDERSON BOULEVARD, SUITE 207 - TAMPA, FL 33609	59-2737702	501 (C) (3)	50,000.	0.	N/A	N/A	FOSTER CARE
CHARITIES AID FOUNDATION OF AMERICA - 225 REINEKERS LANE, SUITE 375 - ALEXANDRIA, VA 22314	43-1634280	501 (C) (3)	47,909.	0.	N/A	N/A	FUNDRAISING &/OR FUND DISTRIBUTION
COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES - P.O. BOX 342 - LEESBURG, VA 20178	54-1950727	501 (C) (3)	41,006.	0.	N/A	N/A	COMMUNITY FOUNDATIONS
BALLETX 1923 WASHINGTON AVENUE PHILADELPHIA, PA 19146	31-1784286	501 (C) (3)	40,000.	0.	N/A	N/A	BALLET
BETHEL NO. 1, JOB'S DAUGHTERS INTERNATIONAL - 4870-B OLD DOMINION DRIVE - ARLINGTON, VA 22207	47-0832950	501 (C) (3)	40,000.	0.	N/A	N/A	GIRLS CLUBS
DULLES AREA TRANSPORTATION ASSOCIATION - 11654 PLAZA AMERICA DRIVE, #707 - RESTON, VA 20190	62-1353357	501 (C) (3)	40,000.	0.	N/A	N/A	PUBLIC TRANSPORTATION SYSTEMS AND SERVICES
LOUDOUN LAURELS FOUNDATION PO BOX 183 LEESBURG, VA 20178	27-3682448	501 (C) (3)	40,000.	0.	N/A	N/A	FUNDRAISING &/OR FUND DISTRIBUTION
THE ARC OF LOUDOUN 601 CATOCTIN CIRCLE, NE LEESBURG, VA 20176	54-0835314	501 (C) (3)	40,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATIONS

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WAMU 88.5 AMERICAN UNIVERSITY RADIO - AMERICAN UNIVERSITY, PO BOX 98101 - WASHINGTON, DC 20090	53-0196549	501 (C) (3)	35,500.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
PATRICK HENRY FAMILY SERVICES 1621 ENTERPRISE DR. LYNCHBURG, VA 24502	54-0660819	501 (C) (3)	35,200.	0.	N/A	N/A	HUMAN SERVICES
CULPEPER HOUSING & SHELTER SERVICES (CHASS) - 215 E. SPENCER STREET - CULPEPER, VA 22701	54-1463631	501 (C) (3)	35,000.	0.	N/A	N/A	COMMUNITY/NEIGHBORHOOD DEVELOPMENT
EDUCATE FAIRFAX 8115 GATEHOUSE ROAD, SUITE 5101 FALLS CHURCH, VA 22042	36-4674229	501 (C) (3)	35,000.	0.	N/A	N/A	ALLIANCE/ ADVOCACY ORGANIZATIONS
FUTURE KINGS, INC. 17949 MAIN STREET, SUITE 159 DUMFRIES, VA 22026	46-5254881	501 (C) (3)	35,000.	0.	N/A	N/A	CIVIL RIGHTS, SOCIAL ACTION, & ADVOCACY N.E.
HEALTH TANZANIA FOUNDATION 1300 CRYSTAL DRIVE, #605 ARLINGTON, VA 22202	45-5468614	501 (C) (3)	35,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
THE STATION FOUNDATION 1627 WEST MAIN ST., SUITE 258 BOZEMAN, MT 59715	45-2928042	501 (C) (3)	35,000.	0.	N/A	N/A	MENTAL HEALTH & CRISIS INTERVENTION
FAIRFAX COUNTY PARK FOUNDATION 12055 GOVERNMENT CENTER PARKWAY, SU FAIRFAX, VA 22035	54-2019179	501 (C) (3)	34,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT & CAPACITY BUILDING NEC
FAITH ALLIANCE FOR CLIMATE SOLUTIONS - P.O. BOX 2012 - RESTON, VA 20195	81-2816482	501 (C) (3)	34,000.	0.	N/A	N/A	ALLIANCE/ ADVOCACY ORGANIZATIONS

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NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN ST. LANDER, WY 82520	83-0204184	501 (C) (3)	33,198.	0.	N/A	N/A	ENVIRONMENTAL EDUCATION & OUTDOOR SURVIVAL
YOUTH WITH A MISSION PO BOX 8341 GRAND RAPIDS, MI 49518	39-1624189	501 (C) (3)	31,900.	0.	N/A	N/A	CHRISTIAN
BAY JOURNAL MEDIA PO BOX 300 MAYO, MD 21106	26-2359058	501 (C) (3)	31,000.	0.	N/A	N/A	MEDIA, COMMUNICATIONS ORGANIZATIONS
VIRGINIA PUBLIC ACCESS PROJECT P.O. BOX 1472 RICHMOND, VA 23218	54-1825691	501 (C) (3)	30,500.	0.	N/A	N/A	RESEARCH INSTITUTES &/OR PUBLIC POLICY ANALY
AMARA LEGAL CENTER, INC. 1629 K STREET NW, SUITE 300 WASHINGTON, DC 20006	46-3819394	501 (C) (3)	30,000.	0.	N/A	N/A	CIVIL RIGHTS, ADVOCACY FOR SPECIFIC GROUPS
COMMUNITY COALITION FOR HAITI (CCH) - P.O. BOX 1222 - VIENNA, VA 22183	65-1163122	501 (C) (3)	30,000.	0.	N/A	N/A	COMMUNITY IMPROVEMENT, CAPACITY BUILDING
CONCERNED CITIZENS NETWORK OF ALEXANDRIA - 107 SOUTH WEST STREET - ALEXANDRIA, VA 22314	27-4494682	501 (C) (3)	30,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
DEVON HORSE SHOW & COUNTRY FAIR PO BOX 865 DEVON, PA 19333	23-1575217	501 (C) (3)	30,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
LOUDOUN HUNGER RELIEF 750 MILLER DRIVE, SE, SUITE A-1 LEESBURG, VA 20175	54-1591635	501 (C) (3)	30,000.	0.	N/A	N/A	FOOD BANKS, FOOD PANTRIES

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MEDICAL CARE FOR CHILDREN PARTNERSHIP FOUNDATION - 6699 SPRINGFIELD CENTER DR., SUITE 303 - SPRINGFIELD, VA 22150	26-1756738	501 (C) (3)	30,000.	0.	N/A	N/A	HEALTH CARE
WOMEN FOR AFGHAN WOMEN 5510 CHEROKEE AVE. ALEXANDRIA, VA 22312	02-0539734	501 (C) (3)	30,000.	0.	N/A	N/A	WOMEN'S RIGHTS
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
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501 (C) (3)	26,500.	0.	N/A	N/A	DISASTER PREPAREDNESS AND RELIEF SERVICE
MARINE CORPS SCHOLARSHIP FOUNDATION - 909 N WASHINGTON STREET - ALEXANDRIA, VA 22314	22-1905062	501 (C) (3)	25,200.	0.	N/A	N/A	SCHOLARSHIPS, STUDENT FINANCIAL AID, AWARDS
CAPTAINS FOR CLEAN WATER PO BOX 1653 FT. MYERS, FL 33902	81-1789969	501 (C) (3)	25,000.	0.	N/A	N/A	WATER RESOURCE, WETLANDS CONSERVATION & MGMT
CIVIC INFLUENCERS, INC. 16192 COASTAL HWY LEWES, DE 19958	85-0634102	501 (C) (3)	25,000.	0.	N/A	N/A	CIVIL RIGHTS, ADVOCACY FOR SPECIFIC GROUPS
HOSS FOUNDATION INC P.O BOX 327 DELLSLOW, WV 26531	52-1751819	501 (C) (3)	25,000.	0.	N/A	N/A	PRIVATE GRANTMAKING FOUNDATIONS
HYDE PARK UNITED METHODIST CHURCH 500 WEST PLATT ST TAMPA, FL 33606	31-1813333	501 (C) (3)	25,000.	0.	N/A	N/A	CHRISTIAN

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NAVAL POSTGRADUATE SCHOOL FOUNDATION - PO BOX 8626 - MONTEREY, CA 93943	23-7098729	501 (C) (3)	25,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
PEBBLE BEACH COMPANY FOUNDATION PO BOX 1767 PEBBLE BEACH, CA 93953	51-0189888	501 (C) (3)	25,000.	0.	N/A	N/A	PUBLIC FOUNDATIONS
SMITHSONIAN NATIONAL AIR & SPACE MUSEUM - CONTRIBUTION RECEIPT CENTER - WASHINGTON, DC 20090	53-0206027	501 (C) (3)	25,000.	0.	N/A	N/A	MUSEUMS & MUSEUM ACTIVITIES
CHRIST CENTRAL MINISTRIES, INC. 1711 PENDLETON STREET COLUMBIA, SC 29201	57-1128230	501 (C) (3)	24,000.	0.	N/A	N/A	RELIGION
YOUNG LIFE BALTIMORE 2220 CALLOW AVENUE BALTIMORE, MD 21217	84-0385934	501 (C) (3)	24,000.	0.	N/A	N/A	RELIGIOUS LEADERSHIP, YOUTH DEVELOPMENT
CAPITAL CARING 3180 FAIRVIEW PARK DRIVE, SUITE 500 FALLS CHURCH, VA 22042	54-1920770	501 (C) (3)	23,350.	0.	N/A	N/A	HOSPICE
BGH FOUNDATION DBA BLACKGIRLSHACK 10908 COURTHOUSE ROAD SUITE 102-286 FREDERICKSBURG, VA 22408	85-3683902	501 (C) (3)	22,000.	0.	N/A	N/A	ENGINEERING & TECHNOLOGY RESEARCH, SERVICE
CHILDRENS SCIENCE CENTER 3957 PENDER DRIVE FAIRFAX, VA 22030	90-0168625	501 (C) (3)	20,000.	0.	N/A	N/A	SCIENCE & TECHNOLOGY MUSEUM
CREATIVE CAULDRON 410 SOUTH MAPLE AVENUE, RETAIL 116 FALLS CHURCH, VA 22046	31-1816020	501 (C) (3)	20,000.	0.	N/A	N/A	ARTS, CULTURE & HUMANITIES

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ENCORE STAGE & STUDIO, INC. 3701 LORCOM LANE ARLINGTON, VA 22207	23-7311352	501 (C) (3)	20,000.	0.	N/A	N/A	ARTS, CULTURE & HUMANITIES
LOUDOUN LITERACY COUNCIL P.O. BOX 1932 LEESBURG, VA 20177	52-1227843	501 (C) (3)	20,000.	0.	N/A	N/A	ADULT, CONTINUING ED
NORTH CAROLINA COMMUNITY FOUNDATION - 3737 GLENWOOD AVE, SUITE 460 - RALEIGH, NC 21672	58-1661700	501 (C) (3)	20,000.	0.	N/A	N/A	COMMUNITY FOUNDATIONS
PRINCE WILLIAM CONSERVATION ALLIANCE - P.O. BOX 6351 - WOODBIDGE, VA 22195	38-3653371	501 (C) (3)	20,000.	0.	N/A	N/A	ENVIRONMENT
SIGNATURE THEATRE, INC. 4200 CAMPBELL AVENUE ARLINGTON, VA 22206	62-1417785	501 (C) (3)	20,000.	0.	N/A	N/A	THEATER
SUSTAINABILITY MATTERS 822 SWOVER CREEK ROAD EDINBURG, VA 22824	84-2664760	501 (C) (3)	20,000.	0.	N/A	N/A	ENVIRONMENTAL QUALITY PROTECTION AND BEAUTIF
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	REHABILITATIVE MEDICAL SERVICES
VIENNA PRESBYTERIAN CHURCH 124 PARK STREET NE VIENNA, VA 22180	54-6025443	501 (C) (3)	20,000.	0.	N/A	N/A	PROTESTANT
WASHINGTON DC CHRISTIAN REFORMED CHURCH - 5911 NEW HAMPSHIRE AVENUE NE - WASHINGTON, DC 20011	52-1394732	501 (C) (3)	19,600.	0.	N/A	N/A	PROTESTANT

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SECOND STORY P.O. BOX 694 DUNN LORING, VA 22027	54-0899463	501 (C) (3)	19,000.	0.	N/A	N/A	TEMPORARY SHELTER FOR THE HOMELESS
BURKE PRESBYTERIAN CHURCH 5690 OAK LEATHER DRIVE BURKE, VA 22015	54-1148953	501 (C) (3)	18,250.	0.	N/A	N/A	PROTESTANT
JOHNS HOPKINS HOSPITAL 750 EAST PRATT ST., 17TH FLOOR BALTIMORE, MD 21202	52-0591656	501 (C) (3)	17,909.	0.	N/A	N/A	HOSPITAL (GENERAL)
HOME CARE PARTNERS 1234 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20005	52-1920603	501 (C) (3)	17,500.	0.	N/A	N/A	HOMEMAKER, HOME HEALTH AIDE
OPERATION RENEWED HOPE FOUNDATION 6315 MARYVIEW STREET ALEXANDRIA, VA 22310	45-3848293	501 (C) (3)	17,500.	0.	N/A	N/A	MILITARY/ VETERANS' ORGANIZATIONS
SERVE OUR WILLING WARRIORS 16013 WATERFALL ROAD HAYMARKET, VA 20169	46-0683036	501 (C) (3)	17,500.	0.	N/A	N/A	HUMAN SERVICES
FIVE TALENTS USA P.O. BOX 331 VIENNA, VA 22183	54-1940918	501 (C) (3)	17,000.	0.	N/A	N/A	INTERNATIONAL ECONOMIC DEVELOPMENT
FOSTER CARE TO SUCCESS 23811 CHAGRIN BLVD, SUITE 210 CLEVELAND, OH 44122	52-1238437	501 (C) (3)	16,133.	0.	N/A	N/A	FOSTER CARE
MAIN STREET CHILD DEVELOPMENT CENTER - 4401 SIDEBURN ROAD - FAIRFAX, VA 22030	54-1502179	501 (C) (3)	15,900.	0.	N/A	N/A	KINDERGARTEN, NURSERY SCHOOLS, PRESCHOOL

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ASPIRE! AFTERSCHOOL LEARNING P.O. BOX 41318 ARLINGTON, VA 22204	54-1705642	501 (C) (3)	15,500.	0.	N/A	N/A	HUMAN SERVICES
HABITAT FOR HUMANITY INTERNATIONAL 285 PEACHTREE CENTER AVE NE ATLANTA, GA 30303	91-1914868	501 (C) (3)	15,500.	0.	N/A	N/A	INTERNAT., FOREIGN AFFAIRS & NATIONAL SECURITY
ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM - P.O. BOX 74 - DUMFRIES, VA 22026	54-0897679	501 (C) (3)	15,000.	0.	N/A	N/A	VICTIMS' SERVICES
ASSAM FOUNDATION OF NORTH AMERICA, INC. - 4391 MCMENEMY STREET - VADNAIS HEIGHTS, MN 55127	61-0994468	501 (C) (3)	15,000.	0.	N/A	N/A	PRIVATE GRANTMAKING FOUNDATIONS
BEACON FOR ADULT LITERACY 9535 LINTON HALL ROAD BRISTOW, VA 20136	54-0563007	501 (C) (3)	15,000.	0.	N/A	N/A	EDUCATION
BOOLEAN GIRL INC 815 N BARTON STREET ARLINGTON, VA 22201	82-1408294	501 (C) (3)	15,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
CASA CHIRILAGUA 4109 MOUNT VERNON AVE ALEXANDRIA, VA 22305	27-4575777	501 (C) (3)	15,000.	0.	N/A	N/A	RELIGION
CASA DE MARYLAND 8151 15TH AVE HYATTSVILLE, MD 20783	52-1372972	501 (C) (3)	15,000.	0.	N/A	N/A	ADULT, CONTINUING ED
CENTREVILLE IMMIGRATION FORUM P.O. BOX 81 CENTREVILLE, VA 20122	46-3065114	501 (C) (3)	15,000.	0.	N/A	N/A	ETHNIC/ IMMIGRANT SERVICES

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CHRIS ATWOOD FOUNDATION PO BOX 9282 RESTON, VA 20195	46-2749211	501 (C) (3)	15,000.	0.	N/A	N/A	MENTAL HEALTH & CRISIS INTERVENTION
EDU-FUTURO (EDUCACION PARA NUESTRO FUTURO) - SYPHAX EDUCATION CENTER, 2110 WASHINGTON BLVD. - ARLINGTON, VA 22204	54-1914671	501 (C) (3)	15,000.	0.	N/A	N/A	EDUCATION
FIRST PRESBYTERIAN CHURCH OF HAMPTON - 514 S. ARMISTEAD AVE. - HAMPTON, VA 23669	54-0575802	501 (C) (3)	15,000.	0.	N/A	N/A	RELIGION
FOOD JUSTICE DMV GREATER WASHINGTON COMMUNITY FOUNDATION, PO BOX 49010 - BALTIMORE, MD 21297	23-7343119	501 (C) (3)	15,000.	0.	N/A	N/A	FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
FRIENDS OF GUEST HOUSE 1 EAST LURAY AVENUE ALEXANDRIA, VA 22301	51-0201327	501 (C) (3)	15,000.	0.	N/A	N/A	REHABILITATION SERVICES FOR OFFENDERS
GENESYS WORKS 609 H STREET NE, SUITE 500 WASHINGTON, DC 20002	03-0440761	501 (C) (3)	15,000.	0.	N/A	N/A	ALLIANCE/ ADVOCACY ORGANIZATIONS
HIGHER ACHIEVEMENT 1750 COLUMBIA RD. NW WASHINGTON, DC 20009	52-1383374	501 (C) (3)	15,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
INCLUSIVE PATHWAYS TO SUCCESS PO BOX 2661 MERRIFIELD, VA 22116	87-2381501	501 (C) (3)	15,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATIONS
LEGACY IMPACT 9532 LIBERIA AVE. APT 152 MANASSAS, VA 20110	86-3923783	501 (C) (3)	15,000.	0.	N/A	N/A	HUMAN SERVICES - MULTIPURPOSE & OTHER N.E.C

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LOUDOUN CITIZENS FOR SOCIAL JUSTICE/LAWS - 105 E. MARKET ST - LEESBURG, VA 20176	54-1282756	501 (C) (3)	15,000.	0.	N/A	N/A	VICTIMS' SERVICES
LOUDOUN FREE CLINIC 224-A CORNWALL STREET NW LEESBURG, VA 20176	54-1921059	501 (C) (3)	15,000.	0.	N/A	N/A	HEALTH CARE
MUSIC FOR LIFE 7453 LONG PINE DRIVE SPRINGFIELD, VA 22151	27-2981666	502 (C) (3)	15,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
OFFENDER AID AND RESTORATION OF ARLINGTON, INC. - 1400 N UHLE ST. #704 - ARLINGTON, VA 22201	54-1024562	501 (C) (3)	15,000.	0.	N/A	N/A	HUMAN SERVICE ORGANIZATIONS
PINK SPACE THEORY 3360 POST OFFICE ROAD, UNIT 1451 WOODBIDGE, VA 22193	83-3220393	501 (C) (3)	15,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
ROCK RECOVERY PO BOX 100923 ARLINGTON, VA 22201	26-3931272	501 (C) (3)	15,000.	0.	N/A	N/A	MENTAL HEALTH & CRISIS INTERVENTION
SAN MIGUEL SCHOOL, INC. 7705 GEORGIA AVE., NW WASHINGTON, DC 20012	20-5992349	501 (C) (3)	15,000.	0.	N/A	N/A	PRIMARY/ELEMENTARY SCHOOL
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 SERVICES
STEM FOR HER FOUNDATION 200 LITTLE FALLS STREET, SUITE 205 FALLS CHURCH, VA 22046	90-0136831	501 (C) (3)	15,000.	0.	N/A	N/A	EDUCATION

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THE HOUSE, INC. 14000 CROWN COURT, SUITE 105 WOODBIDGE, VA 22193	20-2947568	501 (C) (3)	15,000.	0.	N/A	N/A	YOUTH DEVELOPMENT PROGRAMS
THE LITERACY LAB 1400 16TH STREET NORTHWEST, SUITE 4 WASHINGTON, DC 20036	27-1777117	501 (C) (3)	15,000.	0.	N/A	N/A	EDUCATION
GEORGE MASON UNIVERSITY FOUNDATION, INC - 4400 UNIVERSITY DRIVE, MS 1A3 - FAIRFAX, VA 22030	54-1603842	501 (C) (3)	13,500.	0.	N/A	N/A	FUNDRAISING AND/OR FUND DISTRIBUTION
HOPECAM, INC. 12100 SUNSET HILLS ROAD, SUITE C10 RESTON, VA 20190	56-2416801	501 (C) (3)	12,500.	0.	N/A	N/A	OTHER YOUTH DEVELOPMENT N.E.C.
PINECREST SCHOOL 7209 QUIET COVE ANNANDALE, VA 22003	54-1055578	501 (C) (3)	12,500.	0.	N/A	N/A	ELEMENTARY, SECONDARY ED
THE TREVOR PROJECT P.O. BOX 69232 WEST HOLLYWOOD, CA 90069	95-4681287	501 (C) (3)	12,500.	0.	N/A	N/A	HOT LINE, CRISIS INTERVENTION
JUSTICE HIGH SCHOOL SCHOLARSHIP FUND, INC. - P.O. BOX 4612 - FALLS CHURCH, VA 22044	35-2240517	501 (C) (3)	12,000.	0.	N/A	N/A	FUNDRAISING AND/OR FUND DISTRIBUTION
PIEDMONT ENVIRONMENTAL COUNCIL 45 HORNER STREET WARRENTON, VA 20186	54-0935569	501 (C) (3)	12,000.	0.	N/A	N/A	ENVIRONMENT
FACETS 10700 PAGE AVENUE, BUILDING B FAIRFAX, VA 22030	54-1516266	501 (C) (3)	11,969.	0.	N/A	N/A	HOMELESS SERVICES/ CENTERS

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COMMUNITIES IN SCHOOLS OF NORTHERN VIRGINIA - P.O. BOX 3512 - ALEXANDRIA, VA 22302	46-3063331	501 (C) (3)	11,350.	0.	N/A	N/A	COMMUNITY COALITIONS
CHARITY: WATER PO BOX 5026 HAGERSTOWN, MD 21741	22-3936753	501 (C) (3)	11,000.	0.	N/A	N/A	WATER RESOURCE, WETLANDS CONSERVATION & MGMT
UNIVERSITY OF DELAWARE 30 LOVETT AVENUE NEWARK, DE 19716	51-6000297	501 (C) (3)	10,950.	0.	N/A	N/A	UNIVERSITY OR TECHNOLOGICAL
CHURCH OF THE HOLY COMFORTER 543 BEULAH RD NE VIENNA, VA 22180	54-0715868	501 (C) (3)	10,750.	0.	N/A	N/A	RELIGION
NAMI-NORTHERN VIRGINIA PO BOX 480 OAKTON, VA 22124	51-0241920	501 (C) (3)	10,500.	0.	N/A	N/A	ALLIANCE/ ADVOCACY ORGANIZATIONS
SHELTER HOUSE, INC. 10301 DEMOCRACY LANE, SUITE 200 FAIRFAX, VA 22030	52-1217106	501 (C) (3)	10,500.	0.	N/A	N/A	TEMPORARY SHELTER FOR THE HOMELESS
ALL MAY SEE FOUNDATION 490 ILLINOIS STREET, UCSF BOX #0352, 3RD FLOOR - SAN FRANCISCO, CA 94143	23-7129943	501 (C) (3)	10,176.	0.	N/A	N/A	EYE DISEASES, BLINDNESS, & VISION IMPAIRMENT
ALEXANDRIA CHORAL SOCIETY P.O. 406 ALEXANDRIA, VA 22313	51-0231444	501 (C) (3)	10,000.	0.	N/A	N/A	MUSIC
ARISE ALLIANCE INSTITUTE 1511 N. WESTSHORE BLVD., SUITE 750 TAMPA, FL 33607	81-2128928	501 (C) (3)	10,000.	0.	N/A	N/A	MENTAL HEALTH TREATMENT

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A WIDER CIRCLE 9159 BROOKVILLE ROAD SILVER SPRING, MD 20910	52-2345144	501 (C) (3)	10,000.	0.	N/A	N/A	EDUCATION
CAMPAGNA CENTER, INC. 418 SOUTH WASHINGTON STREET ALEXANDRIA, VA 22314	54-0534609	501 (C) (3)	10,000.	0.	N/A	N/A	KINDERGARTEN, NURSERY SCHOOLS, PRESCHOOL
CHENGETA WILDLIFE 8235 RIDGEFIELD AVENUE NE LACEY, WA 98516	46-5485977	501 (C) (3)	10,000.	0.	N/A	N/A	WILDLIFE PRESERVATION/ PROTECTION
COMMUNITY RESIDENCES FOUNDATION 14160 NEWBROOK DRIVE 1ST FLOOR CHANTILLY, VA 20151	54-1753414	501 (C) (3)	10,000.	0.	N/A	N/A	DEVELOPMENTALLY DISABLED SERVICES/ CENTERS
ENGLISH EMPOWERMENT CENTER 2855 ANNANDALE ROAD, SUITE 114 FALLS CHURCH, VA 22042	23-7098748	501 (C) (3)	10,000.	0.	N/A	N/A	REMEDIAL READING, READING ENCOURAGEMENT
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 SOC)
FRANK LLOYD WRIGHT FOUNDATION 12621 N. FRANK LLOYD WRIGHT BLVD SCOTTSDALE, AZ 85259	86-0197576	501 (C) (3)	10,000.	0.	N/A	N/A	ARTS, CULTURAL ORGS - MULTIPURPOSE
GENERAL CONFERENCE OF SEVENTH DAY ADVENTIST - 12501 OLD COLUMBIA PIKE - SILVER SPRING, MD 20904	52-0643036	501 (C) (3)	10,000.	0.	N/A	N/A	PROTESTANT
MOBILE HOPE LOUDOUN P.O. BOX 4135 ASHBURN, VA 20148	46-3053144	501 (C) (3)	10,000.	0.	N/A	N/A	OTHER HOUSING, SHELTER N.E.C.

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MOBILE LOAVES AND FISHES 9301 HOG EYE ROAD, SUITE 950 AUSTIN, TX 78724	74-2956081	501 (C) (3)	10,000.	0.	N/A	N/A	ROMAN CATHOLIC
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA, GA 30009	30-0209280	501 (C) (3)	10,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
NEXT DISTRO 22 WEST 27TH STREET, FIFTH FLOOR NEW YORK, NY 10001	83-1333112	501 (C) (3)	10,000.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
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	CHILD DAY CARE
OCEAN CONSERVANCY 1300 19TH STREET, NW WASHINGTON, DC 20036	23-7245152	501 (C) (3)	10,000.	0.	N/A	N/A	WATER RESOURCE, WETLANDS CONSERVATION & MGMT
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 15 CHICAGO, IL 60607	54-0907624	501 (C) (3)	10,000.	0.	N/A	N/A	INTERNATIONAL ECONOMIC DEVELOPMENT
PHILADELPHIA CITY ROWING 450 PLYMOUTH ROAD, SUITE 305 PLYMOUTH MEETING, PA 19462	27-1522343	501 (C) (3)	10,000.	0.	N/A	N/A	OTHER RECREATION, SPORTS, OR LEISURE ACTIVIT
POTOMAC CONFERENCE CORPORATION OF SEVENTH-DAY ADVENTISTS - 606 GREENVILLE AVENUE - STAUNTON, VA 24401	23-7229478	501 (C) (3)	10,000.	0.	N/A	N/A	PROTESTANT

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PREVENTION POINT PITTSBURGH 460 MELWOOD AVENUE, SUITE 250 PITTSBURGH, PA 15213	25-1852314	501 (C) (3)	10,000.	0.	N/A	N/A	PUBLIC HEALTH PROGRAMS
PRISON FELLOWSHIP MINISTRIES P.O. BOX 1550 MERRIFIELD, VA 22116	62-0988294	501 (C) (3)	10,000.	0.	N/A	N/A	SERVICES TO PRISONERS/ FAMILIES
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
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW, 5TH FLOOR WASHINGTON DC, DC 20037	52-1437006	501 (C) (3)	10,000.	0.	N/A	N/A	NATURAL RESOURCE CONSERVATION AND PROTECTION
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501 (C) (3)	10,000.	0.	N/A	N/A	INTERNAT., FOREIGN AFFAIRS & NATIONAL SECURITY
SENIOR SERVICES OF ALEXANDRIA 206 N WASHINGTON ST, SUITE 301 ALEXANDRIA, VA 22314	54-0842806	501 (C) (3)	10,000.	0.	N/A	N/A	SERVICES PROMOTE THE INDEPENDENCE OF SPECIFI
SEVATRUCK FOUNDATION 2815 OLD LEE HIGHWAY FAIRFAX, VA 22031	81-0761173	501 (C) (3)	10,000.	0.	N/A	N/A	FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM
SEVEN LOAVES SERVICES, INC. P.O. BOX 1924 MIDDLEBURG, VA 20118	54-1689888	501 (C) (3)	10,000.	0.	N/A	N/A	HUMAN SERVICES
SIGMA NU EDUCATIONAL FOUNDATION 2738 EAST 51ST STREET, SUITE 370 TULSA, OK 74105	54-6035735	501 (C) (3)	10,000.	0.	N/A	N/A	STUDENT SORORITIES, FRATERNITIES

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SOUND IMPACT 5952 INNISVALE DRIVE FAIRFAX STATION, VA 22039	46-3299087	501 (C) (3)	10,000.	0.	N/A	N/A	ARTS, CULTURE & HUMANITIES
SPACE OF HER OWN 520 KING STREET, SUITE 100 ALEXANDRIA, VA 22314	30-0572179	501 (C) (3)	10,000.	0.	N/A	N/A	EDUCATION
ST. PAUL VI CATHOLIC HIGH SCHOOL 42341 BRADDOCK ROAD CHANTILLY, VA 20152	54-1223660	501 (C) (3)	10,000.	0.	N/A	N/A	SECONDARY SCHOOL/HIGH SCHOOL
SUNCOAST HUMANE SOCIETY 6781 SAN CASA DRIVE ENGLEWOOD, FL 34224	23-7174193	501 (C) (3)	10,000.	0.	N/A	N/A	ANIMAL PROTECTION AND WELFARE (INCL. HUMAE S
SYRIAN AMERICAN MEDICAL SOCIETY FOUNDATION - 1012 14TH STREET NW, SUITE1500 - WASHINGTON, DC 20005	16-1717058	501 (C) (3)	10,000.	0.	N/A	N/A	HOSPITALS AND PRIMARY MEDICAL CARE FACILITIES
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 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 URBAN ALTERNATIVE P.O. BOX 4000 DALLAS, TX 75208	75-1835253	501 (C) (3)	10,000.	0.	N/A	N/A	RELIGIOUS MEDIA, COMMUNICATIONS ORGANIZATION
UNITED COMMUNITY 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501 (C) (3)	10,000.	0.	N/A	N/A	EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH)

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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
WILDLIFE CONSERVATION NETWORK 209 MISSISSIPPI STREET SAN FRANCISCO, CA 94107	30-0108469	501 (C) (3)	10,000.	0.	N/A	N/A	PROTECTION OF ENDANGERED SPECIES
WINDY HILL FOUNDATION P.O. BOX 1593 MIDDLEBURG, VA 20118	54-1244012	501 (C) (3)	10,000.	0.	N/A	N/A	HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION - 4603 CALVERT ROAD - COLLEGE PARK, MD 20740	52-2197313	501 (C) (3)	9,500.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
UWEZA FOUNDATION PO BOX 2849 NEW YORK, NY 10163	26-2098595	501 (C) (3)	9,200.	0.	N/A	N/A	ARTS, CULTURE & HUMANITIES
TENNESSEE TECHNOLOGICAL UNIVERSITY FOUNDATION - PO BOX 1915 - COOKEVILLE, TN 38505	59-1777911	501 (C) (3)	9,000.	0.	N/A	N/A	EDUCATION
SHAKESPEARE THEATRE COMPANY 516 8TH STREET SE WASHINGTON, DC 20003	52-1405988	501 (C) (3)	8,624.	0.	N/A	N/A	ARTS, CULTURE & HUMANITIES
CHILDREN'S HOSPITAL FOUNDATION 1 INVENTA PLACE, 6TH FLOOR SILVER SPRING, MD 20910	52-1640402	501 (C) (3)	8,500.	0.	N/A	N/A	HOSPITAL (SPECIALTY)
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

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JOHN LELAND CENTER FOR THEOLOGICAL STUDIES - 1306 NORTH HIGHLAND STREET - ARLINGTON, VA 22201	54-1890249	501 (C) (3)	8,000.	0.	N/A	N/A	HUMANITIES ORGANIZATIONS
NORTHERN VIRGINIA FINE ARTS ASSOCIATION - 201 PRINCE STREET - ALEXANDRIA, VA 22314	54-0753662	501 (C) (3)	8,000.	0.	N/A	N/A	ARTS, CULTURAL ORGS - MULTIPURPOSE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501 (C) (3)	8,000.	0.	N/A	N/A	HOSPITAL (SPECIALTY)
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 SOC)
BARRETT HOSPITAL FOUNDATION 600 MT HWY 91 SOUTH DILLON, MT 59725	36-3597000	501 (C) (3)	7,500.	0.	N/A	N/A	HEALTH CARE
FAIRFAX CASA 4103 CHAIN BRIDGE ROAD, SUITE 200 FAIRFAX, VA 22030	54-1555197	501 (C) (3)	7,500.	0.	N/A	N/A	CHILDREN'S RIGHTS
THE AUDUBON SOCIETY OF NORTHERN VIRGINIA, INC. - 5693 RAYBURN AVE - ALEXANDRIA, VA 22311	51-0246325	501 (C) (3)	7,500.	0.	N/A	N/A	ENVIRONMENT
UDAVUM KARANGAL OF USA 158 GREAT ROAD, PO BOX 389 BEDFORD, MA 01730	52-2165378	501 (C) (3)	7,500.	0.	N/A	N/A	FOOD BANKS, FOOD PANTRIES
VOORHEES UNIVERSITY PO BOX 678 DENMARK, SC 29042	57-0329786	501 (C) (3)	7,500.	0.	N/A	N/A	UNDERGRADUATE COLLEGE (4 - YEAR)

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SEEDS OF PEACE 370 LEXINGTON AVE STE 1201 NEW YORK, NY 10017	52-1814447	501 (C) (3)	7,200.	0.	N/A	N/A	PROMOTION OF INTERNATIONAL UNDERSTANDING
THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS - PO BOX 101510 - ARLINGTON, VA 22210	53-0245017	501 (C) (3)	7,050.	0.	N/A	N/A	PERFORMING ARTS CENTERS
BELONG! 133 PARK STREET NE VIENNA, VA 22180	35-2637456	501 (C) (3)	7,000.	0.	N/A	N/A	HUMAN SERVICES
LIFE WITH CANCER 8110 GATEHOUSE ROAD, SUITE 200 EAST FALLS CHURCH, VA 22042	54-1071867	501 (C) (3)	6,500.	0.	N/A	N/A	SINGLE ORGANIZATION SUPPORT
SILOAM HEALTH 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501 (C) (3)	6,500.	0.	N/A	N/A	COMMUNITY HEALTH SYSTEMS
YWAM CARIBBEAN PARTNERS INC. PO BOX 8341 GRAND RAPIDS, MI 49518	65-0253251	501 (C) (3)	6,400.	0.	N/A	N/A	RELIGIOUS LEADERSHIP, YOUTH DEVELOPMENT
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
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
MARYMOUNT UNIVERSITY 2807 N. GLEBE ROAD ARLINGTON, VA 22207	54-0573801	501 (C) (3)	6,000.	0.	N/A	N/A	HIGHER ED INSTITUTIONS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOLF TRAP FOUNDATION FOR THE PERFORMING ARTS - 1645 TRAP ROAD - VIENNA, VA 22182	23-7011544	501 (C) (3)	6,000.	0.	N/A	N/A	PERFORMING ARTS CENTERS
CATHOLIC DIOCESE OF ARLINGTON 200 N GLEBE RD STE 205 ARLINGTON, VA 22203	54-0967542	501 (C) (3)	5,500.	0.	N/A	N/A	ROMAN CATHOLIC
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET, 22ND FLOOR NEW YORK, NY 10038	13-3669731	501 (C) (3)	5,500.	0.	N/A	N/A	REPRODUCTIVE RIGHTS
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090	13-1644147	501 (C) (3)	5,300.	0.	N/A	N/A	FAMILY PLANNING CENTERS
SAFESPOT CHILDREN'S ADVOCACY CENTER OF FAIRFAX - P.O. BOX 148 - FAIRFAX, VA 22038	46-1358388	501 (C) (3)	5,200.	0.	N/A	N/A	CHILDREN AND YOUTH SERVICES

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Employer identification number
51-0232459

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

51-0232459

Schedule J (Form 990) 2022

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)	240,000.	0.	0.	0.	1,199.	241,199.	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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

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 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	108	1,843,534.	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	145	136,539.	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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

2022

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:

VIRGINIA THROUGH PHILANTHROPY AND COMMUNITY LEADERSHIP WITH THE VISION OF BUILDING A COMMUNITY THAT WORKS FOR EVERYONE. COMPRISED OF DONOR ADVISED FUNDS, PERMANENT FUNDS, GIVING CIRCLES, AND OTHER CHARITABLE ENDOWMENTS, THE COMMUNITY FOUNDATION CONNECTS DONORS TO COMMUNITY AND PROMOTES A MORE EQUITABLE AND INCLUSIVE PROSPERITY THAT MARRIES OUR ECONOMIC STRENGTH WITH THE FULL BREADTH OF OUR DIVERSE COMMUNITY.

FORM 990, PART III, LINE 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:

THE COMMUNITY FOUNDATION CURRENTLY HOSTS TWO GIVING CIRCLES: 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 \$ 81,749. INCLUDING GRANTS OF \$ 81,006. REVENUE \$ 0.

FORM 990, PART III, LINE 1

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA'S MISSION IS TO ADVANCE EQUITY ACROSS NORTHERN VIRGINIA THROUGH PHILANTHROPY AND COMMUNITY LEADERSHIP WITH THE VISION OF BUILDING A COMMUNITY THAT WORKS FOR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Name of the organization	THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC.	Employer identification number	51-0232459
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EVERYONE. WE WORK TO HELP BUILD A COMMUNITY THAT WORKS FOR EVERYONE.

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

2022 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	(D) FURNITURE	06/30/88	SL	7.00		16	726.				726.	726.		0.	726.
8	(D) FURNITURE	06/30/91	SL	7.00		16	1,151.				1,151.	1,151.		0.	1,151.
9	(D) EQUIPMENT	06/30/92	SL	3.00		16	396.				396.	396.		0.	396.
10	(D) FURNITURE	06/30/93	SL	7.00		16	606.				606.	606.		0.	606.
11	(D) BINDING MACHINE	05/18/94	SL	5.00		16	209.				209.	209.		0.	209.
12	(D) LAP TOP	06/30/95	SL	5.00		16	1,800.				1,800.	1,800.		0.	1,800.
13	(D) 486 COMPUTER	06/30/95	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
14	(D) HARD DRIVE	06/30/95	SL	5.00		16	150.				150.	150.		0.	150.
15	(D) FAX MACHINE	06/30/95	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
16	(D) RICOH COPIER	05/24/94	SL	5.00		16	432.				432.	432.		0.	432.
17	(D) HP LASERJET PRINTER	06/30/96	SL	5.00		16	281.				281.	281.		0.	281.
18	(D) LASER PRINTER	08/01/97	SL	5.00		16	878.				878.	878.		0.	878.
19	(D) EQUIPMENT	06/01/98	SL	5.00		16	5,114.				5,114.	5,114.		0.	5,114.
20	(D) 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.	269.		66.	335.
39	MAMMOTH OFFICE FURNITURE	06/11/18	SL	7.00		16	338.				338.	196.		50.	246.
40	OFFICE DEPOT FURNITURE - CONFERENCE CHAIRS	06/11/18	SL	7.00		16	1,700.				1,700.	992.		243.	1,235.

2022 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	(D)OFFICE DEPOT FURNITURE - EXECUTIVE CHAIR	06/11/18	SL	7.00		16	130.				130.	77.		17.	94.
42	(D)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.	885.		218.	1,103.
47	(D)MAMMOTH OFFICE FURNITURE - PRESIDENT'S OFFICE	07/31/18	SL	7.00		16	844.				844.	484.		119.	603.
48	(D)MAMMOTH OFFICE FURNITURE - PRESIDENT'S OFFICE	08/30/18	SL	7.00		16	1,362.				1,362.	763.		193.	956.
49	OFFICE DEPOT FURNITURE - 2 BLACK CONFERENCE CHAIRS	09/30/18	SL	7.00		16	256.				256.	138.		38.	176.
51	WASHINGTON WORKPLACE-8 HEXY MIDBACK TASK CHAIRS	05/16/23	SL	7.00		16	3,276.				3,276.			0.	
	* 990 PAGE 10 TOTAL - FURNITURE						25,671.				25,671.	19,589.		944.	20,533.
	EQUIPMENT														
21	(D)DELL INSPIRON NOTEBOOK COMPUTER	03/22/01	SL	5.00		16	1,987.				1,987.	1,987.		0.	1,987.
22	(D)DELL DIMENSION COMPUTER (WHITE)	03/22/01	SL	5.00		16	1,746.				1,746.	1,746.		0.	1,746.
23	(D)DELL DIMENSION COMPUTER BLK-ACCTG	01/31/03	SL	5.00		16	1,272.				1,272.	1,272.		0.	1,272.
24	(D)DELL DIMENSION COMPUTER BLK-GALA	04/07/03	SL	5.00		16	1,192.				1,192.	1,192.		0.	1,192.
25	(D)IBM THINKPAD #1 - PRESIDENT	05/31/05	SL	5.00		16	1,690.				1,690.	1,690.		0.	1,690.
26	(D)IBM THINKPAD #2 - ADMINISTRATOR	05/31/05	SL	5.00		16	1,690.				1,690.	1,690.		0.	1,690.
27	(D)BLACKBAUD INC. - SOFTWARE LICENSE	12/01/05	SL	3.00		16	17,109.				17,109.	17,109.		0.	17,109.
28	(D)THINKPAD T400 (UNASSIGNED)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
29	(D)THINKPAD T400 (DIR GRANTS)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
30	(D)THINKPAD T400 (MARKETING)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
31	(D)THINKPAD T400 (ACCOUNTING)	03/02/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
32	(D)THINKPAD T400 (VICE PRESIDENT)	06/07/10	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
33	(D)THINKPAD T400 (PRESIDENT)	05/20/11	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
34	(D)THINKPAD T400 (G&S MANAGER)	05/20/11	SL	5.00		16	1,302.				1,302.	1,302.		0.	1,302.
35	(D)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.	1,801.		470.	2,271.
52	NTIVA - NETWORK EQUIPMENT	04/30/23	SL	5.00		16	9,144.				9,144.			0.	
	* 990 PAGE 10 TOTAL - EQUIPMENT						53,051.				53,051.	43,359.		470.	43,829.
	LEASEHOLD IMPROVEMENT														
4	(D)HOME DEPOT - OAKTON OFFICE KITCHEN	02/28/13	SL	3.00		16	2,295.				2,295.	2,295.		0.	2,295.
5	(D)ACORN & ASSOCIATES - OAKTON OFFICE BUILDOUT	03/31/13	SL	3.00		16	11,894.				11,894.	11,894.		0.	11,894.
6	(D)COMMUNICATIONS SYSTEM - OAKTON OFFICE WIRING	03/31/13	SL	3.00		16	1,892.				1,892.	1,892.		0.	1,892.
43	(D)ACORN & ASSOCIATES - OAKTON OFFICE BUILDOUT UNIT	05/04/18	SL	5.00		16	20,960.				20,960.	17,467.		3,493.	20,960.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENT						37,041.				37,041.	33,548.		3,493.	37,041.
	* GRAND TOTAL 990 PAGE 10 DEPR						115,763.				115,763.	96,496.		4,907.	101,403.

228111 04-01-22

(D) - Asset disposed

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

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Asset No.	Description	Date Acquired	Method	Life	C o n v	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
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						103,343.			0.	103,343.	96,496.			101,403.
	ACQUISITIONS						12,420.			0.	12,420.	0.			0.
	DISPOSITIONS/RETIRE						92,407.			0.	92,407.	87,902.			91,724.
	ENDING BALANCE						23,356.			0.	23,356.	8,594.			9,679.
	ENDING ACCUM DEPR LESS DISPOSITIONS											9,679.			
	ENDING BOOK VALUE											13,677.			