

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2940 HUNTER MILL ROAD NO 201

City or town, state or province, country, and ZIP or foreign postal code
OAKTON, VA 22124

D Employer identification number
51-0232459

E Telephone number
(703) 879-7640

F Name and address of principal officer:
EILEEN ELLSWORTH
2940 HUNTER MILL ROAD NO 201
OAKTON, VA 22124

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

H(c) Group exemption number ▶

J Website: ▶ WWW.CFNOVA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1978

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA GROWS PHILANTHROPY TO RESPOND TO NEED, SEED INNOVATION AND LEAD AND CONVENE THE COMMUNITY. COMPRISED OF DONOR ADVISED FUNDS, PERMANENT FUNDS, GIVING CIRCLES, AND OTHER CHARITABLE ENDOWMENTS, THE COMMUNITY FOUNDATION CONNECTS DONORS TO COMMUNITY AND PROMOTES A MORE EQUITABLE AND INCLUSIVE PROSPERITY THAT MARRIES OUR ECONOMIC STRENGTH WITH THE FULL BREADTH OF OUR DIVERSE COMMUNITY.

2 Check this box 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) | 22 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 22 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 12 |
| 6 Total number of volunteers (estimate if necessary) | 22 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 0 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 20,058,694 | 10,594,056 |
| 9 Program service revenue (Part VIII, line 2g) | 675,873 | 709,080 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,707,510 | 3,324,811 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 52,831 | 41,001 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 24,494,908 | 14,668,948 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 5,401,320 | 13,059,928 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 802,991 | 842,572 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 389,704 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,380,238 | 1,448,362 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 7,584,549 | 15,350,862 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 16,910,359 | -681,914 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 72,458,387 | 71,072,105 |
| 21 Total liabilities (Part X, line 26) | 249,441 | 288,902 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 72,208,946 | 70,783,203 |

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-11-13
EILEEN ELLSWORTH PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: RENNER AND COMPANY CPA PC
Preparer's signature: _____
Date: _____
Check if self-employed
PTIN: P01203950
Firm's EIN: ▶ 54-1498950
Firm's address: ▶ 700 NORTH FAIRFAX STREET SUITE 400
Phone no. (703) 535-1200
ALEXANDRIA, VA 22314

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA IS TO GROW PHILANTHROPY TO RESPOND TO CRITICAL NEED AND SEED INNOVATION IN THE REGION. COMPRISED OF DONOR ADVISED FUNDS, DISCRETIONARY FUNDS, SCHOLARSHIP FUNDS, AND GIVING CIRCLES, WE HELP ENGAGE DONORS IN COMMUNITY, MEET COMMUNITY NEEDS WITH COMMUNITY RESOURCES, AND STRENGTHEN NORTHERN VIRGINIA. IN RECENT YEARS, THE COMMUNITY FOUNDATION HAS ALSO EMERGED AS AN IMPORTANT CONTRIBUTOR TO THE THOUGHT LEADERSHIP OF THE REGION. OUR INNOVATION BREAKFAST SERIES AND SHAPE OF THE REGION CONFERENCE SHOWCASE INNOVATIVE IDEAS FROM AROUND THE COUNTRY ON BUILDING COMMUNITY THROUGH PHILANTHROPY. WE PUBLISH DATA DRIVEN RESEARCH ON THE REAL, AS OPPOSED TO THE PERCEIVED, NEEDS OF THE REGION. WE CONVENE THE COMMUNITY TO HELP ADDRESS COMPLEX AND PERSISTENT SOCIAL ISSUES, HELPING TO BUILD CROSS SECTOR COLLABORATIONS AND MAKE BETTER DECISIONS ON HOW TO DISTRIBUTE OUR PRECIOUS LOCAL RESOURCES.

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,103,814 including grants of \$ 9,664,022) (Revenue \$ 709,080)
See Additional Data

4b (Code:) (Expenses \$ 354,040 including grants of \$ 354,040) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 2,881,261 including grants of \$ 2,881,261) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 160,605 including grants of \$ 160,605) (Revenue \$)

GIVING CIRCLES: THE COMMUNITY FOUNDATION CURRENTLY HOSTS 3 GIVING CIRCLES, INCLUDING THE GIVING CIRCLE OF HOPE, A GIVING CIRCLE CREATING POSITIVE CHANGE IN NORTHERN VIRGINIA THROUGH ENGAGED AND COLLECTIVE PHILANTHROPY, THE LOUDOUN IMPACT FUND, A GIVING CIRCLE FOR LOUDOUN DONORS SUPPORTING LOUDOUN BASED CAUSES, AND THE BUSINESS WOMEN'S GIVING CIRCLE, A GIVING CIRCLE FOR LOCAL WOMEN WHO SUPPORT ORGANIZATIONS PREPARING GIRLS AND WOMEN FOR CAREER AND FINANCIAL SUCCESS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 160,605 including grants of \$ 160,605) (Revenue \$)

4e Total program service expenses 14,499,720

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)? If "Yes," complete Schedule A | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | No |
| 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? If "Yes," complete Schedule C, Part II | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | No |
| 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? If "Yes," complete Schedule D, Part I | Yes | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | No |
| 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? If "Yes," complete Schedule D, Part IV | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | Yes | |
| 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. | | |
| 11a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | Yes | |
| 11b | 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? If "Yes," complete Schedule D, Part VII | | No |
| 11c | 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? If "Yes," complete Schedule D, Part VIII | | No |
| 11d | 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? If "Yes," complete Schedule D, Part IX | | No |
| 11e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | No |
| 11f | 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)? If "Yes," complete Schedule D, Part X | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | Yes | |
| 12b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 14b | 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? If "Yes," complete Schedule F, Parts I and IV | | No |
| 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? If "Yes," complete Schedule F, Parts II and IV | | No |
| 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? If "Yes," complete Schedule F, Parts III and IV | | No |
| 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? If "Yes," complete Schedule G, Part I (see instructions) | Yes | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| 20b | 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? If "Yes," complete Schedule I, Parts I and II | Yes | |

Part IV Checklist of Required Schedules (continued)

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

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 | 1a | 4 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |

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

| | | | | | |
|---|------------|-----|--|----|--|
| <p>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</p> | 2a | 12 | | | |
| <p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> | 2b | Yes | | | |
| <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> | 3a | | | No | |
| <p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p> | 3b | | | | |
| <p>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)?</p> | 4a | | | No | |
| <p>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).</p> | | | | | |
| <p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p> | 5a | | | No | |
| <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> | 5b | | | No | |
| <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> | 5c | | | | |
| <p>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?</p> | 6a | | | No | |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | 6b | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| <p>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?</p> | 7a | Yes | | | |
| <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> | 7b | Yes | | | |
| <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> | 7c | | | No | |
| <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> | 7d | | | | |
| <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> | 7e | | | No | |
| <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> | 7f | | | No | |
| <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> | 7g | | | | |
| <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> | 7h | | | | |
| <p>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?</p> | 8 | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | |
| <p>a Did the sponsoring organization make any taxable distributions under section 4966?</p> | 9a | | | | |
| <p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p> | 9b | | | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | | |
| <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> | 10a | | | | |
| <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | |
| <p>a Gross income from members or shareholders</p> | 11a | | | | |
| <p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p> | 11b | | | | |
| <p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p> | 12a | | | | |
| <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p> | 12b | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| <p>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.</p> | 13a | | | | |
| <p>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</p> | 13b | | | | |
| <p>c Enter the amount of reserves on hand</p> | 13c | | | | |
| <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> | 14a | | | No | |
| <p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p> | 14b | | | | |
| <p>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 instructions and file Form 4720, Schedule N.</p> | 15 | | | No | |
| <p>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.</p> | 16 | | | No | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O); 19 Describe in 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 2940 HUNTER MILL ROAD SUITE 201 OAKTON, VA 22124 (703) 879-7640

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

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

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 dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JOSH STILLMAN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (19) DONALD STREHLE DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (20) MITCH WEINTRAUB DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (21) GEORGE WILSON DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (22) JOHN WOLFF DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (23) GINO ZACCARDELLI GENERAL COUNSEL | 1.00 | | | X | | | | 0 | 0 | 0 |
| (24) EILEEN ELLSWORTH PRESIDENT AND CEO | 40.00 | | | X | | | 215,400 | 0 | 21,427 | |
| 1b Sub-Total ▶ | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | | | |
| d Total (add lines 1b and 1c) ▶ | | | | | | | | 215,400 | 0 | 21,427 |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 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> | Yes | |
| 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> | | No |

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 5 columns (A-D). Rows include 2a-2f for FUND FEE INCOME and other program service revenue, with a Business Code column.

Table for Other Revenue with 5 columns (A-D). Rows include 3-11 for investment income, royalties, rental income, sales of assets, fundraising events, gaming activities, and sales of inventory.

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 13,059,928 | 13,059,928 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 234,220 | 81,977 | 70,266 | 81,977 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 553,126 | 193,594 | 165,938 | 193,594 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 1,140 | 399 | 342 | 399 |
| 10 Payroll taxes | 54,086 | 18,930 | 16,226 | 18,930 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 22,226 | | 22,226 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 704,567 | 704,567 | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 33,803 | 2,051 | 1,901 | 29,851 |
| 12 Advertising and promotion | 5,517 | | | 5,517 |
| 13 Office expenses | 34,278 | 3,116 | 31,162 | |
| 14 Information technology | 83,078 | 18,027 | 62,438 | 2,613 |
| 15 Royalties | | | | |
| 16 Occupancy | 33,780 | | 33,780 | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 2,277 | | 1,831 | 446 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 6,500 | | 6,500 | |
| 23 Insurance | 9,501 | | 9,501 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a BANK AND INVESTMENT MAN | 400,895 | 389,585 | 4,101 | 7,209 |
| b OTHER | 49,028 | 15,713 | 12,315 | 21,000 |
| c PRINTING AND POSTAGE | 21,210 | 8,631 | 1,439 | 11,140 |
| d DUES, SUBSCRIPTIONS AND | 18,199 | | 16,379 | 1,820 |
| e All other expenses | 23,503 | 3,202 | 5,093 | 15,208 |
| 25 Total functional expenses. Add lines 1 through 24e | 15,350,862 | 14,499,720 | 461,438 | 389,704 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 1,290,131 | 1 | 434,899 |
| | 2 Savings and temporary cash investments | 3,318 | 2 | 592,389 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 14,000 | 4 | 25,700 |
| | 5 Loans and other 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 52,406 | 9 | 34,833 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 103,343 | | |
| | b Less: accumulated depreciation | 85,190 | 10c | 18,153 |
| | 11 Investments—publicly traded securities | 71,056,691 | 11 | 69,941,695 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 17,188 | 15 | 24,436 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 72,458,387 | 16 | 71,072,105 | |
| Liabilities | 17 Accounts payable and accrued expenses | 61,463 | 17 | 78,709 |
| | 18 Grants payable | 35,500 | 18 | 37,132 |
| | 19 Deferred revenue | 152,478 | 19 | 41,300 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | 131,761 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 249,441 | 26 | 288,902 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 66,656,172 | 27 | 65,293,393 |
| | 28 Net assets with donor restrictions | 5,552,774 | 28 | 5,489,810 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 72,208,946 | 32 | 70,783,203 | |
| 33 Total liabilities and net assets/fund balances | 72,458,387 | 33 | 71,072,105 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 14,668,948 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,350,862 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -681,914 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 72,208,946 |
| 5 | Net unrealized gains (losses) on investments | 5 | -743,829 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 70,783,203 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 51-0232459

Name: THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA INC

Form 990 (2019)

Form 990, Part III, Line 4a:

DONOR ADVISED FUNDS: THE COMMUNITY FOUNDATION OFFERS DONOR ADVISED FUNDS (DAFS) TO DONORS IN THE REGION. A DAF IS A TYPE OF CHARITABLE GIVING FUND THAT IS ESTABLISHED BY A DONOR TO SUPPORT A CAUSE OR CAUSES THAT THE DONOR CARES ABOUT. DAFS ALLOW DONORS TO REMAIN INVOLVED IN ACTIVE CHARITABLE GIVING BY RETAINING "ADVISORY PRIVILEGES" TO RECOMMEND HOW THE COMMUNITY FOUNDATION SHOULD MAKE GRANTS FROM THAT FUND. FOR THE YEAR ENDING JUNE 30, 2020, THE COMMUNITY FOUNDATION HELD 170 SEPARATE DONOR ADVISED FUNDS THAT AWARDED \$9,664,022 IN TOTAL GRANTS.

Form 990, Part III, Line 4b:

SCHOLARSHIP FUNDS: THE COMMUNITY FOUNDATION MANAGES AND ADMINISTERS 28 SCHOLARSHIP FUNDS ESTABLISHED BY INDIVIDUAL DONORS THAT HELP GRADUATING HIGH SCHOOL SENIORS WITH FINANCIAL CHALLENGES ATTEND 2 AND 4 YEAR COLLEGES AND UNIVERSITIES. FOR THE YEAR ENDING JUNE 30, 2020, THE COMMUNITY FOUNDATION AWARDED \$354,040 IN TOTAL SCHOLARSHIPS TO 111 STUDENTS.

Form 990, Part III, Line 4c:

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 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.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 6,195,880 | 12,777,571 | 13,578,890 | 20,058,694 | 10,594,056 | 63,205,091 |
| 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 | 6,195,880 | 12,777,571 | 13,578,890 | 20,058,694 | 10,594,056 | 63,205,091 |
| 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) | | | | | | 20,133,402 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 43,071,689 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|------------|------------|------------|------------|------------|
| 7 Amounts from line 4. . . | 6,195,880 | 12,777,571 | 13,578,890 | 20,058,694 | 10,594,056 | 63,205,091 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | 911,077 | 797,612 | 1,260,454 | 1,719,313 | 1,776,331 | 6,464,787 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | 7,875 | 16,975 | 5,700 | 11,700 | 15,023 | 57,273 |
| 11 Total support. Add lines 7 through 10 | | | | | | 69,727,151 |

12 Gross receipts from related activities, etc. (see instructions) **12** 3,380,585

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 61.770 % |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 57.140 % |

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | Yes | No |
|------------|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| | 1 | | |
| 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> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| | 3a | | |
| 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> | | |
| | 3b | | |
| 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> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| | 4a | | |
| 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> | | |
| | 4b | | |
| 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> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| | 5a | | |
| 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? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 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> | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 8 | | |
| 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> | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9c | | |
| 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> | | |
| | 10a | | |
| 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> | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 51-0232459

Name: THE COMMUNITY FOUNDATION FOR NORTHERN
VIRGINIA INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA INC

Employer identification number
51-0232459

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | 169 | 60 |
| 2 Aggregate value of contributions to (during year) | 6,726,296 | 2,515,903 |
| 3 Aggregate value of grants from (during year) | 9,838,741 | 2,675,268 |
| 4 Aggregate value at end of year | 56,164,552 | 10,958,511 |

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an 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 Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs
 - 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 5,552,774 | 5,566,429 | 5,535,902 | 5,366,819 | 5,732,487 |
| b Contributions | | | | 530 | 529 |
| c Net investment earnings, gains, and losses | 2,178,216 | 302,815 | 363,946 | 460,855 | -24,011 |
| d Grants or scholarships | 2,096,980 | 142,270 | 180,675 | 158,156 | 216,545 |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 144,200 | 174,200 | 152,744 | 134,146 | 125,641 |
| g End of year balance | 5,489,810 | 5,552,774 | 5,566,429 | 5,535,902 | 5,366,819 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶ 25.160 %
- c** Temporarily restricted endowment ▶ 74.850 %

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:

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 37,041 | 25,164 | 11,877 |
| d Equipment | | 43,907 | 42,420 | 1,487 |
| e Other | | 22,395 | 17,606 | 4,789 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 18,153 |

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. (Column (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. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 14,830,018 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 14,753 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 168,970 |
| e | Add lines 2a through 2d | 2e | 183,723 |
| 3 | Subtract line 2e from line 1 | 3 | 14,646,295 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 704,567 |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 704,567 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 15,350,862 |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
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| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 51-0232459

Name: THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA INC

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2: | <p>THE FOUNDATION IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON ANY NET INCOME DERIVED FROM ACTIVITIES RELATED TO EXEMPT PURPOSE. THIS CODE SECTION ENABLES THE FOUNDATION TO ACCEPT DONATIONS THAT QUALIFY AS CHARITABLE CONTRIBUTIONS TO THE DONOR. IN ACCORDANCE WITH U.S. GAAP, THE FOUNDATION HAS CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2020. IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARDS REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITION AND CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THE GUIDANCE.</p> |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES |

Supplemental Information

| Return Reference | Explanation |
|--|--|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | RECLASSIFICATION OF FUNDRAISING EVENT EXPENSES |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

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 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
2a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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.

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.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|----------------------------------|--------------|------------------|---------------------------------|
| | | NVCF GALA (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| 1 | Gross receipts | 572,535 | | | 572,535 |
| 2 | Less: Contributions | 377,587 | | | 377,587 |
| 3 | Gross income (line 1 minus line 2) | 194,948 | | | 194,948 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 11,733 | | | 11,733 |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 92,658 | | | 92,658 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 64,579 | | | 64,579 |
| 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 168,970 |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 25,978 |

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

| Revenue | | (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: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 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? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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? Yes No

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? Yes No

b Enter the amount of distributions required under state law 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.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 294
3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2: | MONITORING OF GRANTS: RECIPIENTS OF GRANTS FROM DISCRETIONARY FUNDS ARE REQUIRED TO SIGN AND RETURN A FORM, CONFIRMING THEIR RECEIPT OF THE CHECK AND THAT THEIR ORGANIZATION HAS PROVIDED NO BENEFITS, GOODS OR SERVICES TO THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA OR DONOR ADVISORS IN RETURN FOR THE GIFT. THEY ALSO CONFIRM THAT THE GRANT DOES NOT REPRESENT THE PAYMENT OF ANY PLEDGE OR OTHER FINANCIAL OBLIGATION OF ANY DONOR ADVISOR, MEMBER OF AN ADVISORY COMMITTEE, OR ANY RELATED PARTY OR ENTITY THAT THE FUNDS ARE BEING USED FOR THE STATED PURPOSE. RECIPIENTS OF GRANTS FROM DISCRETIONARY FUNDS ARE REQUIRED TO SUBMIT A FINAL GRANT REPORT TO THE COMMUNITY FOUNDATION. |

Additional Data

Software ID:
Software Version:
EIN: 51-0232459
Name: THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA INC

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 021155000 | 04-1679980 | 501(C)(3) | 3,000,000 | 0 | N/A | N/A | GRADUATE PROGRAM DEVELOPMENT |
| DREXEL UNIVERSITY 3141 CHESTNUT ST SUITE 310 PHILADELPHIA, PA 19104 | 23-1352630 | 501(C)(3) | 1,000,000 | 0 | N/A | N/A | CHAPEL LEADERSHIP PROGRAM AT LEBOW COLLEGE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| THE PENNSYLVANIA STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802 | 24-6000376 | 501(C)(3) | 500,000 | 0 | N/A | N/A | CHAPEL EXECUTIVE INTERNSHIP PROGRAM |
| VIRGINIA HOSPITAL CENTER FOUNDATION 1701 N GEORGE MASON DRIVE ARLINGTON, VA 22205 | 20-4129901 | 501(C)(3) | 425,000 | 0 | N/A | N/A | DEWBERRY FAMILY ENDOWMENT FOR SPECIALIZED TRAINING |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| INOVA HEALTH FOUNDATION 8110 GATEHOUSE ROAD SUITE 200 EAST FALLS CHURCH, VA 220421210 | 54-1071867 | 501(C)(3) | 310,636 | 0 | N/A | N/A | INOVA SCHAR CANCER INSTITUTE, INOVA KELLAR CENTER, EMERGENCY PREPAREDNESS FUND, FACT, COVID-19 RESPONSE FUND, NEUROSCIENCE COMPREHENSIVE STROKE PROGRAM, MAGNET RECOGNITION PROGRAM FOR NURSES |
| MOUNTAINSIDE MONTESSORI SCHOOL 4206 BELVOIR RD MARSHALL, VA 20115 | 27-2412529 | 501(C)(3) | 270,000 | 0 | N/A | N/A | DIRECTOR OF DEVELOPMENT, MODULAR UNIT PURCHASE AND SUSTAINING OPERATIONS, MATCHING GRANT CAMPAIGN |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE CASHIERS OFFICE MS 2E1 FAIRFAX, VA 22030 | 54-1603842 | 501(C)(3) | 247,276 | 0 | N/A | N/A | LINDA A MONSON ENDOWED SCHOLARSHIP FUND, 2019 SCHOLARSHIP AWARD, DEWBERRY SOUTHSIDE SCHOLARSHIP |
| NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE SUITE 100 100 OAKTON, VA 22124 | 54-0791977 | 501(C)(3) | 235,250 | 0 | N/A | N/A | STRIKES FOR STRONGER FAMILIES, FAMILY SERVICES, GENERAL CAPACITY, COVID-19 RESPONSE EFFORTS, SUPPORT OF VETERANS AND THEIR FAMILIES |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LIVING HOPE EVANGELICAL PRESBYTERIAN CHURCH 14000 HOLCREST CT HAYMARKET, VA 20169 | 51-0580243 | 501(C)(3) | 150,000 | 0 | N/A | N/A | BUILDING HOPE FUND |
| AUGUSTANA UNIVERSITY 2001 SOUTH SUMMIT AVE SIOUX FALLS, SD 57197 | 46-0224588 | 501(C)(3) | 150,000 | 0 | N/A | N/A | AUGIE ACCESS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UPPERVILLE COLT AND HORSE SHOW PO BOX 239 UPPERVILLE, VA 20185 | 23-7390149 | 501(C)(3) | 120,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104 | 63-1135091 | 501(C)(3) | 100,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES PO BOX 342 LEESBURG, VA 20178 | 54-1950727 | 501(C)(3) | 92,560 | 0 | N/A | N/A | 100WOMENSTRONG LONG TERM IMPACT FUND, 100WOMENSTRONG PAY IT FORWARD LOAN PROGRAM, SUPPORT AREA GRANTMAKING, YEARLY LIF GRANMT |
| CAPITAL CARING 3180 FAIRVIEW PARK DRIVE HEADQUARTE S SUITE 500 FALLS CHURCH, VA 22042 | 54-1920770 | 501(C)(3) | 81,050 | 0 | N/A | N/A | COVID-19 EMERGENCY MEALS FOR HOMEBOUND PATIENTS, PUZZLE BOOK FOR LOW INCOME SENIORS, PATIENT CARE, MEALS, GENERAL CAPACITY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EPILEPSY FOUNDATION 8301 PROFESSIONAL PLACE EAST SUITE 200 LANDOVER, MD 20785 | 52-0856660 | 501(C)(3) | 80,000 | 0 | N/A | N/A | RESEARCH INITIATIVES, GENERAL SUPPORT |
| NORTHERN VIRGINIA COMMUNITY COLLEGE 4001 WAKEFIELD CHAPEL ROAD ANNANDALE, VA 22003 | 51-0249730 | 501(C)(3) | 75,739 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON 200 N GLEBE RD SUITE 250 ARLINGTON, VA 22203 | 54-0515706 | 501(C)(3) | 70,000 | 0 | N/A | N/A | CENSUS 2020 & CIVIC ENGAGEMENT EFFORTS IN MANASSAS, COVID-19 RESPONSE, COVID-19 RELIEF, HUMAN SERVICE ORGANIZATIONS |
| UNITED COMMUNITY MINISTRIES 7511 FORDSON ROAD ALEXANDRIA, VA 22306 | 54-0850780 | 501(C)(3) | 69,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA, GENERAL CAPACITY, EMERGENCY ASSISTANCE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GEORGE MASON UNIVERSITY FOUNDATION INC 4400 UNIVERSITY DRIVE MS 2E1 FAIRFAX, VA 220304444 | 54-1603842 | 501(C)(3) | 60,000 | 0 | N/A | N/A | STEPHEN S. FULLER INSTITUTE, CENTER FOR INNOVATION AND ENTREPRENEURSHIP, GENERAL CAPACITY |
| CASA DE VIRGINIA 8151 15TH AVE HYATTSVILLE, MD 20783 | 52-1372972 | 501(C)(3) | 60,000 | 0 | N/A | N/A | FOR COVID-19 RELIEF EFFORTS, INDEPENDENCE SERVICES |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF VIRGINIA STUDENT FINANCIAL SERVICES PO BOX 400204 1001 NORTH EMMET STREET CHARLOTTESVILLE, VA 22904 | 54-1682176 | 501(C)(3) | 53,800 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD, FONTAINE RESILIENCE GARDEN |
| ARLINGTON THRIVE PO BOX 7429 ARLINGTON, VA 22207 | 51-0207684 | 501(C)(3) | 53,500 | 0 | N/A | N/A | EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH), INCOME RELIEF DURING CORONAVIRUS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RONALD MCDONALD HOUSE CHARITIES OF CHARLESTON 81 GADSDEN STREET CHARLESTON, SC 29401 | 57-0724845 | 501(C)(3) | 50,000 | 0 | N/A | N/A | CAPITAL CAMPAIGN |
| EDU-FUTURO (EDUCACION PARA NUESTRO FUTURO) SYPHAX EDUCATION CENTER 2110 WASHINGTON BLVD ARLINGTON, VA 22204 | 54-1914671 | 501(C)(3) | 50,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS, CENSUS 2020 AND CIVIC ENGAGEMENT EFFORTS |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LAKE CHRISTIAN MINISTRIES INC PO BOX 695 13157 S OLD MONETA ROAD MONETA, VA 241210695 | 54-2034650 | 501(C)(3) | 50,000 | 0 | N/A | N/A | DENTAL/DENTURES PROGRAM |
| HEALTH TANZANIA FOUNDATION 1300 CRYSTAL DRIVE 605 ARLINGTON, VA 22202 | 45-5468614 | 501(C)(3) | 49,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOOD FOR OTHERS 2938 PROSPERITY AVENUE FAIRFAX, VA 22031 | 54-1777157 | 501(C)(3) | 45,500 | 0 | N/A | N/A | GENERAL CAPACITY, COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| LOUDOUN CITIZENS FOR SOCIAL JUSTICE INC LOUDOUN ABUSED WOMEN'S SHELTER 105 EAST MARKET STREET LEESBURG, VA 20176 | 54-1282756 | 501(C)(3) | 43,988 | 0 | N/A | N/A | WILLIAM AND MARY STUDENT SCHOARSHIP, FAMILY VIOLENCE SHELTERS AND SERVICES, GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ALIVE 2723 KING STREET ALEXANDRIA, VA 22302 | 54-0914017 | 501(C)(3) | 40,000 | 0 | N/A | N/A | EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH) |
| TIDES FOUNDATION PO BOX 399389 SAN FRANCISCO, CA 941399389 | 51-0198509 | 501(C)(3) | 40,000 | 0 | N/A | N/A | NAACP LOUDOUN UNIT #: 7084 COVID-19 RELIEF EFFORTS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE CULMORE CLINIC PO BOX 8332 FALLS CHURCH, VA 22041 | 30-0765570 | 501(C)(3) | 40,000 | 0 | N/A | N/A | GENERAL CAPACITY, COVID-19 PANDEMIC |
| THE HOUSE INC 14000 CROWN COURT SUITE 105 WOODBIDGE, VA 22193 | 20-2947568 | 501(C)(3) | 40,000 | 0 | N/A | N/A | GENERAL CAPACITY, YOUTH DEVELOPMENT PROGRAMS, COVID-19 RESPONSE FOR NORTHERN VIRGINIA |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| LORTON COMMUNITY ACTION CENTER PO BOX 154 LORTON, VA 221990154 | 51-0181451 | 501(C)(3) | 39,500 | 0 | N/A | N/A | FAMILY IN NEED, EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH), COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| BEACON FOR ADULT LITERACY 9535 LINTON HALL ROAD BRISTOW, VA 20136 | 54-0563007 | 501(C)(3) | 37,500 | 0 | N/A | N/A | CENSUS 2020 AND CIVIC ENGAGEMENT EFFORTS, ADULT, CONTINUING ED, COVID-19 RELIEF EFFORTS |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRIENDS OF GUEST HOUSE 1 EAST LURAY AVENUE ALEXANDRIA, VA 223012025 | 51-0201327 | 501(C)(3) | 36,500 | 0 | N/A | N/A | IN HONOR OF SECOND GUEST HOUSE OPENING, GENERAL CAPACITY, HUMAN SERVICE ORGANIZATIONS |
| CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVENUE NE WASHINGTON, DC 20017 | 52-1167581 | 501(C)(3) | 36,310 | 0 | N/A | N/A | GENERAL CAPACITY, 2020 RIDESHARE INITIATIVE, FOOD SERVICE, FREE FOOD DISTRIBUTION PROGRAM |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION 4001 WAKEFIELD CHAPEL RD SUITE 252 ANNANDALE, VA 22003 | 51-0249730 | 501(C)(3) | 35,500 | 0 | N/A | N/A | COVID-19 EMERGENCY STUDENT AID FUND |
| NAKASEC (NATIONAL KOREAN AMERICAN SERVICE & EDUCATION CONSORTIUM) 4304 EVERGREEN LANE SUITE 104 ANNANDALE, VA 22003 | 87-0752611 | 501(C)(3) | 35,315 | 0 | N/A | N/A | PROMOTIONAL AND DISPLAY MATERIALS FOR WORKSHOPS AND COMMUNITY OUTREACH EVENTS (INCLUDING CENSUS 2020), COVID-19 RESPONSE AND RELIEF EFFORTS |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190 | 53-0204616 | 501(C)(3) | 35,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| INSIGHT MEMORY CARE CENTER 3953 PENDER DRIVE SUITE 100 FAIRFAX, VA 22030 | 52-1361974 | 501(C)(3) | 35,000 | 0 | N/A | N/A | G83 - ALZHEIMER'S |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FOUNDATION FOR FAIRFAX COUNTY PUBLIC SCHOOLS 8115 GATEHOUSE ROAD ROOM 5101 FALLS CHURCH, VA 22042 | 36-4674229 | 501(C)(3) | 35,000 | 0 | N/A | N/A | GET2GREEN FUNDING, COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| BETHEL NO 1 JOB'S DAUGHTERS INTERNATIONAL 2104 NORTH KENMORE STREET ARLINGTON, VA 22201 | 47-0832950 | 501(C)(3) | 35,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HISPANICS AGAINST CHILD ABUSE AND NEGLECT PO BOX 1803 FALLS CHURCH, VA 22041 | 54-1405697 | 501(C)(3) | 33,474 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS, GENERAL CAPACITY |
| NEW MEXICO SCHOOL FOR THE ARTS - ART INSTITUTE 275 EAST ALAMEDA STREET SANTA FE, NM 87501 | 26-4764395 | 501(C)(3) | 32,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HYDE PARK UNITED METHODIST CHURCH 500 WEST PLATT ST TAMPA, FL 33606 | 31-1813333 | 501(C)(3) | 31,350 | 0 | N/A | N/A | PORTICO CAMPUS |
| THE WOMEN'S CENTER 133 PARK STREET NE VIENNA, VA 22180 | 23-7423496 | 501(C)(3) | 30,855 | 0 | N/A | N/A | F30 - MENTAL HEALTH TREATMENT, GENERAL CAPACITY |

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| THE ARC OF LOUDOUN 601 CATOCTIN CIRCLE NE LEESBURG, VA 20176 | 54-0835314 | 501(C)(3) | 30,000 | 0 | N/A | N/A | MEET THE NEEDS DURING THE CORONAVIRUS PANDEMIC, GENERAL CAPACITY |
| ARLINGTON FREE CLINIC 2921 11TH STREET S ARLINGTON, VA 22204 | 54-1671883 | 501(C)(3) | 30,000 | 0 | N/A | N/A | GENERAL CAPACITY, SINGLE ORGANIZATION SUPPORT |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALZHEIMER'S ASSOCIATION NATIONAL CAPITAL AREA CHAPTER 8180 GREENSBORO DRIVE SUITE 400 MCLEAN, VA 22102 | 13-3039601 | 501(C)(3) | 30,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| AAKOMA PROJECT 1101 N GLEBE ROAD SUITE 1010 ARLINGTON, VA 22201 | 83-4378040 | 501(C)(3) | 30,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| AMARA LEGAL CENTER PO BOX 15255 WASHINGTON, DC 20003 | 46-3819394 | 501(C)(3) | 30,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| MIAMI UNIVERSITY 301 S CAMPUS AVE OXFORD, OH 45056 | 31-6402089 | 501(C)(3) | 30,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD, EMERGENCY NEEDS FUND |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MOUNT VERNON LADIES' ASSOCIATION OF THE UNION PO BOX 110 MOUNT VERNON, VA 22121 | 54-0564701 | 501(C)(3) | 30,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| PIEDMONT ENVIRONMENTAL COUNCIL 316 F STREET NE SUITE 200 WASHINGTON, DC 20002 | 54-0935569 | 501(C)(3) | 30,000 | 0 | N/A | N/A | COALITION FOR SMARTER GROWTH |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ARCADIA FOOD INC 9000 RICHMOND HIGHWAY ALEXANDRIA, VA 22309 | 27-3611614 | 501(C)(3) | 27,600 | 0 | N/A | N/A | K31 - FOOD BANKS, FOOD PANTRIES, SOLAR PANELS AND RELATED UPGRADES |
| LA COCINA VA 1500 N GLEBE ROAD ARLINGTON, VA 22207 | 46-2037695 | 501(C)(3) | 27,000 | 0 | N/A | N/A | GENERAL CAPACITY, COVID-19 RELIEF EFFORTS |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| PATRICK HENRY FAMILY SERVICES 1621 ENTERPRISE DR LYNCHBURG, VA 24502 | 54-0660819 | 501(C)(3) | 26,700 | 0 | N/A | N/A | GENERAL CAPACITY |
| FACETS 10700 PAGE AVENUE BUILDING B FAIRFAX, VA 22030 | 54-1516266 | 501(C)(3) | 26,500 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA, HOMELESS SERVICES/CENTERS |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ACADEMY OF THE HOLY NAMES OF FLORIDA INC 3319 BAYSHORE BLVD TAMPA, FL 33629 | 59-0910354 | 501(C)(3) | 26,500 | 0 | N/A | N/A | ANNUAL FUND, SCHOLARSHIP PROGRAM |
| WASHINGTON DC CHRISTIAN REFORMED CHURCH 5911 NEW HAMPSHIRE AVE NE WASHINGTON, DC 20011 | 52-1394732 | 501(C)(3) | 26,400 | 0 | N/A | N/A | GENERAL CAPACITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SECOND STORY PO BOX 694 DUNN LORING, VA 22027 | 54-0899463 | 501(C)(3) | 26,000 | 0 | N/A | N/A | GENERAL CAPACITY, TEMPORARY SHELTER FOR THE HOMELESS, COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| YOUTH FOR TOMORROW 11835 HAZEL CIRCLE DRIVE BRISTOW, VA 20136 | 52-1342268 | 501(C)(3) | 26,000 | 0 | N/A | N/A | O99 - OTHER YOUTH DEVELOPMENT N.E.C., GENERAL CAPACITY |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| COMMUNITY LODGINGS INC 3912 ELBERT AVENUE SUITE 108 ALEXANDRIA, VA 22305 | 54-1428495 | 501(C)(3) | 25,300 | 0 | N/A | N/A | L80 - OTHER HOUSING SUPPORT SERVICES, GENERAL CAPACITY |
| ECOACTION ARLINGTON 3308 S STAFFORD STREET ARLINGTON, VA 22206 | 54-1094546 | 501(C)(3) | 25,200 | 0 | N/A | N/A | GENERAL CAPACITY |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY RESIDENCES INC 14160 NEWBROOK DRIVE CHANTILLY, VA 20151 | 54-1004092 | 501(C)(3) | 25,000 | 0 | N/A | N/A | P82 - DEVELOPMENTALLY DISABLED SERVICES/CENTERS |
| CONGREGATION ADAT REYIM 6500 WESTBURY OAKS COURT SPRINGFIELD, VA 22152 | 52-1301562 | 501(C)(3) | 25,000 | 0 | N/A | N/A | RUJUVENATION OF SYNAGOGUE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VOLUNTEERS OF AMERICA CHESAPEAKE 7901 ANNAPOLIS ROAD LANHAM, MD 20706 | 52-1870737 | 501(C)(3) | 25,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| YELLOW RIBBON FUND PO BOX 41048 BETHESDA, MD 20824 | 36-4567583 | 501(C)(3) | 25,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RECOVERY PROGRAM SOLUTIONS OF VIRGINIA 11616 AMARA PLACE WOODBIDGE, VA 221927414 | 45-2910746 | 501(C)(3) | 25,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| PRS INC 10455 WHITE GRANITE DRIVE SUITE 400 400 OAKTON, VA 22124 | 54-0880899 | 501(C)(3) | 25,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| WESTERN FAIRFAX CHRISTIAN MINISTRIES PO BOX 220802 CHANTILLY, VA 20153 | 54-1606629 | 501(C)(3) | 25,000 | 0 | N/A | N/A | COVID-19 RESPONSE FUND FOR NORTHERN VIRGINIA |
| TRILLIUM CENTER 13184 CENTERPOINTE WAY WOODBIDGE, VA 22193 | 65-1309922 | 501(C)(3) | 25,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PATHWAY HOMES 10201 FAIRFAX BLVD SUITE 200 FAIRFAX, VA 22030 | 54-1041459 | 501(C)(3) | 25,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| PHOENIX HOUSE OF THE MID-ATLANTIC 200 NORTH GLEBE ROAD ARLINGTON, VA 22203 | 54-1835296 | 501(C)(3) | 25,000 | 0 | N/A | N/A | L20 - HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEIGHBORHOOD HEALTH VA 6677 RICHMOND HWY ALEXANDRIA, VA 22306 | 54-1849891 | 501(C)(3) | 25,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| CHILD AND FAMILY NETWORK CENTER 3700 WHEELER AVE ALEXANDRIA, VA 22304 | 54-1589809 | 501(C)(3) | 25,000 | 0 | N/A | N/A | P30 - CHILDREN'S AND YOUTH SERVICES |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM PO BOX 74 DUMFRIES, VA 22026 | 54-0897679 | 501(C)(3) | 25,000 | 0 | N/A | N/A | P62 - VICTIMS' SERVICES |
| BRIDGES TO INDEPENDENCE 46 S GLEBE ROAD SUITE 201 ARLINGTON, VA 22204 | 54-1368484 | 501(C)(3) | 25,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BETHANY HOUSE OF NORTHERN VIRGINIA ADMINISTRATIVE OFFICE 6601 LITTLE RIVER TURNPIKE SUITE 110 ALEXANDRIA, VA 22312 | 51-0252177 | 501(C)(3) | 25,000 | 0 | N/A | N/A | L41- TEMPORARY SHELTER FOR THE HOMELESS |
| BALLETX 1923 WASHINGTON AVENUE PHILADELPHIA, PA 19146 | 23-1629970 | 501(C)(3) | 25,000 | 0 | N/A | N/A | BUILDING FUND |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CULPEPER COMMUNITY DEVELOPMENT CORPORATION 602 SOUTH MAIN STREET SUITE 3 CULPEPER, VA 22701 | 54-1463631 | 501(C)(3) | 25,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| DOORWAYS FOR WOMEN AND FAMILIES PO BOX 100185 ARLINGTON, VA 22210 | 54-1087829 | 501(C)(3) | 25,000 | 0 | N/A | N/A | P85 - HOMELESS SERVICES/ CENTERS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GPW HEALTH CENTER 4379 RIDGEWOOD CENTER DRIVE SUITE 102 WOODBIDGE, VA 22192 | 83-0435138 | 501(C)(3) | 25,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |
| HEALTHWORKS FOR NORTHERN VIRGINIA 163 FORT EVANS ROAD NE LEESBURG, VA 20176 | 20-2379419 | 501(C)(3) | 25,000 | 0 | N/A | N/A | E21 - COMMUNITY HEALTH SYSTEMS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| LOUDOUN FREE CLINIC 224-A CORNWALL STREET NW LEESBURG, VA 20176 | 54-1921059 | 501(C)(3) | 25,000 | 0 | N/A | N/A | E30 - HEALTH TREATMENT FACILITIES (PRIMARILY OUTPATIENT) |
| ROSIE RIVETERS 1220 WILKES STREET ALEXANDRIA, VA 22314 | 47-4710197 | 501(C)(3) | 24,148 | 0 | N/A | N/A | BWGC GRANT, GENERAL CAPACITY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VIRGINIA COMMONWEALTH UNIVERSITY 1015 FLOYD AVENUE HARRIS HALL FIRST FLOOR BOX 843036 RICHMOND, VA 23284 | 54-0757884 | 501(C)(3) | 23,200 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |
| HOPKINS HOUSE 5904 RICHMOND HWY - SUITE 525 ALEXANDRIA, VA 22303 | 54-0525701 | 501(C)(3) | 22,000 | 0 | N/A | N/A | GENERAL CAPACITY, PRESCHOOL SCHOLARSHIP FUND, COVID-19 RELIEF EFFORTS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BLUE STAR FAMILIES PO BOX 230637 ENCINITAS, CA 920230637 | 80-0369895 | 501(C)(3) | 21,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| CENTREVILLE IMMIGRATION FORUM PO BOX 81 CENTREVILLE, VA 20122 | 46-3065114 | 501(C)(3) | 21,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS, GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WORLD CENTRAL KITCHEN 1342 FLORIDA AVE NW WASHINGTON, DC 20009 | 27-3521132 | 501(C)(3) | 21,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS, GENERAL CAPACITY |
| CHILDREN'S SCIENCE CENTER 3949 PENDER DR SUITE 120B FAIRFAX, VA 22030 | 90-0168625 | 501(C)(3) | 20,500 | 0 | N/A | N/A | 2019 BWGC GRANT, GENERAL CAPACITY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| VIRGINIANS ORGANIZED FOR INTERFAITH COMMUNITY ENGAGEMENT (VOICE) 4444 ARLINGTON BLVD ARLINGTON, VA 22204 | 27-1207254 | 501(C)(3) | 20,300 | 0 | N/A | N/A | SOCIAL JUSTICE IN PW COUNTY, COVID-19 RELIEF EFFORTS |
| NORTHERN PIEDMONT COMMUNITY FOUNDATION 321 WALKER DRIVE WARRENTON, VA 20186 | 31-1742955 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PRINCE WILLIAM CONSERVATION ALLIANCE PO BOX 6351 WOODBIDGE, VA 22195 | 38-3653371 | 501(C)(3) | 20,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 221161550 | 62-0988294 | 501(C)(3) | 20,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ASSAM FOUNDATION OF NORTH AMERICA INC 4391 MCMENEMY ST VADNAIS HEIGHT, MN 55127 | 61-0994468 | 501(C)(3) | 20,000 | 0 | N/A | N/A | SNEHALAYA GIRLS QUALITY EDUCATION PROGRAM |
| TENANTS AND WORKERS UNITED 3801 MT VERNON AVENUE ALEXANDRIA, VA 22305 | 54-1515305 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RISING HOPE UNITED METHODIST MISSION CHURCH 8220 RUSSELL ROAD ALEXANDRIA, VA 22309 | 54-1769526 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| RANDOLPH EASTERN SCHOOL CORPORATION 731 N PLUM STREET UNION CITY, IN 473901026 | 35-1076047 | 501(C)(3) | 20,000 | 0 | N/A | N/A | DAVID AND CAROL YOUNG SCHOLARSHIP |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE DEMOCRACY COLLABORATIVE FOUNDATION 1422 EUCLID AVENUE SUITE 1652 CLEVELAND, OH 44115 | 20-0387511 | 501(C)(3) | 20,000 | 0 | N/A | N/A | 2020 INNOVATION FUND GRANT |
| THE HEALTH WAGON PO BOX 7070 WISE, VA 24293 | 04-3739083 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 PANDEMIC |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITIES IN SCHOOLS OF NORTHERN VIRGINIA PO BOX 3512 ALEXANDRIA, VA 22302 | 46-3063331 | 501(C)(3) | 20,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| COMMUNITY FOUNDATION FOR GREATER RICHMOND PO BOX 76495 BALTIMORE, MD 212756495 | 23-7009135 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE JACKSON LABORATORY PO BOX 254 BAR HARBOR, ME 04069 | 01-0211513 | 501(C)(3) | 20,000 | 0 | N/A | N/A | EMPLOYEE EMERGENCY RESPONSE FUND |
| VIRGINIA COALITION FOR IMMIGRANT RIGHTS (VACIR) PO BOX 8042 ALEXANDRIA, VA 22306 | 81-4184814 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LOUDOUN HUNGER RELIEF INC 750 MILLER DRIVE SUITE A-1 LEESBURG, VA 20175 | 54-1591635 | 501(C)(3) | 20,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| LULAC INSTITUTE (LEAGUE OF UNITED LATIN AMERICAN CITIZENS INSTITUTE) 1133 19TH ST NW SUITE 1000 WASHINGTON, DC 20036 | 74-6090399 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LUTHERAN SOCIAL SERVICES OF THE NATIONAL CAPITAL AREA 4406 GEORGIA AVENUE NW WASHINGTON, DC 20011 | 53-0207407 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |
| ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL INC 901 S HIGHLAND STREET ARLINGTON, VA 22204 | 52-1308986 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY FOUNDATION OF NORTHERN SHENANDOAH VALLEY 411 N CAMERON STREET WINCHESTER, VA 22601 | 26-0008332 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |
| COMMUNITY FOUNDATION OF THE RAPPAHANNOCK RIVER REGION 725 JACKSON STREET SUITE 114 FREDERICKSBURG, VA 22401 | 54-1843987 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOMESTRETCH INC 303 SOUTH MAPLE AVE SUITE 400 FALLS CHURCH, VA 22046 | 54-1894391 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| NATIONAL COALITION OF 100 BLACK WOMEN PRINCE WILLIAM COUNTY CHAPTER PO BOX 1166 DUMFRIES, VA 22026 | 80-0798354 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NUEVA VIDA INC 801 N PITT STREET 113 ALEXANDRIA, VA 22314 | 54-1943145 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |
| OAR OF FAIRFAX COUNTY 10700 PAGE AVENUE SUITE 200 FAIRFAX, VA 22030 | 54-0952630 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| JESUIT HIGH SCHOOL 4701 N HIMES AVE TAMPA, FL 33614 | 53-0196617 | 501(C)(3) | 20,000 | 0 | N/A | N/A | B20 - ELEMENTARY, SECONDARY ED |
| CHILDREN'S HOSPITAL FOUNDATION 801 ROEDER ROAD SUITE 300 SILVER SPRING, MD 20910 | 52-1640402 | 501(C)(3) | 20,000 | 0 | N/A | N/A | GENERAL CAPACITY, VAN METRE COMPANIES PROFESSORSHIP IN CARDIOLOGY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHRIST CENTRAL MINISTRIES INC 1711 PENDLETON STREET COLUMBIA, SC 29201 | 57-1128230 | 501(C)(3) | 20,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE SUITE A CHARLOTTESVILLE, VA 22903 | 54-0884513 | 501(C)(3) | 20,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ARLINGTON ARTS CENTER 3550 WILSON BLVD ARLINGTON, VA 22201 | 23-7382322 | 501(C)(3) | 20,000 | 0 | N/A | N/A | 2019 AND 2020 PUBLIC ART GRANT |
| PROJECT MEND-A-HOUSE 8787 COMMERCE CT MANASSAS, VA 20110 | 54-1733024 | 501(C)(3) | 20,000 | 0 | N/A | N/A | GENERAL CAPACITY, L20 - HOUSING DEVELOPMENT, CONSTRUCTION, MANAGEMENT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AUTISM SOCIETY 4340 EAST WEST HIGHWAY SUITE 350 BETHESDA, MD 20814 | 52-1020149 | 501(C)(3) | 20,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| FUTURE KINGS INC 17949 MAIN STREET SUITE 159 DUMFRIES, VA 22026 | 46-5254881 | 501(C)(3) | 19,500 | 0 | N/A | N/A | GENERAL CAPACITY, SUMMER STEM |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAFESPOT CHILDREN'S ADVOCACY CENTER OF FAIRFAX 4031 CHAIN BRIDGE ROAD SUITE 201 FAIRFAX, VA 22030 | 46-1358388 | 501(C)(3) | 18,000 | 0 | N/A | N/A | GENERAL CAPACITY, CHILDREN'S AND YOUTH SERVICES |
| ARLINGTON FOOD ASSISTANCE CENTER PO BOX 6261 ARLINGTON, VA 22206 | 54-1473207 | 501(C)(3) | 17,250 | 0 | N/A | N/A | GENERAL CAPACITY, GENERAL SUPPORT, HOPE AGAINST HUNGER 2019, BACKPACK PROGRAM |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TOGETHER WE BAKE 212 SOUTH WASHINGTON ST ALEXANDRIA, VA 22314 | 47-2543526 | 501(C)(3) | 17,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| BRINGING RESOURCES TO AID WOMEN'S SHELTER 114 COURTHOUSE RD VIENNA, VA 22180 | 47-3961191 | 501(C)(3) | 17,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS, GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| BRITEPATHS 3959 PENDER DR SUITE 200 FAIRFAX, VA 22030 | 52-1596259 | 501(C)(3) | 16,000 | 0 | N/A | N/A | GENERAL CAPACITY, EMERGENCY ASSISTANCE (FOOD, CLOTHING, CASH) |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 15,250 | 0 | N/A | N/A | GENERAL SUPPORT, GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YEAR UP NATIONAL CAPITAL REGION 1901 S BELL ST STE 100 ARLINGTON, VA 22202 | 04-3534407 | 501(C)(3) | 15,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| YMCA OF METROPOLITAN WASHINGTON 1112 16TH STREET SUITE 720 WASHINGTON, DC 20037 | 53-0207403 | 501(C)(3) | 15,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DULLES SOUTH FOOD PANTRY 24757 ARCOLA MILLS DRIVE DULLES, VA 20166 | 47-2847067 | 501(C)(3) | 15,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| EASTER SEALS DC MD VA 1420 SPRING STREET SILVER SPRING, MD 20910 | 53-0212296 | 501(C)(3) | 15,000 | 0 | N/A | N/A | ADVOCACY 2020, FAMILY SERVICES |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FIVE TALENTS USA PO BOX 9760 RICHMOND, VA 23228 | 54-1940918 | 501(C)(3) | 15,000 | 0 | N/A | N/A | GENERAL CAPACITY, SOUTH SUDAN EFFORTS |
| GOOD NEWS JAIL AND PRISON MINISTRY PO BOX 9760 RICHMOND, VA 23228 | 54-0703077 | 501(C)(3) | 15,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE SUITE 500 ALPHARETTA, GA 30009 | 30-0209280 | 501(C)(3) | 15,000 | 0 | N/A | N/A | AGF MEMORIAL FUND #104500 |
| LEGAL SERVICES OF NORTHERN VIRGINIA 10700 PAGE AVENUE SUITE 100 FAIRFAX, VA 22030 | 54-1137931 | 501(C)(3) | 15,000 | 0 | N/A | N/A | DISABLED PERSONS' RIGHTS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JERNIGAN FOUNDATION PO BOX 11268 OLYMPIA, WA 98508 | 20-8111798 | 501(C)(3) | 15,000 | 0 | N/A | N/A | ITHEMBA SCHOOL IN AFRICA |
| HERNDON-RESTON FISH INC 1141 ELDEN STREET SUITE 200 HERNDON, VA 20170 | 23-7417414 | 501(C)(3) | 15,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |

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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ACCA CHILD DEVELOPMENT CENTER 7200 COLUMBIA PIKE SUITE 2 ANNANDALE, VA 22003 | 54-0836157 | 501(C)(3) | 15,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| CORNERSTONES INC 11150 SUNSET HILLS ROAD SUITE 210 RESTON, VA 20190 | 54-1037615 | 501(C)(3) | 15,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAIRFAX COURT APPOINTED SPECIAL ADVOCATES 4103 CHAIN BRIDGE ROAD SUITE 200 FAIRFAX, VA 22030 | 54-1555197 | 501(C)(3) | 15,000 | 0 | N/A | N/A | PREVENTION OF CHILD ABUSE |
| SCAN OF NORTHERN VIRGINIA 205 S WHITING STREET SUITE 205 ALEXANDRIA, VA 22304 | 54-1473693 | 501(C)(3) | 15,000 | 0 | N/A | N/A | CHILDREN'S AND YOUTH SERVICES |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAN MIGUEL SCHOOL INC 7705 GEORGIA AVE NW WASHINGTON, DC 20012 | 20-5992349 | 501(C)(3) | 15,000 | 0 | N/A | N/A | SAN MIGUEL ANNUAL SCHOLARSHIP BENEFIT |
| SPECIALLY ADAPTED RESOURCE CLUB (SPARC) PO BOX 10797 BURKE, VA 22009 | 20-5513060 | 501(C)(3) | 15,000 | 0 | N/A | N/A | GENERAL SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| URBAN LANDS INSTITUTE 2001 L STREET NW SUITE 200 WASHINGTON, DC 20036 | 53-0159845 | 501(C)(3) | 15,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| UNITED METHODIST FAMILY SERVICES 5400 SHAWNEE ROAD SUITE 101 ALEXANDRIA, VA 22312 | 54-0505969 | 501(C)(3) | 15,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE STUTTERING ASSOCIATION FOR THE YOUNG 247 WEST 37TH STREET 5TH FLOOR NEW YORK, NY 10018 | 33-1049070 | 501(C)(3) | 15,000 | 0 | N/A | N/A | GENERAL COVID-19 SUPPORT |
| CAMPAGNA CENTER INC 418 SOUTH WASHINGTON STREET ALEXANDRIA, VA 22314 | 54-0534609 | 501(C)(3) | 14,000 | 0 | N/A | N/A | GENERAL SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOSTER CARE TO SUCCESS 23811 CHAGRIN BLVD SUITE 210 CLEVELAND, OH 44122 | 52-1238437 | 501(C)(3) | 13,900 | 0 | N/A | N/A | GENERAL CAPACITY |
| SALVATION ARMY NATIONAL HEADQUARTERS 615 SLATERS LANE ALEXANDRIA, VA 22314 | 22-2406433 | 501(C)(3) | 13,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE COLLEGE OF WILLIAM AND MARY 108 BLOW MEMORIAL HALL PO BOX 8795 WILLIAMSBURG, VA 23187 | 54-0734117 | 501(C)(3) | 12,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |
| CRU PO BOX 628222 ORLANDO, FL 328628222 | 95-6006173 | 501(C)(3) | 12,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST ANDREW'S EPISCOPAL CHURCH 6509 SYDENSTRICKER ROAD BURKE, VA 22015 | 31-1629166 | 501(C)(3) | 12,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| JAMES MADISON UNIVERSITY 800 S MAIN STREET HARRISONBURG, VA 22807 | 54-6001756 | 501(C)(3) | 11,800 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ST PATRICK'S CATHOLIC CHURCH 4101 NORBECK ROAD ROCKVILLE, MD 20853 | 52-0847510 | 501(C)(3) | 11,500 | 0 | N/A | N/A | GENERAL CAPACITY, CAPITAL CAMPAIGN |
| CHRISTOPHER NEWPORT UNIVERSITY 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606 | 54-1156248 | 501(C)(3) | 11,500 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD, GENERAL SUPPORT, SPRING 2020 SCHOLARSHIP |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SIGNATURE THEATRE INC 4200 CAMPBELL AVENUE ARLINGTON, VA 22206 | 62-1417785 | 501(C)(3) | 11,000 | 0 | N/A | N/A | GENERAL CAPACITY, GENERAL SUPPORT |
| CENTRAL UNION MISSION PO BOX 96763 WASHINGTON, DC 200906763 | 53-0218650 | 501(C)(3) | 11,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LITERACY COUNCIL OF NORTHERN VIRGINIA 2855 ANNANDALE ROAD FALLS CHURCH, VA 22042 | 23-7098748 | 501(C)(3) | 11,000 | 0 | N/A | N/A | REMEDIAL READING, READING ENCOURAGEMENT |
| ARENA STAGE 1101 6TH STREET SW WASHINGTON, DC 20024 | 53-0246894 | 501(C)(3) | 10,300 | 0 | N/A | N/A | ROARING BACK FUND, GENERAL SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CHILDREN'S NATIONAL HEALTH SYSTEM 111 MICHIGAN AVE NW WASHINGTON, DC 20010 | 53-0196580 | 501(C)(3) | 10,250 | 0 | N/A | N/A | COVID-19 EMERGENCY ACTION FUND, GENERAL CAPACITY |
| CARPENTER'S SHELTER 5701-D DUKE STREET ALEXANDRIA, VA 22304 | 54-1571849 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOY SCOUTS OF AMERICA - NATIONAL CAPITOL AREA COUNCIL 9190 ROCKVILLE PIKE BETHESDA, MD 20814 | 53-0204610 | 501(C)(3) | 10,000 | 0 | N/A | N/A | SUPPORT OF NCAC BSA PROGRAMS |
| BRAWS 133 PARK STREET NE SUITE 3B VIENNA, VA 22180 | 47-3961191 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHARLOTTESVILLE AREA COMMUNITY FOUNDATION 114 4TH STREET NE PO BOX 1767 CHARLOTTESVILLE, VA 22902 | 54-1506312 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |
| AMERICAN HORTICULTURAL SOCIETY 7931 EAST BOULEVARD DR ALEXANDRIA, VA 223081300 | 53-0226408 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN YOUTH PHILHARMONIC ORCHESTRA 4026 HUMMER ROAD ANNANDALE, VA 22003 | 54-1064716 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| ACTING FOR YOUNG PEOPLE 5506 TALON CT FAIRFAX, VA 22032 | 26-3873827 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AYUDA 1413 K STREET NW SUITE 500 WASHINGTON, DC 20005 | 52-0971440 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| ALL AGES READ TOGETHER 1141 ELDEN STREET SUITE 200 HERNDON, VA 20170 | 27-1118675 | 501(C)(3) | 10,000 | 0 | N/A | N/A | CHILDREN'S AND YOUTH SERVICES |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY FOUNDATION FOR ROCKBRIDGE BATH AND ALLEGHANY PO BOX 20 LEXINGTON, VA 24450 | 27-3422429 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |
| COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE 117 S LEWIS STREET PO BOX 815 STAUNTON, VA 24401 | 54-1647385 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY FOUNDATION OF THE DAN RIVER REGION 541 LOYAL STREET DANVILLE, VA 24541 | 54-1823141 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |
| COMMUNITY FOUNDATION OF THE NEW RIVER VALLEY PO BOX 6009 CHRISTIANSBURG, VA 24068 | 54-1740455 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY FOUNDATION SERVING WEST VIRGINIA PO BOX 1159 ROANOKE, VA 23225 | 54-1959458 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |
| EASTERN SHORE OF VIRGINIA COMMUNITY FOUNDATION PO BOX 1159 ROANOKE, VA 23225 | 20-3651144 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ECDC ENTERPRISE DEVELOPMENT GROUP 901 S HIGHLAND STREET ARLINGTON, VA 22204 | 54-1993252 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| EDINBORO UNIVERSITY 210 MEADVILLE STREET EDINBORO, PA 16444 | 25-1191087 | 501(C)(3) | 10,000 | 0 | N/A | N/A | ART THERAPY PROGRAM |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAIRFAX LAW FOUNDATION 4110 CHAIN BRIDGE RD FAIRFAX, VA 22030 | 52-1265323 | 501(C)(3) | 10,000 | 0 | N/A | N/A | LEGAL SERVICES |
| FIRST PRESBYTERIAN CHURCH OF HAMPTON 514 S ARMSTEAD AVE HAMPTON, VA 23669 | 54-0575802 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CREATIVE CAULDRON INC ARTSPACE FALLS CHURCH 410 SOUTH MAPLE AVENUE RETAIL 116 FALLS CHURCH, VA 22046 | 31-1816020 | 501(C)(3) | 10,000 | 0 | N/A | N/A | ARTS |
| FRIENDS OF ACACIA PO BOX 45 BAR HARBOR, ME 04069 | 01-0425071 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHRIS ATWOOD FOUNDATION PO BOX 9282 RESTON, VA 20195 | 46-2749211 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| HIGHER ACHIEVEMENT 317 8TH STREET NE WASHINGTON, DC 200026107 | 52-1383374 | 501(C)(3) | 10,000 | 0 | N/A | N/A | YOUTH DEVELOPMENT PROGRAM |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GOOD SHEPHERD HOUSING AND FAMILY SERVICES 8305 RICHMOND HIGHWAY SUITE 17B ALEXANDRIA, VA 22309 | 23-7447962 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709 | 91-1914868 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HAMPTON ROADS COMMUNITY FOUNDATION 101 W MAIN STREET SUITE 4500 NORFOLK, VA 23510 | 54-2035996 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |
| HOUSE OF MERCY 8170 FLANNERY COURT MANASSAS, VA 20109 | 20-4572642 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INFANT TODDLER FAMILY DAY CARE 11166 FAIRFAX BLVD SUITE 206 FAIRFAX, VA 22030 | 54-1228948 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| JOHN LELAND CENTER FOR THEOLOGICAL STUDIES 1306 NORTH HIGHLAND STREET ARLINGTON, VA 22201 | 54-1890249 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LEAGUE OF WOMEN VOTERS FAIRFAX AREA EDUCATION FUND 4026-B HUMMER ROAD ANNANDALE, VA 22003 | 52-1304268 | 501(C)(3) | 10,000 | 0 | N/A | N/A | VOTER AND ELECTION EDUCATION IN FCPS AND IMMIGRANT COMMUNITIES |
| LITERACY VOLUNTEERS OF AMERICA-PRINCE WILLIAM INC 4326 DALE BLVD 6 WOODBIDGE, VA 221932403 | 54-1590421 | 501(C)(3) | 10,000 | 0 | N/A | N/A | ADULT, CONTINUING ED |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MAKE-A-WISH AMERICA 1702 EAST HIGHLAND AVE SUITE 400 PHOENIX, AZ 85016 | 86-0481941 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| MANNA HOUSE INC 435 EAST 25TH STREET BALTIMORE, MD 21218 | 52-0822574 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEDICAL CARE FOR CHILDREN PARTNERSHIP FOUNDATION 6699 SPRINGFIELD CENTER DR SUITE 303 SPRINGFIELD, VA 221501913 | 26-1756738 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| MINDS INCORPORATED 4700 CONNECTICUT AVE NW 408 WASHINGTON, DC 20008 | 46-3779255 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NATIONAL COUNCIL FOR ADOPTION 225 N WASHINGTON STREET ALEXANDRIA, VA 22314 | 75-1721671 | 501(C)(3) | 10,000 | 0 | N/A | N/A | FAMILIES FOR ALL GALA |
| NATIONAL INVENTORS HALL OF FAME 3701 HIGHLAND PARK NW NORTH CANTON, OH 44720 | 34-1580038 | 501(C)(3) | 10,000 | 0 | N/A | N/A | STUDENT SERVICES AND ORGANIZATIONS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEW HERITAGE THEATER GROUP 229 WEST 135TH STREET 1ST FLOOR NEW YORK, NY 10030 | 13-2683678 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| NEW HOPE HOUSING INC 8407-E RICHMOND HIGHWAY ALEXANDRIA, VA 22314 | 54-1060634 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHERN VIRGINIA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN 4094 MAJESTIC LANE 148 FAIRFAX, VA 22033 | 23-7403010 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| NORTHERN VIRGINIA FINE ARTS ASSOCIATION THE ATHENAEUM 201 PRINCE STREET ALEXANDRIA, VA 22314 | 54-0753662 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NOVA SCRIPTS CENTRAL INC 6400 ARLINGTON BLVD SUITE 120 FALLS CHURCH, VA 220440145 | 65-1275162 | 501(C)(3) | 10,000 | 0 | N/A | N/A | HEALTH SUPPORT SERVICES |
| NOVA OUTSIDE PO BOX 42044 ARLINGTON, VA 22204 | 20-4286082 | 501(C)(3) | 10,000 | 0 | N/A | N/A | STUDENT ENVIRONMENTAL ACTION SHOWCASE SPONSORSHIP |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OAR - ARLINGTON 1400 N UHLE STREET SUITE 704 ARLINGTON, VA 22201 | 54-1024562 | 501(C)(3) | 10,000 | 0 | N/A | N/A | SERVICES TO PRISONERS/FAMILIES |
| OPERATION HOMEFRONT 45975 NOKES BLVD SUITE 150 STERLING, VA 20166 | 32-0033325 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OPPORTUNITY INTERNATIONAL 550 WEST VAN BUREN SUITE 200 CHICAGO, IL 60607 | 47-0994982 | 501(C)(3) | 10,000 | 0 | N/A | N/A | RAPID RESPONSE FUND |
| PAUL VI CATHOLIC HIGH SCHOOL 10675 FAIRFAX BLVD FAIRFAX, VA 22030 | 54-1223660 | 501(C)(3) | 10,000 | 0 | N/A | N/A | BOYS LACROSSE PROGRAM |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PENINSULA COMMUNITY FOUNDATION 48 W QUEENS WAY HAMPTON, VA 23669 | 54-2057957 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| PHILADELPHIA CITY ROWING 450 PLYMOUTH ROD SUITE 305 PLYMOUTH MEET, PA 19462 | 27-1522343 | 501(C)(3) | 10,000 | 0 | N/A | N/A | REVENUE MULTIPLIER |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ROCK RECOVERY PO BOX 100923 ARLINGTON, VA 22201 | 26-3931272 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| SEVEN LOAVES SERVICES INC PO BOX 1924 MIDDLEBURG, VA 20118 | 54-1689888 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHARE INCORPORATED PO BOX 210 MCLEAN, VA 22102 | 23-7111741 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| SHELTER HOUSE INC 12310 PINECREST ROAD SUITE 304 RESTON, VA 20191 | 52-1217106 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHENANDOAH COMMUNITY FOUNDATION PO BOX 31 WOODSTOCK, VA 22664 | 54-1963011 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |
| SPACE OF HER OWN 520 KING ST ALEXANDRIA, VA 22314 | 30-0572179 | 501(C)(3) | 10,000 | 0 | N/A | N/A | BWGC GRANT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE COMMUNITY FOUNDATION OF HARRISBURG AND ROCKINGHAM COUNTY PO BOX 1068 HARRISONBURG, VA 22803 | 54-1920746 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RELIEF EFFORTS |
| THE GREATER LYNCHBURG COMMUNITY FOUNDATION 1100 COMMERCE STREET LYNCHBURG, VA 24504 | 54-6112680 | 501(C)(3) | 10,000 | 0 | N/A | N/A | COVID-19 RESPONSE EFFORTS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE LITERACY LAB 1003 K STREET NW SUITE 500 WASHINGTON, DC 20001 | 27-1777117 | 501(C)(3) | 10,000 | 0 | N/A | N/A | ELEMENTARY, SECONDARY ED |
| THE URBAN ALTERNATIVE PO BOX 4000 DALLAS, TX 75208 | 75-1835253 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| TRAILS FORTH YOUTH ORG 6109 FOX HILL ST SPRINGFIELD, VA 22150 | 47-0906586 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| VHC PEDIATRICS (FKS ARLINGTON PEDIATRIC CENTER) 3401 COLUMBIA PIKE SUITE 200 ARLINGTON, VA 22204 | 54-1998631 | 501(C)(3) | 10,000 | 0 | N/A | N/A | HEALTH TREATMENT FACILITIES (PRIMARILY OUTPATIENT) |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YOUNG LIFE BALTIMORE 2220 CALLOW AVENUE BALTIMORE, MD 21217 | 84-0385934 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| JOSH ANDERSON FOUNDATION 1300 CARPERS FARM WAY VIENNA, VA 22182 | 45-4313590 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WHEELS GLOBAL FOUNDATION 1614 WOODSTOCK LN RESTON, VA 20194 | 46-2376177 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| DUKE UNIVERSITY PO BOX 90759 WASHINGTON BUILDING SUITE 1000 324 BLACKWELL STREET DURHAM, NC 27708 | 56-0532129 | 501(C)(3) | 9,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| TENNESSEE TECHNOLOGICAL UNIVERSITY FOUNDATION TTU BOX 1915 COOKEVILLE, TN 38505 | 59-1777911 | 501(C)(3) | 9,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| NORTHERN VIRGINIA REGIONAL PARK AUTHORITY 5400 OX ROAD FAIRFAX STATION, VA 220391022 | 51-0523026 | 501(C)(3) | 8,933 | 0 | N/A | N/A | POHICK BAY GOLF COURSE, SUPPORT OF TURNING POINT SUFFRAGIST MEMORIAL |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHRIST CHURCH ALEXANDRIA 118 N WASHINGTON ST ALEXANDRIA, VA 22314 | 13-5562208 | 501(C)(3) | 8,676 | | N/A | N/A | GENERAL CAPACITY |
| GENERATION HOPE 415 MICHIGAN AVE NE SUITE 250 WASHINGTON, DC 20017 | 27-3554088 | 501(C)(3) | 8,660 | 0 | N/A | N/A | ELEMENTARY, SECONDARY ED |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 800 WASHINGTON STREET SW SUITE 150 BLACKSBURG, VA 24061 | 54-0721690 | 501(C)(3) | 8,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |
| RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005 | 74-1109620 | 501(C)(3) | 8,000 | 0 | N/A | N/A | SCHOLARSHIP AWARD |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRANKLIN AND MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 176043004 | 23-1352635 | 501(C)(3) | 8,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |
| JOHNS HOPKINS UNIVERSITY 3400 N CHARLES STREET LOWER LEVEL GARLAND HALL BALTIMORE, MD 21218 | 52-0595110 | 501(C)(3) | 8,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| BULL RUN UNITARIAN UNIVERSALISTS 9350 MAIN ST MANASSAS, VA 20110 | 54-1182161 | 501(C)(3) | 8,000 | 0 | N/A | N/A | CAPITAL IMPROVEMENT FUND, GENERAL FUND |
| SCHOOL FOR ADVANCED RESEARCH PO BOX 2188 SANTA FE, NM 875042188 | 85-0125045 | 501(C)(3) | 7,500 | 0 | N/A | N/A | 2020 PROGRAMS: ARTISTIC PURSUITS AND ENVIRONMENT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ANIMAL WELFARE LEAGUE OF ALEXANDRIA 4101 EISENHOWER AVE ALEXANDRIA, VA 22304 | 54-0796610 | 501(C)(3) | 7,500 | 0 | N/A | N/A | GENERAL CAPACITY |
| STROKE COMEBACK CENTER 145 PARK STREET SE VIENNA, VA 22180 | 54-2012975 | 501(C)(3) | 7,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ASPIRE AFTERSCHOOL LEARNING PO BOX 41318 ARLINGTON, VA 222048318 | 54-1705642 | 501(C)(3) | 7,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| THE RESTON CHORALE 2310 COLTS NECK RD RESTON, VA 20191 | 51-0139441 | 501(C)(3) | 7,000 | 0 | N/A | N/A | STAFF SALARIES |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OHIO STATE UNIVERSITY 281 WEST LANE AVENUE COLUMBUS, OH 432101132 | 31-6025986 | 501(C)(3) | 7,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |
| CASA FAIRFAX 4103 CHAIN BRIDGE ROAD SUITE 200 FAIRFAX, VA 22030 | 54-1555197 | 501(C)(3) | 7,000 | 0 | N/A | N/A | GRANT FROM THE GIVING CIRCLE OF HOPE |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VOLUNTEER FAIRFAX 10700 PAGE AVENUE SUITE 101 FAIRFAX, VA 22030 | 23-7370759 | 501(C)(3) | 6,500 | 0 | N/A | N/A | DONOR MANAGEMENT SYSTEM |
| UTICA COLLEGE STUDENT FINANCIAL SERVICES HUBBARD HALL ROOM 117 1600 BURRSTONE ROAD UTICA, NY 13502 | 16-1476258 | 501(C)(3) | 6,490 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ACCOTINK UNITARIAN UNIVERSALIST CHURCH 10125 LAKEHAVEN CT BURKE, VA 22015 | 54-1160104 | 501(C)(3) | 6,250 | 0 | N/A | N/A | GENERAL SUPPORT, PLAYGROUND FUND |
| HOPECAM INC 12100 SUNSET HILLS ROAD SUITE C10 RESTON, VA 201903233 | 56-2416801 | 501(C)(3) | 6,000 | 0 | N/A | N/A | GENERAL SUPPORT, GENERAL CAPACITY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LEAGUE OF WOMEN VOTERS VIRGINIA EDUCATION FUND 1011 E MAIN ST SUITE 214A RICHMOND, VA 23219 | 54-1334464 | 501(C)(3) | 6,000 | 0 | N/A | N/A | REDISTRICTING/VOTING RIGHTS FORUMS AT HISTORICALLY BLACK COLLEGES IN VA |
| PINECREST SCHOOL 7209 QUIET COVE ANNANDALE, VA 22003 | 54-1055578 | 501(C)(3) | 5,855 | 0 | N/A | N/A | GENERAL CAPACITY |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LOUDOUN EDUCATION FOUNDATION 21000 EDUCATION CT ASHBURN, VA 20148 | 54-1603768 | 501(C)(3) | 5,570 | 0 | N/A | N/A | GENERAL CAPACITY, CODING FOR KIDS |
| ART ON THE VINE FOUNDATION 1765 GREENSBORO STATION PLACE SUITE 900 MCLEAN, VA 22102 | 81-5013045 | 501(C)(3) | 5,500 | 0 | N/A | N/A | GENERAL SUPPORT |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CONGREGATION BETH EMETH 12523 LAWYERS ROAD HERNDON, VA 20171 | 54-1112795 | 501(C)(3) | 5,338 | 0 | N/A | N/A | GENERAL SUPPORT |
| AMERICAN FOUNDATION FOR SUICIDE PREVENTION 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038 | 13-3393329 | 501(C)(3) | 5,250 | 0 | N/A | N/A | GENERAL CAPACITY, NORTHERN VIRGINIA SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JILL'S HOUSE 9011 LEESBURG PIKE VIENNA, VA 221821722 | 37-1465256 | 501(C)(3) | 5,250 | 0 | N/A | N/A | GENERAL CAPACITY, CHILD DAY CARE |
| AMERICAN ART THERAPY ASSOCIATION INC 4875 EISENHOWER AVE SUITE 240 ALEXANDRIA, VA 22304 | 36-3823033 | 501(C)(3) | 5,000 | 0 | N/A | N/A | ART THERAPY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BELMONT ABBEY COLLEGE 100 BELMONT-MT HOLLY RD BELMONT, NC 280121802 | 56-0547498 | 501(C)(3) | 5,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |
| CHALLENGE PROGRAM INC 915 MENOHER BLVD SUITE B JOHNSTOWN, PA 15905 | 20-1644028 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDHELP INC 23164 DRAGOON ROAD LIGNUM, VA 22726 | 95-2884608 | 501(C)(3) | 5,000 | 0 | N/A | N/A | ART THERAPY AND THERAPEUTIC SERVICES |
| EXPRESSIVE MEDIA INC 128 NORTH CRAIG ST SUITE 212 PITTSBURGH, PA 15213 | 25-1506673 | 501(C)(3) | 5,000 | 0 | N/A | N/A | STREAMING LIBRARY FUNDING |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAIRFAX DIAPERS 1731 KILLARNEY CT VIENNA, VA 22182 | 83-4337298 | 501(C)(3) | 5,000 | 0 | N/A | N/A | COVID-19 RESPONSE FOR NORTHERN VIRGINIA |
| FOREST GROVE ELEMENTARY SCHOOL 46425 FOREST RIDGE DR STERLING, VA 20164 | 54-6001395 | 501(C)(3) | 5,000 | 0 | N/A | N/A | I READ TO THE PRINCIPAL |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GEORGETOWN UNIVERSITY OFFICE OF STUDENT FINANCIAL SERVICES 37TH O STREET NW G-19 HEAL WASHINGTON, DC 20057 | 53-0196603 | 501(C)(3) | 5,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |
| HABITAT FOR HUMANITY OF NORTHERN VIRGINIA 6295 EDSALL RD SUITE 120 ALEXANDRIA, VA 22312 | 54-1547367 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HAMILTON ELEMENTARY SCHOOL 54 S KERR ST HAMILTON, VA 20158 | 54-6001395 | 501(C)(3) | 5,000 | 0 | N/A | N/A | I READ TO THE PRINCIPAL |
| HAYMARKET REGIONAL FOOD PANTRY PO BOX 132 HAYMARKET, VA 20168 | 27-2161953 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HEDGESVILLE HIGH SCHOOL 109 RIDGE ROAD NORTH HEDGESVILLE, WV 25247 | 55-6000297 | 501(C)(3) | 5,000 | 0 | N/A | N/A | FRANK PETREE PROJECT AND GENERAL SUPPORT |
| LIVING SAVIOR LUTHERAN CHURCH AND PRESCHOOL 5500 OX ROAD FAIRFAX STATION, VA 22039 | 54-1261208 | 501(C)(3) | 5,000 | 0 | N/A | N/A | PRE-SCHOOL |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HORIZON ELEMENTARY SCHOOL 46665 BROADMORE DR STERLING, VA 20165 | 54-6001395 | 501(C)(3) | 5,000 | 0 | N/A | N/A | I READ TO THE PRINCIPAL |
| JEWISH COMMUNITY CENTER OF NORTHERN VIRGINIA 8900 LITTLE RIVER TURNPIKE FAIRFAX, VA 22031 | 54-1145849 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LIBERTY UNIVERSITY PO BOX 10425 LYNCHBURG, VA 24515 | 54-0946734 | 501(C)(3) | 5,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |
| LIFE WITH CANCER 8411 PENNELL STREET FAIRFAX, VA 22031 | 54-1071867 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LIPSCOMB UNIVERSITY 1 UNIVERSITY PARK DR NASHVILLE, TN 37204 | 62-0485733 | 501(C)(3) | 5,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |
| LOUDOUN LITERACY COUNCIL 199 LIBERTY ST SW LEESBURG, VA 20175 | 52-1227843 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MARYMOUNT UNIVERSITY 2807 N GLEBE ROAD ROWLEY HALL G125 ARLINGTON, VA 22207 | 54-0573801 | 501(C)(3) | 5,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |
| MUSIC FOR LIFE 7453 LONG PINE DRIVE SPRINGFIELD, VA 221512816 | 27-2981666 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| N STREET VILLAGE 1333 N STREET NW WASHINGTON, DC 20005 | 52-1007373 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| OCCIDENTAL COLLEGE 1600 CAMPUS ROAD F-35 LOS ANGELES, CA 900413314 | 95-1667177 | 501(C)(3) | 5,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OPERATION RENEWED HOPE FOUNDATION INC PO BOX 10142 ALEXANDRIA, VA 22310 | 45-3848293 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| PREVENTION POINT PITTSBURGH 460 MELWOOD AVE SUITE 205 PITTSBURGH, PA 15213 | 25-1852314 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RADFORD UNIVERSITY PO BOX 6922 HETH HALL RADFORD, VA 24142 | 23-7219782 | 501(C)(3) | 5,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |
| SANDERS CORNER ELEMENTARY PTA 43100 ASHBURN FARM PARKWAY ASHBURN, VA 201474487 | 54-6001395 | 501(C)(3) | 5,000 | 0 | N/A | N/A | I READ TO THE PRINCIPAL |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHRINERS HOSPITAL FOR CHILDREN PO BOX 15255 RANSON, WV 25438 | 36-2193608 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| SLIDING DOORS STEM & DYSLEXIA LEARNING CENTER 3624 CAMELOT DR ANNANDALE, VA 22003 | 81-3211392 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SO OTHERS MIGHT EAT 71 O STREET NW WASHINGTON, DC 20001 | 23-7098123 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY, BACK-TO-SCHOOL DRIVE |
| ST STEPHEN'S AND ST AGNES SCHOOL FOUNDATION SSSAS SAINTS FUND 400 FONTAINE STREET ALEXANDRIA, VA 22302 | 54-6054009 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRUSTBRIDGE GLOBAL USA 1901 ULMERTON ROAD SUITE 400 CLEARWATER, FL 33762 | 59-3498416 | 501(C)(3) | 5,000 | 0 | N/A | N/A | THE NETWORK FUND #195003 |
| URBAN ALLIANCE 2030 Q STREET NW WASHINGTON, DC 20009 | 52-1938443 | 501(C)(3) | 5,000 | 0 | N/A | N/A | 2019-2020 MICRON OPPORTUNITY FUND GRANT AWARD |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VICENTE FERRER FOUNDATION USA 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20009 | 46-2351926 | 501(C)(3) | 5,000 | 0 | N/A | N/A | HIV AND OTHER CHILDREN'S PROGRAMS |
| WESTMONT COLLEGE 955 LA PAZ ROAD SANTA BARBARA, CA 93108 | 95-1684793 | 501(C)(3) | 5,000 | 0 | N/A | N/A | 2019 SCHOLARSHIP AWARD |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YOUNG LIFE USF PO BOX 48416 TAMPA, FL 33626 | 84-0385934 | 501(C)(3) | 5,000 | 0 | N/A | N/A | USF YOUNG LIFE - FL236 |
| WINSTON SALEM UJA 2150 COUNTRY CLUB ROAD WINSTON SALEM, NC 27104 | 58-1410327 | 501(C)(3) | 5,000 | 0 | N/A | N/A | JOINT DISTRIBUTION COMMITTEE RELIEF EFFORTS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA 100 WEST STATION SQUARE DRIVE SUITE 315 PITTSBURGH, PA 15219 | 74-3055311 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL CAPACITY |
| WOMEN IN GOLF FOUNDATION 4217 RIVER RD ELLENWOOD, GA 30294 | 58-2527454 | 501(C)(3) | 5,000 | 0 | N/A | N/A | GENERAL SUPPORT |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA INC

Employer identification number
51-0232459

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| 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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | 2 | |
| 3 Indicate which, if any, of the following the filing 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 type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | | |
| <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | No |
| b Any related organization? | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | No |
| b Any related organization? | 6b | No |
| 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 in lines 5 and 6? If "Yes," describe in Part III. | 7 | No |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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 are not listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 EILEEN ELLSWORTH PRESIDENT AND CEO | (i) | 185,400 | 30,000 | 0 | 0 | 21,427 | 236,827 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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Part III **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 the latest information.**

Open to Public Inspection

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 | 59 | 1,641,522 | FMV |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (AUCTION ITEMS) | X | 15 | 112,741 | FAIR VALUE |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | No |
| 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? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | No |
| 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. | | |

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.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA INC

Employer identification number

51-0232459

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS REQUIRED TO BE SIGNED AND UPDATED ANNUALLY BY EACH DIRECTOR, COMMITTEE AND STAFF MEMBER OF THE ORGANIZATION. EACH DIRECTOR AND STAFF MEMBER IS UNDER AN OBLIGATION TO THE FOUNDATION TO INFORM THEM OF ANY CONFLICT OF INTEREST. ANY TRANSACTION INVOLVING A POSSIBLE CONFLICT OF INTEREST SHALL BE APPROVED BY THE BOARD OF DIRECTORS, OR BY A COMMITTEE THEREOF AUTHORIZED UNDER THE BYLAWS OF THE FOUNDATION TO DO SO. THE PRESIDENT SHALL BE RESPONSIBLE FOR THE APPLICATION AND INTERPRETATION OF THE CONFLICT OF INTEREST POLICY. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ITS OWN WEBSITE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| 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. |