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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
▶ Information about Form 990 and its instructions is at [www IRS gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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

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

D Employer identification number

51-0232459

E Telephone number

(703) 879-7640

G Gross receipts \$ 20,386,630

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO GROW PHILANTHROPY TO HELP MEET THE MOST CRITICAL NEEDS OF THE 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)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	8
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	5,900,337	6,195,880
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	468,964	463,608
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,543,575	796,260
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-22,666	55,447
	7,890,210	7,511,195

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,279,346	4,649,055
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)	544,880	543,018
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶307,557		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,340,376	923,942
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,164,602	6,116,015
19 Revenue less expenses Subtract line 18 from line 12	1,725,608	1,395,180

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	36,733,117	37,099,956
21 Total liabilities (Part X, line 26)	394,882	191,780
22 Net assets or fund balances Subtract line 21 from line 20	36,338,235	36,908,176

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

2017-02-14
Date

EILEEN ELLSWORTH PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
ANDREW YOUNG CPA

Preparer's signature
ANDREW YOUNG CPA

Date

Check ☐ if self-employed

PTIN
P01203950

Firm's name ▶ RENNER AND COMPANY CPA PC

Firm's EIN ▶ 54-1498950

Firm's address ▶ 700 NORTH FAIRFAX ST SUITE 400
ALEXANDRIA, VA 22314

Phone no (703) 535-1200

May the IRS discuss this return with the preparer shown above? (see instructions)☒Yes ☐No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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 PURPOSE OF THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA IS TO PROVIDE THE COMMUNITY WITH A READILY AVAILABLE CONDUIT FOR CHARITABLE GIVING AS EITHER SPECIFIED BY THE DONOR OR UNDER THE AUSPICES OF THE FOUNDATION IN THE AREAS OF POVERTY RELIEF, EDUCATION, HEALTH, MENTAL HEALTH AND AGING AND CHILD AND YOUTH DEVELOPMENT

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 \$ 237,816 including grants of \$ 237,816) (Revenue \$)
	THE COMMUNITY FOUNDATION MANAGES EIGHT SCHOLARSHIPS AND ADMINISTERS FUNDS FOR THIRTEEN OTHER SCHOLARSHIPS THAT SUPPORT NORTHERN VIRGINIA STUDENTS PURSUING UNDERGRADUATE DEGREES. EACH YEAR, THE FOUNDATION AWARDS OVER \$200,000 IN SCHOLARSHIP FUNDS TO APPROXIMATELY 80 STUDENTS.

4b	(Code) (Expenses \$ 5,286,104 including grants of \$ 4,411,239) (Revenue \$ 463,608)
	CHARITABLE ORGANIZATIONS PROGRAM - PROVIDING SUPPORT TO LOCAL CHARITABLE ORGANIZATIONS

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e	Total program service expenses ▶	5,523,920
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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	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 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	3	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	4	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	5	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	6 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	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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	9	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	10 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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b 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	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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	15	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	16	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)	17 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	18 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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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.	2	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	8
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).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
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)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 21		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 21		
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?	2		No
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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
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?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **VA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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) PAUL LESLIE DIRECTOR/CHAIRMAN	2 00	X		X				0	0	0
(2) KEVIN DESANTO DIRECTOR/VICE CHAIRMAN	2 00	X		X				0	0	0
(3) WILLIAM D PETERSTON DIRECTOR/TREASURER	2 00	X		X				0	0	0
(4) MARC WISHKOFF DIRECTOR/SECRETARY	2 00	X		X				0	0	0
(5) ADRIAN P CHAPMAN DIRECTOR	1 00	X						0	0	0
(6) BERNARD MUSTAFA DIRECTOR	2 00	X						0	0	0
(7) BRANDON ELLEDGE EAQ DIRECTOR	1 00	X						0	0	0
(8) CATHERINE SHCOTT MURRAY DIRECTOR	1 00	X						0	0	0
(9) CHERYL JANEY DIRECTOR	2 00	X						0	0	0
(10) CINDY ANDREOTTI DIRECTOR	1 00	X						0	0	0
(11) DAVID L YOUNG DIRECTOR	2 00	X						0	0	0
(12) DONALD STREHLE DIRECTOR	1 00	X						0	0	0
(13) ED SILVA DIRECTOR	1 00	X						0	0	0
(14) GEORGE WILSON 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			
(15) JOHN CHAPEL DIRECTOR	1 00	X						0	0	0
(16) JOHN WOLFF DIRECTOR	2 00	X						0	0	0
(17) JULIAN CHIN DIRECTOR	1 00	X						0	0	0
(18) JULIE SIMMONS DIRECTOR	2 00	X						0	0	0
(19) KEN HUNTSMAN DIRECTOR	1 00	X						0	0	0
(20) SUSAN NOLAN DIRECTOR	1 00	X						0	0	0
(21) SYLVIA VON BOSTEL DIRECTOR	1 00	X						0	0	0
(22) EILEEN M ELLSWORTH PRESIDENT	40 00			X				184,950	0	20,619
(23) GINO ZACCARDELLI GENERAL COUNSEL	1 00			X				0	0	0

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	184,950	0	20,619

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>	3	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>	4 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>	5	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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	286,632				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,909,248				
	g	Noncash contributions included in lines 1a-1f \$		3,253,753				
	h	Total. Add lines 1a-1f			6,195,880			
Program Service Revenue			Business Code					
	2a	FUND FEE INCOME	900099	463,608	463,608			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			463,608			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		911,077			911,077	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross rents						
		b	Less rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		12,604,393				
		b	Less cost or other basis and sales expenses	12,719,210				
		c	Gain or (loss)	-114,817				
	d	Net gain or (loss)			-114,817		-114,817	
	8a	Gross income from fundraising events (not including \$ 286,632 of contributions reported on line 1c) See Part IV, line 18						
		a	203,797					
		b	Less direct expenses	156,225				
	c	Net income or (loss) from fundraising events . . .			47,572		47,572	
	9a	Gross income from gaming activities See Part IV, line 19						
		a						
		b	Less direct expenses					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances . .						
a								
b		Less cost of goods sold						
c		Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME		900099	7,875			7,875	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			7,875				
12	Total revenue. See Instructions			7,511,195	463,608	0	851,707	

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.	4,649,055	4,649,055		
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.	208,225	64,758	53,118	90,349
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.	296,718	92,279	75,676	128,763
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	5,000	1,555	1,275	2,170
10	Payroll taxes.	33,075	10,391	8,576	14,108
11	Fees for services (non-employees):				
a	Management.	459,254	459,254		
b	Legal.	3,014		3,014	
c	Accounting.	19,448		19,448	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	41,539	5,887	6,766	28,886
12	Advertising and promotion.	5,521			5,521
13	Office expenses.	35,323	3,179	32,144	
14	Information technology.	39,139	15,824	11,060	12,255
15	Royalties.				
16	Occupancy.	22,082		22,082	
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	4,708	1,580	1,580	1,548
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	5,726		5,726	
23	Insurance.	7,666		7,666	
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	195,427	193,814	1,613	
b	OTHER	24,991	14,212	10,779	0
c	PRINTING AND POSTAGE	24,414	2,303	3,301	18,810
d	DUES, SUBSCRIPTIONS AND	20,415		20,415	
e	All other expenses	15,275	9,829	299	5,147
25	Total functional expenses. Add lines 1 through 24e.	6,116,015	5,523,920	284,538	307,557
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 X ☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		420,693	1	445,697	
	2	Savings and temporary cash investments		7,100,401	2	7,464,183	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		60,911	9	43,112	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	72,716			
	b	Less: accumulated depreciation	10b	67,964	8,744	10c	4,752
	11	Investments—publicly traded securities		29,142,368	11	29,131,527	
	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		0	15	10,685	
16	Total assets. Add lines 1 through 15 (must equal line 34)		36,733,117	16	37,099,956		
Liabilities	17	Accounts payable and accrued expenses		271,982	17	42,120	
	18	Grants payable			18	29,500	
	19	Deferred revenue		122,900	19	120,160	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		394,882	26	191,780	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		30,605,748	27	31,541,357	
	28	Temporarily restricted net assets		4,351,838	28	3,986,170	
	29	Permanently restricted net assets		1,380,649	29	1,380,649	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		36,338,235	33	36,908,176	
	34	Total liabilities and net assets/fund balances		36,733,117	34	37,099,956	

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	7,511,195
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,116,015
3	Revenue less expenses Subtract line 2 from line 1	3	1,395,180
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,338,235
5	Net unrealized gains (losses) on investments	5	-825,239
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	36,908,176

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 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		No
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	Yes	
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	Yes	
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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
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 11, 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 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)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	2,135,406	6,300,945	4,742,734	5,900,337	6,195,880	25,275,302
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	2,135,406	6,300,945	4,742,734	5,900,337	6,195,880	25,275,302
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)						7,660,915
6 Public support. Subtract line 5 from line 4						17,614,387

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	2,135,406	6,300,945	4,742,734	5,900,337	6,195,880	25,275,302
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	762,583	668,905	688,385	805,173	911,077	3,836,123
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)				19,633	7,875	27,508
11 Total support. Add lines 7 through 10						29,138,933
12 Gross receipts from related activities, etc (see instructions)					12	2,122,328
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					<input type="checkbox"/>	

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	60.450 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	64.690 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? 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.	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	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))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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>		
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 **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 0.35	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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Return Reference

Explanation

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA INC	Employer identification number 51-0232459
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Part I 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	125	27
2 Aggregate value of contributions to (during year)	5,185,719	170,325
3 Aggregate value of grants from (during year)	3,778,048	291,814
4 Aggregate value at end of year	28,442,325	4,704,289
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
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	
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 8/17/06, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,732,487	6,034,465	5,680,226	5,413,272	5,664,574
b Contributions	529	252			
c Net investment earnings, gains, and losses	-24,011	8,831	726,125	560,020	-2,800
d Grants or scholarships	216,545	156,825	215,134	179,933	145,272
e Other expenditures for facilities and programs					
f Administrative expenses	125,641	154,236	156,752	113,133	103,230
g End of year balance	5,366,819	5,732,487	6,034,465	5,680,226	5,413,272

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 ▶ 62 940 %

c Temporarily restricted endowment ▶ 37 060 %

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

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to 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		16,081	16,081	0
d Equipment		56,635	51,883	4,752
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				4,752

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	6,880,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-825,239	
b	Donated services and use of facilities	2b	38,055	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	-787,184
3	Subtract line 2e from line 1		3	7,667,420
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		
b	Other (Describe in Part XIII)	4b	-156,225	
c	Add lines 4a and 4b		4c	-156,225
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	7,511,195

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	6,310,295
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	38,055	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	156,225	
e	Add lines 2a through 2d		2e	194,280
3	Subtract line 2e from line 1		3	6,116,015
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		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)		5	6,116,015

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
PART X, LINE 2	THE COMMUNITY FOUNDATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990) FOR FISCAL YEARS 2014, 2015, AND 2016 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), GENERALLY FOR THREE YEARS AFTER THEY ARE FILED

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA INC

Employer identification number
51-0232459

Part I Fundraising Activities

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

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

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☐ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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 NVCF GALA (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
Direct Expenses	1 Gross receipts	490,429			490,429
	2 Less Contributions	286,632			286,632
	3 Gross income (line 1 minus line 2)	203,797			203,797
	4 Cash prizes				
	5 Noncash prizes	23,452			23,452
	6 Rent/facility costs				
	7 Food and beverages	84,073			84,073
	8 Entertainment				
	9 Other direct expenses	48,700			48,700
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				156,225
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				47,572

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))
Direct Expenses	1 Gross revenue				
	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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Open to Public Inspection

51-0232459

☒ Yes ☐ No[illegible]

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

Part III

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

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

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
826 BOSTON 3035 WASHINGTON ST ROXBURY,MA 02119	20-8065915	501(C)(3)	7,500	0	FMV	N/A	TO BE USED FOR THE LITERARY HEPTATHLON
A PLACE TO START PO BOX 237 WEST KENNEBUNK,ME 04094	45-5618114	501(C)(3)	50,000	0	FMV	N/A	TO PROVIDE HOPE, HELP & GUIDANCE FOR ALZHEIMER'S FAMILIES
ACADEMY OF THE HOLY NAMES OF FLORIDA INC 3319 BAYSHORE BLVD TAMPA,FL 33629	59-0910354	501(C)(3)	20,000	0	FMV	N/A	GENERAL PURPOSE

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

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AHC INC 2230 N FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22201	54-1026365	501(C)(3)	15,000	0	FMV	N/A	PREVENTING SUMMER LEARNING LOSS
ALASKA WILDERNESS LEAGUE 122 C STREET NW SUITE 240 WASHINGTON, DC 20001	52-1814742	501(C)(3)	10,000	0	FMV	N/A	GENERAL PURPOSE
ALEXANDRIA SEAPORT FOUNDATION PO BOX 25036 ALEXANDRIA, VA 22313	54-1208614	501(C)(3)	10,000	0	FMV	N/A	APPRENTICE PROGRAM

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

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ALL AGES READ TOGETHER 8C SOUTH STREET LEESBURG, VA 20175	27-1118675	501(C)(3)	5,300	0	FMV	N/A	EDUCATION
ALL FAITHS FOOD BANK 8171 BLAIKIE COURT SARASOTA, FL 34236	65-0115814	501(C)(3)	7,000	0	FMV	N/A	POVERTY RELIEF
AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20036	52-1190211	501(C)(3)	20,000	0	FMV	N/A	ENVIRONMENT

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

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AMERICAN RED CROSS 2025 E STREET WASHINGTON,DC 20006	53-0196605	501(C)(3)	15,000	0	FMV	N/A	SOUTH CAROLINA FLOOD RELIEF
ARENA STAGE 1101 6TH STREET SW WASHINGTON,DC 20024	53-0246894	501(C)(3)	10,000	0	FMV	N/A	COMMUNITY OUTREACH PROGRAMS FOR MINORITY YOUTH
ARLINGTON FOOD ASSISTANCE CENTER 2708 S NELSON STREET ARLINGTON,VA 22206	54-1473207	501(C)(3)	20,750	0	FMV	N/A	POVERTY RELIEF, HEALTH KIDS COOK CLUB

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

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ASHLEY ADDICTION TREATMENT 800 TYDINGS LANE HAVRE DE GRACE, MD 21078	52-1126145	501(C)(3)	5,000	0	FMV	N/A	HEALTH, MENTAL HEALTH AND AGING
AUDOBON SOCIETY OF NORTHERN VIRGINIA 11100 WILDLIFE CENTER DRIVE SUITE 100 RESTON, VA 20190	51-0246350	501(C)(3)	10,000	0	FMV	N/A	ENVIRONMENT
BEACON FOR ADULT LITERACY 9535 LINTON HALL ROAD BRISTOW, VA 20136	54-0563007	501(C)(3)	10,000	0	FMV	N/A	BEACONWORKS

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

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BETHANY HOUSE 6121 LINCOLNIA RD 303 ALEXANDRIA, VA 22312	51-0252177	501(C)(3)	7,000	0	FMV	N/A	POVERTY RELIEF
BETHEL LUTHERAN CHURCH 2077 N FREDERICK PIKE WINCHESTER, VA 22603	54-0805796	501(C)(3)	30,000	0	FMV	N/A	FAITH BASED
BLACKFORD COMMUNITY FOUNDATION 121 N HIGH STREET HARTFORD CITY, IN 47348	35-1772356	501(C)(3)	35,000	0	FMV	N/A	COMMUNITY IMPROVEMENT

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

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BRIDGES TO INDEPENDENCE 3103 9TH ROAD NORTH ARLINGTON, VA 22201	54-1368484	501(C)(3)	10,000	0	FMV	N/A	EQUIPPING HOMELESS CHILDREN/YOUTH FOR A BETTER FUTURE
BRITEPATHS 4080 CHAIN BRIDGE RD 2ND FLOOR FAIRFAX, VA 22030	52-1596259	501(C)(3)	13,000	0	FMV	N/A	POVERTY RELIEF
BUILDING BRIDGES ACROSS THE RIVER 1901 MISSISSIPPI AVE SE WASHINGTON, DC 20020	52-2013526	501(C)(3)	10,500	0	FMV	N/A	THE ARC AND WBJ'S FAMILY OWNED BUSINESS AWARDS

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

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CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	52-1167581	501(C)(3)	66,500	0	FMV	N/A	FUNDING FOR THE MANASSAS PARK HIGH SCHOOL FAMILY MARKET 2016-2017 YEAR
CAPITAL CARING 2900 TELESTAR COURT FALLS CHURCH, VA 22042	54-1920770	501(C)(3)	18,689	0	FMV	N/A	HEALTH, MENTAL HEALTH AND AGING
CASA CIS 9384C FORESTWOOD LANE MANASSAS, VA 20110	54-1661340	501(C)(3)	10,000	0	FMV	N/A	CHILD ABUSE PREVENTION

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

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CENTRAL UNION MISSION PO BOX 96763 WASHINGTON, DC 20090	53-0218650	501(C)(3)	9,000	0	FMV	N/A	GENERAL PURPOSE
CENTREVILLE IMMIGRATION FORUM PO BOX 81 CENTREVILLE, VA 20120	46-3065114	501(C)(3)	10,500	0	FMV	N/A	GENERAL PURPOSE
CHALLENGE PROGRAM 915 MENOHER BLVD SUITE B JOHNSTOWN, PA 15905	20-1644028	501(C)(3)	5,000	0	FMV	N/A	CHILD AND YOUTH DEVELOPMENT

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

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CHILD AND FAMILY NETWORK CENTER 3700 WHEELER AVE ALEXANDRIA, VA 22304	54-1589809	501(C)(3)	10,000	0	FMV	N/A	CHILD AND FAMILY NETWORK CENTERS (CFNC)
CHILDREN'S HOSPITAL FOUNDATION 801 ROEDER ROAD SUITE 300 SILVER SPRING, MD 20910	52-1640402	501(C)(3)	32,000	0	FMV	N/A	GENERAL PURPOSE
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS 935 REDGATE AVENUE NORFOLK, VA 23507	54-0506321	501(C)(3)	5,000	0	FMV	N/A	CHILD ABUSE PROGRAM ONLY FOR CASE MANAGERS' SALARIES AND/OR FAMILY ADVOCATES' SALARIES

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

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CHILDREN'S INSTITUTE INC 2121 W TEMPLE STREET LOS ANGELES, CA 90026	95-1641424	501(C)(3)	25,000	0	FMV	N/A	CHILD AND YOUTH DEVELOPMENT
CHILDREN'S SCIENCE CENTER 2214 ROCK HILL ROAD SUITE 380 HERNDON, VA 20170	90-0168625	501(C)(3)	12,500	0	FMV	N/A	EDUCATION
CHRIST CENTRAL MINISTRIES PO BOX 387 WAGENER, SC 29164	57-1128230	501(C)(3)	30,000	0	FMV	N/A	POVERTY RELIEF

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CHRIST THE KING LUTHERAN CHURCH 10550 GEORGETOWN PIKE GREAT FALLS,VA 22066	20-8452900	501(C)(3)	5,000	0	FMV	N/A	GENERAL PURPOSE
COMMUNITY COALITION FOR HAITI (CCH) PO BOX 1222 VIENNA,VA 22183	65-1163122	501(C)(3)	5,000	0	FMV	N/A	GENERAL PURPOSE
COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES 163 FORT EVANS ROAD SUITE 130 LEESBURG,VA 20176	54-1950727	501(C)(3)	72,050	0	FMV	N/A	GENERAL PURPOSE

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COMMUNITY LODGINGS INC 3912 ELBERT AVENUE SUITE 108 ALEXANDRIA, VA 22305	54-1428495	501(C)(3)	10,000	0	FMV	N/A	YOUTH EDUCATION PROGRAM FOR HOMELESS AND LOW INCOME YOUTH
COMPUTER CORE 5881 LEESBURG PIKE 204 FALLS CHURCH, VA 22041	54-1968428	501(C)(3)	8,904	0	FMV	N/A	CORE WORKFORCE DEVELOPMENT PROGRAM EXPANSION TO LOUDOUN COUNTY
CORNERSTONES 11150 SUNSET HILLS ROAD SUITE 210 RESTON, VA 20190	54-1037615	501(C)(3)	5,000	0	FMV	N/A	POVERTY RELIEF

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CROHN'S AND COLITIS FOUNDATION 21301 POWERLINE RD 301 BOCA RATON, FL 33433	13-6193105	501(C)(3)	10,000	0	FMV	N/A	SOUTH FL CHAPTER
CRU PO BOX 623222 ORLANDO, FL 32862	95-6006173	501(C)(3)	12,000	0	FMV	N/A	GENERAL PURPOSE
CULPEPER ROBOTICS 17292 KIBLER ROAD CULPEPPER, VA 22701	46-1359980	501(C)(3)	10,000	0	FMV	N/A	GENERAL PURPOSE

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DC CANDLELIGHTERS CHILDHOOD CANCER FOUNDATION PO BOX 2705 MERRIFIELD,VA 22116	26-2254258	501(C)(3)	10,000	0	FMV	N/A	HEALTH, MENTAL HEALTH AND AGING
DREXEL UNIVERSITY 3141 CHESTNUT ST SUITE 310 PHILADELPHIA,PA 19104	23-1352630	501(C)(3)	200,000	0	FMV	N/A	EDUCATION
EARTH JUSTICE 1625 MASSACHUSETTS AVE NW SUITE 702 702 WASHINGTON,DC 20036	94-1730465	501(C)(3)	25,000	0	FMV	N/A	ENVIRONMENT

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

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EARTH SANGHA 10123 COMMONWEALTH BLVD FAIRFAX,VA 22032	54-1868546	501(C)(3)	10,000	0	FMV	N/A	ENVIRONMENT
EDU-FUTURO (EDUCACION PARA NUESTRO FUTURO) SYPHAX EDUCATION CENTER 2110 WASHINGTON BLVD ARLINGTON,VA 22204	54-1914671	501(C)(3)	11,000	0	FMV	N/A	EMERGING LEADERS PROGRAM
EVERYBODY WINS DC 1920 N STREET NW WASHINGTON,DC 20036	52-1938281	501(C)(3)	15,000	0	FMV	N/A	CHILD AND YOUTH DEVELOPMENT

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EXPRESSIVE MEDIA INC PO BOX 808 ST CLAIRSVILLE, OH 43950	25-1506673	501(C)(3)	10,000	0	FMV	N/A	VIDEO LIBRARY FOR EXPRESSIVE ARTS THERAPY
FACETS 10640 PAGE AVENUE SUITE 300 FAIRFAX, VA 22030	54-1516266	501(C)(3)	7,645	0	FMV	N/A	POVERTY RELIEF
FAIRFAX CHORAL SOCIETY 4028 HUMMER ROAD ANNANDALE, VA 22003	23-7061148	501(C)(3)	5,000	0	FMV	N/A	MUSIC EDUCATION

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)	15,000	0	FMV	N/A	GENERAL PURPOSE
FALLS CHURCH EDUCATION FOUNDATION 800 W BROAD ST SUITE 203 FALLS CHURCH, VA 22046	54-1295209	501(C)(3)	15,000	0	FMV	N/A	EDUCATION
FALLS CHURCH MCLEAN CHILDREN'S CENTER 7230 IDYLWOOD ROAD FALLS CHURCH, VA 22043	54-0841262	501(C)(3)	10,000	0	FMV	N/A	EARLY INTERVENTION FOR TODDLERS AND PRESCHOOLERS

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

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FISHER HOUSE FOUNDATION INC 111 ROCKVILLE PIKE SUITE 420 ROCKVILLE, MD 20850	11-3158401	501(C)(3)	5,124	0	FMV	N/A	MILITARY PERSONNEL AND THEIR FAMILIES
FOUNDATION FOR FAIRFAX COUNTY PUBLIC SCHOOLS 8115 GATEHOUSE ROAD ROOM 5101 FALLS CHURCH, VA 22042	36-4674229	501(C)(3)	27,500	0	FMV	N/A	CYBER PATRIOTS IT PROGRAM
FRIENDS OF FALLS CHURCH HOMELESS SHELTER PO BOX 6979 FALLS CHURCH, VA 22040	26-2455629	501(C)(3)	15,000	0	FMV	N/A	POVERTY RELIEF

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FRIENDS OF GUEST HOUSE 1 EAST LURAY AVENUE ALEXANDRIA, VA 22301	51-0201327	501(C)(3)	12,000	0	FMV	N/A	POVERTY RELIEF
GEORGE MASON UNIVERSITY SCHOOL OF BUSINESS 4400 UNIVERSITY DRIVE ENTERPRISE HALL MS 1B1 FAIRFAX, VA 20303	54-1603842	501(C)(3)	91,000	0	FMV	N/A	EDUCATION
GIRLS INSPIRED & READY TO LEAD PO BOX 7251 ALEXANDRIA, VA 22309	27-2547600	501(C)(3)	10,000	0	FMV	N/A	TODAY'S GIRLS, TOMORROW'S LEADERS PROGRAM

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GLOBAL GOOD FUND 2101 L STREET NW SUITE 800 WASHINGTON,DC 20037	46-1495972	501(C)(3)	5,000	0	FMV	N/A	GENERAL PURPOSE
GOOD SHEPHERD ALLIANCE 20684 ASHBURN ROAD ASHBURN,VA 20147	54-1644294	501(C)(3)	10,000	0	FMV	N/A	SIX STEPS TO SELF SUFFICIENCY HOUSING PROGRAM
GOODWILL OF GREATER WASHINGTON 2200 S DAKOTA AVENUE NE WASHINGTON,DC 20018	53-0196588	501(C)(3)	10,000	0	FMV	N/A	EMPLOYMENT SERVICES AND WORKFORCE TRAINING FOR NORTHERN VIRGINIA RESIDENTS

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

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GRACE MINISTRIES OF THE UMC 13600 FRYING PAN ROAD HERNDON,VA 20171	20-3767425	501(C)(3)	25,000	0	FMV	N/A	GENERAL PROGRAM FUNDING
HABITAT FOR HUMANITY 121 HABITAT STREET AMERICUS,GA 31709	91-1914868	501(C)(3)	10,000	0	FMV	N/A	POVERTY RELIEF
HARVARD UNIVERSITY 953 SMITH CAMPUS CENTER CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	125,000	0	FMV	N/A	FUND FOR PATHBREAKING RESEARCH

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

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HOPECAM INC 12100 SUNSET HILLS ROAD RESTON, VA 20190	56-2416801	501(C)(3)	15,000	0	FMV	N/A	HEALTH, MENTAL HEALTH AND AGING
HOUSING TRUST FUND OF NORTHERN VIRGINIA 3684 CENTERVIEW DRIVE SUITE 110B CHANTILLY, VA 20151	30-0089379	501(C)(3)	15,000	0	FMV	N/A	HOMEAID NORTHERN VIRGINIA SHELTER PROGRAM
HUMANE SOCIETY OF BOULDER VALLEY 2323 55TH ST BOULDER, CO 80301	84-0152768	501(C)(3)	5,000	0	FMV	N/A	ANIMAL WELFARE

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

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HUMANE SOCIETY OF FAIRFAX COUNTY 4057 CHAIN BRIDGE ROAD FAIRFAX,VA 22030	54-6064956	501(C)(3)	7,374	0	FMV	N/A	PROMOTING AWARENESS OF ANIMAL RESCUE IN THE LOCAL AREA
IMMANUEL PRESBYTERIAN CHURCH 1125 SAVILLE LANE MCLEAN,VA 22101	54-0986644	501(C)(3)	35,000	0	FMV	N/A	FAITH BASED
INMED PARTNERSHIPS FOR CHILDREN 20110 ASHBROOK PLACE SUITE 260 ASHBURN,VA 20147	52-1482339	501(C)(3)	10,000	0	FMV	N/A	AFTER-SCHOOL ACTIVITIES FOR CHILDREN AT RISK

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

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INOVA - KELLAR CENTER 11204 WAPLES MILL ROAD FAIRFAX, VA 22030	54-1071867	501(C)(3)	25,000	0	FMV	N/A	HEALTH, MENTAL HEALTH AND AGING
INOVA HEALTH SYSTEM 8110 GATEHOUSE ROAD SUITE 200E FALLS CHURCH, VA 22042	54-1434144	501(C)(3)	175,000	0	FMV	N/A	NURSING AND KELLER CENTER
INOVA HEALTH SYSTEM FOUNDATION 8110 GATEHOUSE ROAD SUITE 220 EAST FALLS CHURCH, VA 22042	54-1071867	501(C)(3)	123,678	0	FMV	N/A	GENERAL PURPOSE

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

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INSIGHT MEMORY CARE CENTER 3953 PENDER DRIVE SUITE 100 FAIRFAX, VA 22030	52-1361974	501(C)(3)	10,000	0	FMV	N/A	GENERAL OPERATING
INWARD BOUND MINDFULNESS EDUCATION - IBME PO BOX 516 CONCORD, MA 01742	27-3029390	501(C)(3)	5,000	0	FMV	N/A	TEENS MEDITATION RETREAT
JOHN LELAND CENTER FOR THEOLOGICAL STUDIES 1306 NORTH HIGHLAND STREET ARLINGTON, VA 22201	54-1890249	501(C)(3)	10,000	0	FMV	N/A	FAITH BASED

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KEEP PRINCE WILLIAM BEAUTIFUL 4391 RIDGEWOOD CENTER DRIVE SUITE F F WOODBIDGE, VA 22192	52-1379942	501(C)(3)	10,000	0	FMV	N/A	KEEP PRINCE WILLIAM BEAUTIFUL YOUTH LEADERSHIP PROGRAM
KULANU YACHAD 813 COLONIA ROAD ELIZABETH, NJ 07208	22-2927623	501(C)(3)	5,000	0	FMV	N/A	POVERTY RELIEF
LA COCINA VA 1500 N GLEBE ROAD ARLINGTON, VA 22207	46-2037695	501(C)(3)	12,000	0	FMV	N/A	GENERAL PURPOSE

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LEARNING WORKS 181 BRACKETT STREET PORTLAND, ME 04102	01-0353682	501(C)(3)	5,000	0	FMV	N/A	GENERAL PURPOSE
LIFE WITH CANCER 8411 PENNELL STREET FAIRFAX, VA 22032	54-1071867	501(C)(3)	10,000	0	FMV	N/A	INOVA DWIGHT AND MARTHA SCHAR CANCER INSTITUTE
LINDEN RESOURCES INC 750 SOUTH 23RD STREET ARLINGTON, VA 22202	54-0660113	501(C)(3)	7,800	0	FMV	N/A	COMMUNITY INTEGRATED DAY SUPPORT PROGRAM FOR ADULTS WITH DISABILITIES

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LITERACY COUNCIL OF NORTHERN VIRGINIA 2855 ANNANDALE ROAD FALLS CHURCH, VA 22042	23-7098748	501(C)(3)	7,000	0	FMV	N/A	EDUCATION
LORTON COMMUNITY ACTION CENTER PO BOX 154 LORTON, VA 22199	51-0181451	501(C)(3)	20,000	0	FMV	N/A	POVERTY RELIEF
LOUDOUN CITIZENS FOR SOCIAL JUSTICE 105 EAST MARKET STREET LEESBURG, VA 20176	54-1282756	501(C)(3)	12,757	0	FMV	N/A	HEALTH, MENTAL HEALTH AND AGING

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LOUDOUN LAURELS 21800 TOWN CENTER PLAZA 266A/230 STERLING,VA 20164	27-3682448	501(C)(3)	12,500	0	FMV	N/A	LOUDOUN LAURELS SCHOLARSHIP
LOUDOUN VOLUNTEER CAREGIVERS 704 S KING STREET SUITE 2 LEESBURG,VA 20175	54-1753304	501(C)(3)	11,000	0	FMV	N/A	HEALTH, MENTAL HEALTH AND AGING
MAINE JUSTICE FOUNDATION 40 WATER STREET HALLOWELL,ME 04347	22-2559133	501(C)(3)	5,000	0	FMV	N/A	GENERAL PURPOSE

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MAKE A WISH - GREATER VIRGINIA 2810 N PARHAM ROAD SUITE 302 RICHMOND, VA 23294	54-1429614	501(C)(3)	5,000	0	FMV	N/A	HEALTH, MENTAL HEALTH AND AGING
MANNA HOUSE INC 435 EAST 25TH STREET BALTIMORE, MD 21218	52-0822574	501(C)(3)	10,000	0	FMV	N/A	POVERTY RELIEF
MARYMOUNT UNIVERSITY 2807 N GLEBE ROAD ARLINGTON, VA 22207	54-0573801	501(C)(3)	10,000	0	FMV	N/A	EDUCATION

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MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON,MA 21140	04-1564655	501(C)(3)	25,000	0	FMV	N/A	LUNG CANCER RESEARCH
MENTAL HEALTH ASSOCIATION OF MONGTOMERY COUNTY 1000 TWIN BROOK PARKWAY ROCKVILLE,MD 20851	52-0681147	501(C)(3)	51,644	0	FMV	N/A	MILITARY PERSONNEL AND FAMILIES IN NORTHERN VIRGINIA
MOTE MARINE LABORATORY AND AQUARIUM 1600 KEN THOMPSON PARKWAY SARASOTA,FL 34236	59-0756643	501(C)(3)	5,000	0	FMV	N/A	ENVIRONMENT

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 3200 MOUNT VERNON MEMORIAL HIGHWAY MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	15,139	0	FMV	N/A	ARTS AND CULTURE
NAMI-NORTHERN VIRGINIA PO BOX 8693 RESTON, VA 20195	51-0241920	501(C)(3)	10,000	0	FMV	N/A	RECRUITING AND MENTORING PEER LEADERS
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE SUITE 500 ALPHARETTA, GA 30009	54-1780628	501(C)(3)	15,000	0	FMV	N/A	AGF MEMORIAL FUND #104500

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NATIONAL MUSEUM OF AMERICANS IN WARTIME PO BOX 30 NOKESVILLE,VA 20182	20-0008915	501(C)(3)	125,000	0	FMV	N/A	ARTS AND CULTURE
NATURE CONSERVANCY OF ALASKA 715 L STREET STE 100 ANCHORAGE,AK 99501	92-0144005	501(C)(3)	10,000	0	FMV	N/A	ENVIRONMENT
NEW MEXICO SCHOOL FOR THE ARTS - ART INSTITUTE 275 EAST ALAMEDA STREET SANTA FE,NM 87501	26-4764395	501(C)(3)	5,000	0	FMV	N/A	GENERAL PURPOSE

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NEW PROSPECT BAPTIST CHURCH 509 PROSPECT ROAD HURT,VA 24563	54-0924066	501(C)(3)	10,000	0	FMV	N/A	DEBT REDUCTION ON THE FAMILY LIFE CENTER
NORTHERN VIRGINIA DENTAL CLINIC 8221 WILLOW OAKS CORPORATE DRIVE SUITE 450 FAIRFAX,VA 22031	54-1646071	501(C)(3)	28,745	0	FMV	N/A	HEALTH, MENTAL HEALTH AND AGING
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE SUITE 100 100 OAKTON,VA 22124	54-0791977	501(C)(3)	45,500	0	FMV	N/A	HEALTH, MENTAL HEALTH AND AGING

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NOVA LABS 1916 ISAAC NEWTON SQUARE WEST RESTON, VA 20190	45-3796580	501(C)(3)	5,250	0	FMV	N/A	SPONSORSHIP OF NOVA MAKER FAIRE 2016
OAR OF FAIRFAX COUNTY 10640 PAGE AVENUE SUITE 250 FAIRFAX, VA 22030	54-0952630	501(C)(3)	5,900	0	FMV	N/A	GENERAL PURPOSE
OFFENDER AID AND RESTORATION 1400 N UHLE STREET 704 ARLINGTON, VA 22201	54-1024562	501(C)(3)	7,500	0	FMV	N/A	GED AND WORK TRAINING

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OPPORTUNITY INTERNATIONAL 2122 YORK ROAD SUITE 150 OAK BROOK, IL 60523	47-0994982	501(C)(3)	6,000	0	FMV	N/A	GENERAL PURPOSE
OUR MILITARY KIDS INC 6861 ELM STREET SUITE 2A MCLEAN, VA 22101	56-2483648	501(C)(3)	10,000	0	FMV	N/A	MILITARY PERSONNEL AND THEIR FAMILIES
PAH INC PO BOX 1 RUBY, VA 22545	46-2717415	501(C)(3)	8,000	0	FMV	N/A	PROVIDING ACCESS TO HEALTHCARE AND COMMUNITY RESOURCES FOR DEAF AND HARD OF HEARING

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PATRICK HENRY BOYS PLANTATION PO BOX 1398 BROOKNEAL,VA 24528	54-0660819	501(C)(3)	36,379	0	FMV	N/A	CHILD AND YOUTH DEVELOPMENT
PILOT CLUB 510 E ZARAGOSA ST PENSACOLA,FL 32502	59-6163658	501(C)(3)	5,000	0	FMV	N/A	COMMUNITY IMPROVEMENT
PINECREST SCHOOL 7209 QUIET COVE ANNANDALE,VA 22003	54-1055578	501(C)(3)	5,000	0	FMV	N/A	EDUCATION

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PORTLAND MUSEUM OF ART 1 SEVEN CONGRESS SQUARE PORTLAND, ME 04101	01-0378420	501(C)(3)	10,000	0	FMV	N/A	GENERAL PURPOSE
POTOMAC CONSERVANCY 8403 COLESVILLE ROAD SUITE 805 SILVER SPRING, MD 20910	52-1842501	501(C)(3)	10,000	0	FMV	N/A	ENVIRONMENT
PRESBYTERIAN CHURCH USA 100 WITHERSPOON ST LOUISVILLE, KY 40202	23-6393377	501(C)(3)	20,000	0	FMV	N/A	PRESBYTERIAN MISSION AGENCY / HEALTHY WOMEN, HEALTHY FAMILIES PROGRAM

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PRINCE WILLIAM CONSERVATION ALLIANCE PO BOX 6351 WOODBIDGE, VA 22195	38-3653371	501(C)(3)	10,000	0	FMV	N/A	GENERAL PURPOSE
PRINCE WILLIAM COUNTY PUBLIC SCHOOLS EDUCATION FOUNDATION PO BOX 389 MANASSAS, VA 20108	54-1498824	501(C)(3)	23,500	0	FMV	N/A	CIVIC RESPONSIBILITY AND PUBLIC POLICY PROGRAM
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116	62-0988294	501(C)(3)	15,000	0	FMV	N/A	FAITH BASED

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PROJECT ANGEL HEART 4950 WASHINGTON ST DENVER, CO 80216	84-1199481	501(C)(3)	5,000	0	FMV	N/A	POVERTY RELIEF
PROJECT MEND-A-HOUSE 9500 TECHNOLOGY DRIVE SUITE 101 MANASSAS, VA 20110	54-1733024	501(C)(3)	10,000	0	FMV	N/A	HOME IS WHERE THE HEART IS FOR SENIORS AND DISABLED PERSONS
RANDOLPH EASTERN SCHOOL CORPORATION 731 N PLUM STREET UNION CITY, IN 47390	35-1076047	501(C)(3)	35,000	0	FMV	N/A	EDUCATION

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SAG HARBOR WHALING AND HISTORICAL MUSEUM PO BOX 1327 SAG HARBOR, NY 11963	11-1761496	501(C)(3)	5,000	0	FMV	N/A	GENERAL PURPOSE
SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22314	22-2406433	501(C)(3)	5,000	0	FMV	N/A	FAITH BASED
SANTA FE BOTANICAL GARDENS PO BOX 23343 SANTA FE, NM 87502	85-0366754	501(C)(3)	35,000	0	FMV	N/A	GENERAL PURPOSE

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SCAN OF NORTHERN VIRGINIA 205 S WHITING STREET SUITE 205 ALEXANDRIA, VA 22304	54-1473693	501(C)(3)	5,000	0	FMV	N/A	EDUCATION
SEVEN LOAVES SERVICES INC PO BOX 1924 MIDDLEBURG, VA 20118	54-1689888	501(C)(3)	10,000	0	FMV	N/A	POVERTY RELIEF
SHAKESPEARE THEATRE COMPANY 516 8TH STREET SE WASHINGTON, DC 20003	52-1405988	501(C)(3)	50,000	0	FMV	N/A	ARTS AND CULTURE

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SHARP SCIENCE STUDENTS FOUNDATION 3876 LEARNING TREE LANE DELA PLANE, VA 20144	46-3830070	501(C)(3)	15,000	0	FMV	N/A	2016 FAUQUIER SCIENCE FAIR
SHELTER HOUSE INC 12310 PINECREST ROAD SUITE 304 RESTON, VA 20191	52-1217106	501(C)(3)	15,500	0	FMV	N/A	SUMMER PROGRAMS FOR KIDS IN SHELTERS
SHEPHERD'S CENTERS OF AMERICA 5559 NW BARRY ROAD BOX 333 KANSAS CITY, MO 64154	43-1056482	501(C)(3)	20,000	0	FMV	N/A	FAITH BASED

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SHINE FOR GIRLS 5945 INNISVALE DRIVE FAIRFAX STATION, VA 22039	46-5463799	501(C)(3)	20,000	0	FMV	N/A	SHINE FOR GIRLS
SO OTHERS MIGHT EAT 71 O STREET NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	70,000	0	FMV	N/A	POVERTY RELIEF
SPARCC (SAFE PLACE AND RAPE CRISIS CENTER) 2139 MAIN ST SARASOTA, FL 34237	59-1943399	501(C)(3)	5,000	0	FMV	N/A	GENERAL PURPOSE

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SPECIALLY ADAPTED RESOURCE CLUB (SPARC) PO BOX 10797 BURKE,VA 22009	20-5513060	501(C)(3)	15,000	0	FMV	N/A	EDUCATION
ST RAPHEAL CATHOLIC CHURCH 1513 DUNSTER ROAD NORTH BETHESDA, MD 20852	52-0847815	501(C)(3)	5,000	0	FMV	N/A	FAITH BASED
ST THOMAS MORE CATHOLIC CHURCH 2506 GULF GATE DRIVE SARASOTA,FL 34231	59-1992896	501(C)(3)	19,000	0	FMV	N/A	FAITH BASED

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STREETLIGHT COMMUNITY OUTREACH MINISTRIES 1550 PRINCE WILLIAM PARKWAY WOODBIDGE,VA 22191	54-2151209	501(C)(3)	10,000	0	FMV	N/A	PERMANENT SUPPORTIVE HOUSING PROGRAM
TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD SUITE 300 FALLS CHURCH,VA 22042	54-1858176	501(C)(3)	10,000	0	FMV	N/A	EMPOWERING ABUSED IMMIGRANT WOMEN AND GIRLS TO ACHIEVE SAFETY AND STABILITY IN THE WAKE OF TRAUMA
THE HOUSE INC 14001 CROWN COURT WOODBIDGE,VA 22193	20-2947568	501(C)(3)	10,000	0	FMV	N/A	THE HOUSE, INC STUDENT LEADERSHIP CENTER

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THE LAUREL CENTER PO BOX 14 WINCHESTER, VA 22604	54-1262535	501(C)(3)	25,000	0	FMV	N/A	OTHER
THE PENNSYLVANIA STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	200,000	0	FMV	N/A	EDUCATION
THE SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 20013	53-0206027	501(C)(3)	55,000	0	FMV	N/A	EDUCATION AND RESEARCH

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THE UCLA FOUNDATION 10945 LECONTE AVENUE SUITE 3132 LOS ANGELES, CA 90095	95-2250801	501(C)(3)	20,000	0	FMV	N/A	UCLA HEALTH PATIENT SERVICES - \$10,000, STEIN EYE INSTITUTE - \$10,000
THE VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION 300 ARBORETUM PLACE SUITE 200 NORTH CHESTERFIELD, VA 23236	23-7004354	501(C)(3)	50,000	0	FMV	N/A	RURAL VIRGINIA HORSESHOE INITIATIVE
THE WILDERNESS SOCIETY 1615 M ST NW WASHINGTON, DC 20036	53-0167933	501(C)(3)	10,000	0	FMV	N/A	ENVIRONMENT

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THE WOMEN'S CENTER 133 PARK STREET NE VIENNA, VA 22180	23-7423496	501(C)(3)	15,000	0	FMV	N/A	HEALTH, MENTAL HEALTH AND AGING
THEARC 1901 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	52-2013526	501(C)(3)	5,000	0	FMV	N/A	COMMUNITY OUTREACH ARTS FOR MINORITY YOUTH
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS 3033 WILSON BLVD SUITE 630 ARLINGTON, VA 22201	92-0152268	501(C)(3)	5,000	0	FMV	N/A	MILITARY PERSONNEL AND THEIR FAMILIES

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TRANSITIONAL HOUSING BARN INC 9541 LINTON HALL ROAD BRISTOW, VA 20136	54-1716489	501(C)(3)	10,000	0	FMV	N/A	HOUSING FIRST
TUSTIN HIGH SCHOOL 1171 EL CAMINO REAL TUSTIN, CA 92780	91-1752549	501(C)(3)	11,500	0	FMV	N/A	ATHLETIC PROGRAM
UNITARIAN UNIVERSALIST CONGREGATION PO BOX 130 OAKTON, VA 22124	54-0678747	501(C)(3)	7,000	0	FMV	N/A	FAITH BASED

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UNITED CHARITABLE PROGRAMS 1656 CHIMNEY HOUSE ROAD RESTON, VA 20190	20-4286082	501(C)(3)	21,167	0	FMV	N/A	POVERTY RELIEF
UNITED JEWISH ENDOWMENT FUND 6101 EXECUTIVE BLVD NORTH BETHESDA, MD 20852	52-6063787	501(C)(3)	192,410	0	FMV	N/A	MIKKI FREIDKIN PHILANTHROPIC FUND
UNIVERSITY OF NEW ENGLAND 716 STEVENS AVENUE PORTLAND, ME 04103	01-0211810	501(C)(3)	5,000	0	FMV	N/A	OFFICE OF INSTITUTIONAL ADVANCEMENT

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 1001 NORTH EMMET STREET CHARLOTTESVILLE, VA 22904	54-1682176	501(C)(3)	5,000	0	FMV	N/A	OFFICE OF ADVANCEMENT
UPPERVILLE COLT AND HORSE SHOW PO BOX 239 UPPERVILLE, VA 20185	23-7390149	501(C)(3)	100,000	0	FMV	N/A	GENERAL PURPOSE
VIENNA PRESBYTERIAN CHURCH 124 PARK STREET VIENNA, VA 22180	54-6025443	501(C)(3)	10,000	0	FMV	N/A	FAITH BASED

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
VIRGINIA BUSINESS HIGHER EDUCATION COUNCIL 1108 EAST MAIN STREET SUITE 1100 RICHMOND, VA 23219	54-1827038	501(C)(3)	50,000	0	FMV	N/A	GO VIRGINIA
VIRGINIA HOSPITAL CENTER FOUNDATION 1701 N GEORGE MASON DRIVE ARLINGTON, VA 22205	20-4129901	501(C)(3)	10,000	0	FMV	N/A	VIRGINIA HOSPITAL CENTER LIFELINE ASSISTANCE FUND
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK ROAD BLACKSBURG, VA 24061	54-0721690	501(C)(3)	10,000	0	FMV	N/A	VIRGINIA MASTER NATURALIST - #876092

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
WASHINGTON DC CHRISTIAN REFORMED CHURCH 5911 NEW HAMPSHIRE AVE NE WASHINGTON,DC 20011	52-1394732	501(C)(3)	11,000	0	FMV	N/A	GENERAL PURPOSE
WATERFORD FOUNDATION PO BOX 142 WATERFORD,VA 20197	54-0755457	501(C)(3)	15,000	0	FMV	N/A	AUDOBON SOCIETY OF NORTHERN VA
WHITE HOUSE FELLOWS FOUNDATION AND ASSOCIATION 1750 PENNSYLVANIA AVENUE NW SUITE 300 WASHINGTON,DC 20006	23-7046811	501(C)(3)	5,000	0	FMV	N/A	GENERAL PURPOSE

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
WHITWORTH ELEMENTARY SCHOOL 1151 SE MILLER AVENUE DALLAS, OR 97338	91-1180799	501(C)(3)	10,500	0	FMV	N/A	EDUCATION
WORLD WILDLIFE FUND 1250 TWENTH FOURTH ST NW WASHINGTON, DC 20090	52-1693387	501(C)(3)	10,000	0	FMV	N/A	ANIMAL WELFARE
OPERATION PAWS FOR HOMES PO BOX 90813 ALEXANDRIA, VA 22309	45-2785962	501(C)(3)	1,000	0	FMV	N/A	ANIMAL WELFARE

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
FAIR CHANCE 2001 S STREET NW SUITE 310 WASHINGTON, DC 20009	74-3091832	501(C)(3)	2,500	0	FMV	N/A	CHILD AND YOUTH DEVELOPMENT
JUNIOR ACHIEVEMENT OF GREATER WASHINGTON 1050 17TH STREET NW SUITE 750 WASHINGTON, DC 20036	54-0788947	501(C)(3)	12,500	0	FMV	N/A	EDUCATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA INC

Employer identification number
51-0232459

Part I Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
<div>b</div> <div>If any of the boxes in 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.</div>	1b	
<div>2</div> <div>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 in line 1a?</div>	2	
<div>3</div> <div>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.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>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:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	No
<div>8</div> <div>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.</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	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 M ELLSWORTH PRESIDENT	(i)	169,950 -----	15,000 -----	0 -----	0 -----	20,619 -----	205,569 -----	0 -----
	(ii)	0	0	0	0	0	0	0

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
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN WOLFF	MR WOLFF IS THE CEO AND MANAGING DIRECTOR OF CAPITAL FIDICUARY ADVISORS	7,548	INVESTMENT PERFORMANCY ANALYSIS REPORTING DONE BY CAPITAL FIDUCIARY ADVISOR		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
FORM 990, PART IV, LINE 28C	CFNOVA PAID FOR INVESTMENT PERFORMANCE ANALYSIS REPORTING DONE BY CAPITAL FIDUCIARY ADVISORS AND IS ALSO A DIRECTOR OF CFNOVA 1800 ROBERT FULTON DRIVESUITE 110RESTON, VA 20191CFNOVA DIRECTOR - JOHN WOLFF
SCHEDULE L, PART IV (B) RELATIONSHIP BETWEEN PERSON AND ORGANIZATION	MR WOLFE IS ALSO A DIRECTOR OF CFNOVA

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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	56	3,253,753	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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 is not required to be used for exempt purposes for the entire holding period?

30a

Yes

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 non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not 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)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**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 11	THE TREASURER OF THE ORGANIZATION IS RESPONSIBLE FOR THE REVIEW AND PRESENTATION OF THE FORM 990 TO THE ORGANIZATION'S BOARD OF DIRECTORS APPROVAL OF THE FORM 990 IS MADE BEFORE FILING
FORM 990, PART VI, SECTION B, LINE 12C	THE COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS REQUIRED TO BE SIGNED AND UPDATED ANNUALLY BY EACH DIRECTOR, COMMITTEE AND STAFF MEMBER OF THE ORGANIZATION EACH DIRECTOR AND STAFF MEMBER IS UNDER AN OBLIGATION TO THE FOUNDATION TO INFORM THEM OF ANY CONFLICT OF INTEREST ANY TRANSACTION INVOLVING A POSSIBLE CONFLICT OF INTEREST SHALL BE APPROVED BY THE BOARD OF DIRECTORS, OR BY A COMMITTEE THEREOF AUTHORIZED UNDER THE BYLAWS OF THE FOUNDATION TO DO SO THE PRESIDENT SHALL BE RESPONSIBLE FOR THE APPLICATION AND INTERPRETATION OF THE CONFLICT OF INTEREST POLICY

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
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 COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.