

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015Department of the Treasury
Internal Revenue ServiceDo 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.

Open to Public Inspection

A. For the 2015 calendar year, or tax year beginning _____ and ending _____

B. Check if applicable:
 Initial filing
 Change of name
 Change of address
 First filing
 Extension filed
 Extension pending

C. Name of organization
COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 342
 City or town, state or province, county, and ZIP or foreign postal code
LEESBURG, VA 20176
 F Name and address of principal officer: **AMY E. OWEN**
163 FT EVANS RD, #130, LEESBURG, VA 20176

D. Employer identification number
54-1950727

E. Telephone number
703 779-3505

G. Gross receipts **1,852,447.**

H01 Is this a group return for subsidiaries? Yes No **X**

H02 Are all subsidiaries included? Yes No

If "No," attach a list (see instructions)

H03 Group exemption number _____

I. Tax-exempt status: 501(c)(2) 501(c) _____ (see instructions) 4947(a)(1) or 527

J. Website: **COMMUNITYFOUNDATIONS.P.ORG**

K. Form of organization: Corporation Trust Association Other _____

L. Year of formation: **1993** at state of legal domicile: **VA**

Part I Summary

1. Briefly describe the organization's mission or most significant activities: **CP SUPPORTS CHARITABLE, LITERARY & EDUCATIONAL PROGRAMS IN NORTHERN REGION OF VA.**

2. Check the 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** **13**

4. Number of independent voting members of the governing body (Part VI, line 1b) **4** **13**

5. Total number of individuals employed in calendar year 2015 (Part V, line 2a) **5** **1**

6. Total number of volunteers (estimate if necessary) **6** **43**

7a. Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

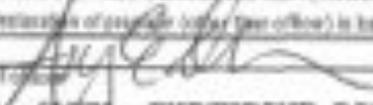
b. Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

	Revenue	
	Prior Year	Current Year
8. Contributions and grants (Part VII, line 1f)	1,365,971.	1,386,213.
9. Program service revenue (Part VII, line 2g)	0.	0.
10. Investment income (Part VII, column (A), lines 3, 4, and 7d)	52,400.	83,021.
11. Other revenue (Part VII, column (A), lines 5, 6a, 6b, 6c, 10c, and 11a)	67,233.	58,075.
12. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,485,604.	1,527,309.
13. Grants and similar amounts paid (Part IX, column (A), line 1-b)	919,621.	563,560.
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)	80,216.	76,000.
16a. Professional fundraising fees (Part IX, column (A), line 11a)	0.	0.
b. Total fundraising expenses (Part IX, column (C), line 20) 7,958.		
17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	85,967.	127,863.
18. Total expenses—add lines 13-17 (must equal Part IX, column (A), line 20)	1,085,804.	767,423.
19. Revenue less expenses—subtract line 18 from line 12	399,800.	759,886.

	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
20. Total assets (Part X, line 16)	2,370,186.	2,977,785.
21. Total liabilities (Part X, line 20)	367,575.	347,666.
22. Net assets or fund balances—subtract line 21 from line 20	2,002,611.	2,630,119.

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 Preparer's signature:  Date: **8/2/16**

AMY E. OWEN, EXECUTIVE DIRECTOR
Type or print name and title

Preparer Preparer's name: **W. MATTHEW BURNS** Preparer's signature: _____ Date: _____
 Firm's name: **MITCHELL & CO., P.C.** Firm's EIN: **54-1853459**
 Firm's address: **110 EAST MARKET ST. #200**
LEESBURG, VA 20176 Phone no.: **703-777-4900**

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

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

54-1950727 Page 2

Form 990 (2010)

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:
TO FOSTER A COMMUNITY OF GRANTMAKERS, PROMOTE STRATEGIC LOCAL LEADERSHIP, AND INVEST IN PARTNERSHIPS FOR THE BENEFIT OF THE COMMUNITY OF LOUDOUN AND NORTHERN FAUQUIER.

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)(6) 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 (Date 12/31/2011) (Revenue 735,949., including grants of 563,560.) (Form 990))
THE COMMUNITY FOUNDATION WORKS WITH LOCAL DONORS TO CREATE PERMANENT ENDOWMENT FUNDS TO SUPPORT CHARITABLE NEEDS WITH AN EMPHASIS ON LOUDOUN AND NORTHERN FAUQUIER COUNTIES AND SURROUNDING AREAS.

4b (Date 12/31/2011) (Revenue 735,949., including grants of 563,560.) (Form 990))

4c (Date 12/31/2011) (Revenue 735,949., including grants of 563,560.) (Form 990))

4d Other program services (Describe in Schedule O)

(Revenue 735,949., including grants of 563,560.) (Form 990))

5a Total program service expenses 735,949.

**COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES**

54-1950727 Page 3

Form 990 (2010)

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 X	
2 Is the organization required to complete Schedule D, Schedule of Contributors?	2 X	
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 X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(25), or 501(c)(29) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		5 X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part I		7 X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II		8 X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		9 X
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 X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VII		11b X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII		11c X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part IX		11d X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XII and XIII		12a X
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 XII and XIII is optional		12b X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts I and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts I and IV	16	X
17 Did the organization report a total of more than \$10,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 7a? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 3c and 3d? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 3e? If "Yes," complete Schedule G, Part III	19	X

Form 990 (2010)

**COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES**

54-1950727 Page 4

Form 990 (2015)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21. Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 11? If "Yes," complete Schedule L, Parts I and II	X	
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 21? If "Yes," complete Schedule L, Parts I and II		X
23. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2000? If "Yes," answer lines 24b through 24f and complete Schedule K. If "No," go to line 25a		X
b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
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 30% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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? If "Yes," complete Schedule L, Part IV		X
29. Did the organization receive more than \$21,000 in non-cash contributions? If "Yes," complete Schedule M		X
30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32. Did the organization sell, exchange, dispose of, or transfer more than 20% of its net assets? If "Yes," complete Schedule N, Part II		X
33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b. If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36. Section 501(c)(29) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 3		X
37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
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.	X	

Form 990 (2015)

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

54-1950727 Page 5

Form 990 (2015)

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 1099. Enter 0 if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-2, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 200, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</i>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 5886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000 and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(e).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8869 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4960?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Institution 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 4047(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? <i>Note.</i> 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	X
b	If "Yes," has it filed a Form T20 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2015)

**COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES**

Form 990 (2015)

54-1950727 Page 6

Part V Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7a below, and for a "No" response to line 8a, 8b, or 10a 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 V

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there is a material difference 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.	12	
1b Enter the number of voting members included in line 1a, above, who are independent	12	
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	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

18 Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 **▶**
AMY E. OWEN - 703 779-3505
153 FORT EVANS ROAD, NE SUITE 130, LEBBURG, VA 20176

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

54-1950727 Page 7

Form 990 (2015)

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 column (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 **highest** compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 (Set any hours for related organizations below line)	(C) Position (Do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRISTEN LARSON PRESIDENT	5.00	X		X				0.	0.	0.
(2) SUSAN D. KERR SECRETARY	2.00	X		X				0.	0.	0.
(3) SARDA L. RYKHO, CPA, PPA TREASURER	2.00	X		X				0.	0.	0.
(4) JOHN W. REEF VICE PRESIDENT	1.00	X		X				0.	0.	0.
(5) CORIE HOOD BEAS DIRECTOR	1.00	X						0.	0.	0.
(6) PATRICIA STAFF DIRECTOR	1.00	X						0.	0.	0.
(7) DAVID SATERWAY DIRECTOR	1.00	X						0.	0.	0.
(8) KATHERINE SIMPSON DIRECTOR	1.00	X						0.	0.	0.
(9) ANDREW STEFF DIRECTOR	2.00	X						0.	0.	0.
(10) THOMAS WORMEY DIRECTOR	1.00	X						0.	0.	0.
(11) RONALD TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(12) ANGELA BENDER DIRECTOR	1.00	X						0.	0.	0.
(13) ANF OBER EXECUTIVE DIRECTOR	40.00			X				70,000.	0.	0.

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

54-1950727 Page 9

Form 990 (2018)

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 501(c)(3) sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a	Federated campaigns				
	b	Membership dues				
	c	Fundraising events				
	d	Related organizations				
	e	Government grants (contributions)				
	f	All other contributions, gifts, grants, and similar amounts not included above	1,386,213.			
	g	Noncash contributions included in lines 1a-1f	17,640.			
	h	Total. Add lines 1a-1f	1,386,213.			
Program Service Revenue	2 a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	77,567.			77,567.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents				
		b	Less: rental expenses			
		c	Rental income or (loss)			
		d	Net rental income or (loss)			
	7 a	Gross amount from sales of assets other than inventory	155,461.			
		b	Less: cost or other basis and sales expenses	150,007.		
		c	Gain or (loss)	5,454.		
		d	Net gain or (loss)	5,454.		5,454.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 10	217,296.			
		b	Less: direct expenses	175,131.		
		c	Net income or (loss) from fundraising events	42,165.		42,165.
	9 a	Gross income from gaming activities. See Part IV, line 10				
b		Less: direct expenses				
c		Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold				
	c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue						
11 a	PROFESSIONAL MGT SVC	300039	15,910.			15,910.
	b					
	c					
	d	All other revenue				
e	Total. Add lines 11a-11d		15,910.			
12	Total revenue. See instructions.		1,527,309.	0.	0.	141,096.

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

54-1950727 Page 10

Form 990 (2015)

Part IX Statement of Functional Expenses

Section 501(c)(2) and 501(c)(29) organizations must complete all columns. All other organizations must complete column (B).

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

Do not include amounts reported on lines 6b, 7a, 8c, 9b, and 10b of Part VII	(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	563,560.	563,560.		
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	70,000.	63,000.	3,500.	3,500.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(2)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,000.	5,400.	300.	300.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,738.		18,738.	
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 Sub O.)	14,340.	14,340.		
12 Advertising and promotion				
13 Office expenses	1,772.	1,594.	89.	89.
14 Information technology				
15 Royalties				
16 Occupancy	2,084.	1,876.	104.	104.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,291.	11,291.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,088.	1,880.	104.	104.
24 Other expenses. Report 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 OUTREACH	38,934.	38,260.	367.	367.
b INVESTMENT FEES	10,970.	10,970.		
c INVESTMENT RETURNS ALLO	7,652.	7,652.		
d PROCESSING FEES	6,456.	6,456.		
e All other expenses	13,478.	9,670.	314.	3,494.
25 Total functional expenses. Add lines 1 through 24e	767,423.	735,949.	23,516.	7,958.
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 following SOP 86-2 (a)(1) 9/8/86

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

Form 990 (2019)

54-1950727 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	890,106.	2	858,863.
	3 Pledges and grants receivable, net	13,566.	3	80,000.
	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 III of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(29) voluntary employees' beneficiary organizations (see instructions). Complete Part III of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,214.	9	20,372.
	10a Land, buildings, and equipment, cost or other basis. Complete Part IV of Schedule D	10a 1,850.		
	b Less: accumulated depreciation	10b 1,850.	0.	10c 0.
	11 Investments - publicly traded securities	1,442,300.	11	2,018,551.
	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		15	
16 Total assets. Add lines 1 through 16 (must equal line 34)	2,370,186.	16	2,977,785.	
Liabilities	17 Accounts payable and accrued expenses	5,750.	17	5,838.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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 III 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	361,825.	25	341,828.
	26 Total liabilities. Add lines 17 through 25	367,575.	26	347,666.
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 30 and 34.			
	27 Unrestricted net assets	1,991,611.	27	2,563,378.
	28 Temporarily restricted net assets	11,000.	28	66,741.
	29 Permanently restricted net assets		29	
	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 Pledges 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	2,003,611.	33	2,630,119.	
34 Total liabilities and net assets/fund balances	2,370,186.	34	2,977,785.	

Form 990 (2019)

**COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES**

Form 990 (2015)

54-1950727 Page 12

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 VII, column (A), line 12)	1	1,527,309.
2	Total expenses (must equal Part IX, column (A), line 29)	2	767,423.
3	Revenue less expenses. Subtract line 2 from line 1	3	759,886.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,002,611.
5	Net unrealized gains (losses) on investments	5	-134,553.
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	2,175.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,630,119.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Was the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2c As a result of a federal asset, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2015)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 5047(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.

Name of the organization **COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN PADQUIER COUNTIES** Employer identification number **54-1950727**

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 170B(c)(1)(A).
- 2 A school described in section 170B(c)(1)(A)(ii). (Attach Schedule I (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170B(c)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170B(c)(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 170B(c)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170B(c)(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 170B(c)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170B(c)(1)(A)(vii). (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 11g 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 line 1a above (see instructions))	(iv) Does the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

COMMUNITY FOUNDATION FOR LOUDOUN AND

NORTHERN FAUQUIER COUNTIES

54-1950727 Page 2

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) 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 I. 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.")	354,589.	451,524.	1,180,305.	1,365,971.	1,386,213.	4,738,602.
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	354,589.	451,524.	1,180,305.	1,365,971.	1,386,213.	4,738,602.
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)						757,107.
6 Public support. Subtract line 5 from line 4						3,981,495.

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	354,589.	451,524.	1,180,305.	1,365,971.	1,386,213.	4,738,602.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,805.	23,902.	40,580.	52,400.	77,567.	215,254.
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.)		20,848.	34,083.	67,233.	58,075.	180,239.
11 Total support. Add lines 7 through 10						5,140,954.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	77.55	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	85.62	%

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

16b 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

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

17b 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

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

Schedule A (Form 990 or 990-EZ) 2015

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, check appropriate 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 revenue 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 line 3 that received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 3 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 8						
10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b. Unrelated business taxable income (see section 511(b)(6)) 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, 11, 12, and 13c						

14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 509(a)(2) organization, check this box and stop here.

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 10	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 a 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 in line 11 on 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, C, 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 Askovik and continuing relationship, explain.		
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).		
3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (27)? If "Yes," answer (b) and (c) below.		
b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (27) 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.		
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.		
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.		
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 sponsored by or in connection with its supported organizations.		
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.		
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).		
b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c. Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4959(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8. Did the organization make a loan to a disqualified person (as defined in section 4945) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 4945 (other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide detail in Part VI.		
b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(c) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b. Did the organization have any excess business holdings in the tax year? (See Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b. A family member of a person described in (a) above?	11b	
c. A 20% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

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? 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.	1	
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? If "Yes," explain in Part VI how providing such benefit carried out the purpose of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C, Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).	1	

Section D, All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E, Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a. <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b. <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c. <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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? 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.	2a		
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? 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.	2b		
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? Provide details in Part VI.	3a		
b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

COMMUNITY FOUNDATION FOR LOUDOUN AND

NORTHERN FAUQUIER COUNTIES

54-1950727 Page 6

Schedule A (Form 990 or 990-E) 2015

Part V Type II 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 II 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	Reversals of prior year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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 .025	6	
7	Reversals 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 II supporting organization (see instructions).

Schedule A (Form 990 or 990-E) 2015

COMMUNITY FOUNDATION FOR LOUDON AND
NORTHERN PAUQUET COUNTIES

54-1950727 Page 1

Schedule A (Form 990 or 990-EZ) 2015

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 eligible 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 9			
2	Underdistributions, if any, for years prior to 2015 (applicable rules require 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 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section C, 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 3i and 4c			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

**COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES**

Employer identification number

54-1950727

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c) **3** (enter number) organization 4047(a)(7) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4047(a)(7) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(7)(F)(v), that checked Schedule A (Form 990 or 990-EZ), Part I, line 13, 15a, or 15b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VII, line 1a, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year: ▶ \$ _____

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

UAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

Employer identification number

54-1950727

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization

COMMUNITY FOUNDATION FOR LOUDON AND
NORTHERN FAUQUIER COUNTIES

Employer identification number

54-1950727

Part III

Exclusively religious, charitable, etc., contributions to agricultural business is exempt to (b)(7)(D), (b)(17) and (b)(19) but not (b)(1)(A) for the year from any one contributor. Complete columns (a) through (d) and the following line only. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (paragraph 202) ▶ 5

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 40 (Political Campaign Activities), then

- Section 501(c)(2) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(29)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part V, line 47 (Lobbying Activities), then

- Section 501(c)(2) organizations that have filed Form 5768 (Section under section 501(b)): Complete Part I-A. Do not complete Part I-B.
- Section 501(c)(2) organizations that have NOT filed Form 5768 (Section under section 501(b)): Complete Part I-B. Do not complete Part I-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 30c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part II.

Name of organization **COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES** Employer identification number **54-1950727**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV.
 2. Political expenditures ▶ \$ _____
 3. Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(2).

1. Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
 2. Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
 3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
 4a. Was a correction made? Yes No
 b. If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(2).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
 2. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
 3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. ▶ \$ _____
 4. Did the filing organization file Form 1120-POL for this year? Yes No
 5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0.

COMMUNITY FOUNDATION FOR LOUDOUN AND

NORTHERN FAUQUIER COUNTIES

54-1950727 Form 2

Schedule C (Form 990 or 990-E) 2015

Part III-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's total	(b) Affiliated group total												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	767,423.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	767,423.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	140,113.													
<table border="1"> <thead> <tr> <th>If the amount on line 1c, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1c</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 10% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$7,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$7,000,000</td> <td>\$7,000,000</td> </tr> </tbody> </table>		If the amount on line 1c, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1c	Over \$500,000 but not over \$1,000,000	\$100,000 plus 10% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$7,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$7,000,000	\$7,000,000		
If the amount on line 1c, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1c														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 10% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$7,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$7,000,000	\$7,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	35,028.													
h	Subtract line 1g from line 1a. If zero or less, enter 0	0.													
i	Subtract line 1f from line 1c. If zero or less, enter 0	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the separate instructions for lines 2a through 2f.

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount				140,113.	140,113.
b Lobbying ceiling amount (10% of line 2a, column (e))					210,170.
c Total lobbying expenditures					
d Grassroots nontaxable amount				35,028.	35,028.
e Grassroots ceiling amount (10% of line 2d, column (e))					52,542.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-E) 2015

COMMUNITY FOUNDATION FOR LOUDOUN AND

NORTHERN FAUQUIER COUNTIES

54-1950727 Page 2

Schedule C (Form 990 or 990-EZ) 2015

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(b)).

For each "Yes," response on lines 1a through 1j below, provide in Part IV a detailed description of the lobbying activity.	(i)		(ii)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation or expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar events?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for the year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(d)(1)(D) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Tentative amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part III-A, lines 1 and 2 (see instructions); and Part III-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

NO DIRECT OR INDIRECT POLITICAL CAMPAIGN ACTIVITIES CONDUCTED IN THE CURRENT YEAR.

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, 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 **COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES**Employer identification number
54-1950727**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	5	23
2 Aggregate value of contributions to (during year)	435,735.	759,906.
3 Aggregate value of grants from (during year)	179,669.	467,517.
4 Aggregate value at end of year	405,497.	2,011,051.

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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? Yes No

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 115 (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 describe these items.

b If the organization elected, as permitted under SFAS 115 (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 VII, 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 115 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2015

832001
11-02-15

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

54-1950727 Page 2

Schedule D Form 990 2015

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | \$0 |
| d Additions during the year | \$0 |
| e Distributions during the year | \$0 |
| f Ending balance | \$0 |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- 3 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 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 %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|--------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" on line 3a(i), list the related organizations listed as required on Schedule III
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,850.	1,850.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (D), line 13c.)				0.

Schedule D Form 990 2015

**COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES**

Schedule D (Form 990) 2015

54-1950727 Page 2

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
11) Financial derivatives		
12) Closely-held equity interests		
13) Other		
14)		
15)		
16)		
17)		
18)		
19)		
20)		
21)		
22)		
23)		
24)		
25)		
26)		
27)		
28)		
29)		
30)		
31)		
32)		
33)		
34)		
35)		
36)		
37)		
38)		
39)		
40)		
41)		
42)		
43)		
44)		
45)		
46)		
47)		
48)		
49)		
50)		
51)		
52)		
53)		
54)		
55)		
56)		
57)		
58)		
59)		
60)		
61)		
62)		
63)		
64)		
65)		
66)		
67)		
68)		
69)		
70)		
71)		
72)		
73)		
74)		
75)		
76)		
77)		
78)		
79)		
80)		
81)		
82)		
83)		
84)		
85)		
86)		
87)		
88)		
89)		
90)		
91)		
92)		
93)		
94)		
95)		
96)		
97)		
98)		
99)		
100)		
101)		
102)		
103)		
104)		
105)		
106)		
107)		
108)		
109)		
110)		
111)		
112)		
113)		
114)		
115)		
116)		
117)		
118)		
119)		
120)		
121)		
122)		
123)		
124)		
125)		
126)		
127)		
128)		
129)		
130)		
131)		
132)		
133)		
134)		
135)		
136)		
137)		
138)		
139)		
140)		
141)		
142)		
143)		
144)		
145)		
146)		
147)		
148)		
149)		
150)		
151)		
152)		
153)		
154)		
155)		
156)		
157)		
158)		
159)		
160)		
161)		
162)		
163)		
164)		
165)		
166)		
167)		
168)		
169)		
170)		
171)		
172)		
173)		
174)		
175)		
176)		
177)		
178)		
179)		
180)		
181)		
182)		
183)		
184)		
185)		
186)		
187)		
188)		
189)		
190)		
191)		
192)		
193)		
194)		
195)		
196)		
197)		
198)		
199)		
200)		
201)		
202)		
203)		
204)		
205)		
206)		
207)		
208)		
209)		
210)		
211)		
212)		
213)		
214)		
215)		
216)		
217)		
218)		
219)		
220)		
221)		
222)		
223)		
224)		
225)		
226)		
227)		
228)		
229)		
230)		
231)		
232)		
233)		
234)		
235)		
236)		
237)		
238)		
239)		
240)		
241)		
242)		
243)		
244)		
245)		
246)		
247)		
248)		
249)		
250)		
251)		
252)		
253)		
254)		
255)		
256)		
257)		
258)		
259)		
260)		
261)		
262)		
263)		
264)		
265)		
266)		
267)		
268)		
269)		
270)		
271)		
272)		
273)		
274)		
275)		
276)		
277)		
278)		
279)		
280)		
281)		
282)		
283)		
284)		
285)		
286)		
287)		
288)		
289)		
290)		
291)		
292)		
293)		
294)		
295)		
296)		
297)		
298)		
299)		
300)		
301)		
302)		
303)		
304)		
305)		
306)		
307)		
308)		
309)		
310)		
311)		
312)		
313)		
314)		
315)		
316)		
317)		
318)		
319)		
320)		
321)		
322)		
323)		
324)		
325)		
326)		
327)		
328)		
329)		
330)		
331)		
332)		
333)		
334)		
335)		
336)		
337)		
338)		
339)		
340)		
341)		
342)		
343)		
344)		
345)		
346)		
347)		
348)		
349)		
350)		
351)		
352)		
353)		
354)		
355)		
356)		
357)		
358)		
359)		
360)		
361)		
362)		
363)		
364)		
365)		
366)		
367)		
368)		
369)		
370)		
371)		
372)		
373)		
374)		
375)		
376)		
377)		
378)		
379)		
380)		
381)		
382)		
383)		
384)		
385)		
386)		
387)		
388)		
389)		
390)		
391)		
392)		
393)		
394)		
395)		
396)		
397)		
398)		
399)		
400)		
401)		
402)		
403)		
404)		
405)		
406)		
407)		
408)		
409)		
410)		
411)		
412)		
413)		
414)		
415)		
416)		
417)		
418)		
419)		
420)		
421)		
422)		
423)		
424)		
425)		
426)		
427)		
428)		
429)		
430)		
431)		
432)		
433)		
434)		
435)		
436)		
437)		
438)		
439)		
440)		
441)		
442)		
443)		
444)		
445)		
446)		
447)		
448)		
449)		
450)		
451)		
452)		
453)		
454)		
455)		
456)		
457)		
458)		
459)		
460)		
461)		
462)		
463)		
464)		
465)		
466)		
467)		
468)		
469)		
470)		
471)		
472)		
473)		
474)		
475)		
476)		
477)		
478)		
479)		
480)		
481)		
482)		
483)		
484)		
485)		
486)		
487)		
488)		
489)		
490)		
491)		
492)		
493)		
494)		
495)		
496)		
497)		
498)		
499)		
500)		
501)		
502)		
503)		
504)		
505)		
506)		
507)		
508)		
509)		
510)		
511)		
512)		
513)		
514)		
515)		
516)		
517)		
518)		
519)		
520)		
521)		
522)		
523)		
524)		
525)		
526)		
527)		
528)		
529)		
530)		
531)		
532)		
533)		
534)		
535)		
536)		
537)		
538)		
539)		
540)		
541)		
542)		
543)		
544)		
545)		
546)		
547)		
548)		
549)		
550)		
551)		
552)		
553)		
554)		
555)		
556)		
557)		
558)		
559)		
560)		
561)		
562)		
563)		
564)		
565)		
566)		
567)		
568)		
569)		
570)		
571)		
572)		
573)		
574)		
575)		
576)		
577)		
578)		
579)		
580)		
581)		
582)		
583)		
584)		
585)		
5		

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAZOUER COUNTIES

54-1950727 Page 4

Schedule D (Form 990) 2015

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	1,417,069.
2	Amounts included on line 1 but not on Form 990, Part VII, line 12:			
a	Not realized gains (losses) on investments	2a	-134,552.	
b	Donated services and use of facilities	2b	24,312.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e	-110,240.	
3	Subtract line 2e from line 1	3	1,527,309.	
4	Amounts included on Form 990, Part VII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,527,309.	

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	789,560.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	24,312.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e	24,312.	
3	Subtract line 2e from line 1	3	765,248.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	2,175.	
c	Add lines 4a and 4b	4c	2,175.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16.)	5	767,423.	

Part XIII Supplemental information.

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

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE UNCERTAINTY IN INCOME TAXES GUIDANCE UNDER ASC TOPIC 740, INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENT TO, OR DISCLOSURE IN, THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT GRANT DISTRIBUTION NET OF ADDITIONS 2,175.

COMMUNITY FOUNDATION FOR LOUDOUN AND

Schedule G (Form 990 or 990-EZ) 2015

NORTHERN FAUQUIER COUNTIES

54-1950727 Form 990

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

	(a) Event #1 SMASHING WALNUTS	(b) Event #2 CF EVENT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	199,221.	18,075.		217,296.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	199,221.	18,075.		217,296.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	157,153.	17,978.		175,131.
10 Direct expense summary. Add lines 4 through 9 in column (d)				175,131.
11 Net income summary. Subtract line 10 from line 3, column (d)				42,165.

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

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

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

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

SCHEDULE F
Form 990

The name of the taxpayer
and the Federal EIN

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
Information about Schedule F Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public
Inspection

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee's eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe a Part IV (for association) position for sections 501(c)(3) and 501(c)(29) in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for 60% recipient that received more than \$1,000 that from the indicated 8 address types is needed.

4(a) Name and address of organization or government	6(a) EIN	(a) IRC section if applicable	(b) Amount of each grant	(c) Amount of non-cash assistance	(d) Purpose of grant or assistance
HOLY CROSS FOOD PROGRAM 14947 PINEBURY BISS LAKE LAWRENCE, VA 20176	27-1128675	501(C)(13)	22,700.	0.	GENERAL SUPPORT
LONDON EDUCATION FOUNDATION 14445 OBERLIN BLVD LAWRENCE, VA 20176	54-5447568	501(C)(13)	141,700.	0.	GENERAL SUPPORT
CHERRY PARTNERSHIP FOR CHILDREN 14134 KENNEDY CHURCH FROSTING, VA 20166	52-5683339	501(C)(13)	15,043	0.	GENERAL SUPPORT
LONDON INTERNATIONAL BOUTIQUE 1540 MILLER LANE SE LAWRENCE, VA 20176	54-5351835	501(C)(13)	17,000	0.	FOOD SUPPORT FOR LONDON PARTNERS
LONDON VOLUNTEERS COLLECTIVE 14 E KING STREET LAWRENCE, VA 20176	54-5793388	501(C)(13)	18,724.	0.	GENERAL SUPPORT
INDUSTRY BODIES 20155 GREAT FIELD PARKWAY DRIVE GREAT FALLS, VA 22064	58-2128133	501(C)(13)	3,886.	0.	GENERAL SUPPORT

3 Total total number of section 501(c)(3) and government organizations listed in the line 1 table **23**

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

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

54-1950727

Page 1

Schedule Form 990
Part II Continuation of Grants and Other Assistance to Charitable Organizations and Organizations in the United States (Section 170(e)(5)(F)(i) Form 990, Part II)

(a) Name and address of organization or government	(b) EIN	(c) SIC number (4 digit)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (donor, FMV, reciprocal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A SPACE 90 BE WILLE THEORY P.O. BOX 343 LEEDSBURG, VA 20176	46-308114	28107133	58,533.	0.			GENERAL SUPPORT
SOCIETY OF THE SOUTHWEST P.O. BOX 343 LEEDSBURG, VA 20176	47-203471	28107133	8,180.	0.			GENERAL SUPPORT
FIVE SQUARES P.O. BOX 343 LEEDSBURG, VA 20176	47-356788	28107133	10,000.	0.			GENERAL SUPPORT
REALTY/PROFESSIONAL - EASTON COMMUNITY HEALTH CENTER - P.O. BOX 343 - LEEDSBURG, VA 20176	28-237643	28107133	24,850.	0.			GENERAL SUPPORT
HOME AID NOW P.O. BOX 343 LEEDSBURG, VA 20176	28-608879	28107133	10,000.	0.			GENERAL SUPPORT
LAURE P.O. BOX 343 LEEDSBURG, VA 20176	54-228256	28107133	45,821.	0.			GENERAL SUPPORT
LOUDOUN FREE CLINIC P.O. BOX 343 LEEDSBURG, VA 20176	54-102109	28107133	11,000.	0.			GENERAL SUPPORT
LOUDOUN LIBRARY SOCIETY P.O. BOX 343 LEEDSBURG, VA 20176	52-322783	28107133	6,265.	0.			GENERAL SUPPORT
LOUDOUN TRIADAPTIVE RIDING FOUNDATION - P.O. BOX 343 - LEEDSBURG, VA 20176	28-738504	28107133	9,425.	0.			GENERAL SUPPORT

Schedule I Form 990

**COMMUNITY FOUNDATION FOR LOGGON AND
NORTHERN PAQUETIER CENTERS**

54-1950727

Page 1

Schedule I (Form 990) **Part II** Contributions of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section # 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
WORLD BOYS ASSOCIATION P.O. BOX 343 LEESBURG, VA 20176	61-281344	501(c)(13)	4,749.	0.			GENERAL SUPPORT
ROAD VETERANS P.O. BOX 343 LEESBURG, VA 20176	54-1817032	501(c)(13)	4,800.	0.			GENERAL SUPPORT
NATIONAL CENTER FOR CHILDREN AND FAMILIES - P.O. BOX 343 - LEESBURG, VA 20176	51-051544	501(c)(13)	5,800.	0.			GENERAL SUPPORT
SCALE OF BROTHERS VA P.O. BOX 343 LEESBURG, VA 20176	54-2473497	501(c)(13)	7,708.	0.			GENERAL SUPPORT
WELL FOR FORD FOUNDATION P.O. BOX 343 LEESBURG, VA 20176	41-2387288	501(c)(13)	19,800.	0.			GENERAL SUPPORT
TOWN OF MIDDLEBURY P.O. BOX 343 LEESBURG, VA 20176	54-488144		13,279.	0.			GENERAL SUPPORT
VETS MOVING FORWARD P.O. BOX 343 LEESBURG, VA 20176	31-511948	501(c)(13)	20,880.	0.			GENERAL SUPPORT
NATIONAL FOUNDATION P.O. BOX 343 LEESBURG, VA 20176	54-8755457	501(c)(13)	18,975.	0.			GENERAL SUPPORT
TOWNS LOGGON CENTER P.O. BOX 343 LEESBURG, VA 20176	51-0387443	501(c)(13)	5,400.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR LOUISIANA AND
NORTHERN CALIFORNIA COUNTIES**

54-1950727

Page 2

Schedule I (Form 990) 2015
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization awarded "tax" on Form 990, Part IV, Sec 22.
 Part III can be dispensed if additional space is needed.

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

Part IV Suggested information. Provide the information required in Part I, Sec 2, Part II, column III, and any other relevant information.

PART I, LINE 2:

THE ORGANIZATION APPLIES DUE DILIGENCE POLICIES IN ALL GRANT-MAKING

PROCEDURES.

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.

Name of the organization COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES Employer identification number
54-1950727

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION MODIFIED ITS BYLAWS AND ARTICLES OF INCORPORATION DURING
2015 TO REFLECT THE CURRENT NAME OF THE ORGANIZATION. PRIOR TO THESE
MODIFICATIONS, THE DOCUMENTS REFERRED TO THE ORGANIZATION BY ITS PREVIOUS
NAME, PIEDMONT COMMUNITY FOUNDATION.

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

THE FULL BOARD OF DIRECTORS REVIEWS THE FORM 990 EACH YEAR BEFORE IRS
SUBMISSION.

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

THE CODE OF CONDUCT POLICY STATES THAT EACH DIRECTOR, PRINCIPAL OFFICER,
STAFF MEMBER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD- DELEGATED
POWERS, SHALL ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT. CONFLICTS OF
INTEREST ARE DULY NOTED IN BOARD MINUTES, INCLUDING ABSTENTIONS AND
RECUSALS.

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

THE EXECUTIVE GROUP CONSISTING OF THE PRESIDENT, VP, SECRETARY AND
TREASURER IS RESPONSIBLE FOR CONDUCTING AN ANNUAL PERFORMANCE APPRAISAL OF
THE EXECUTIVE DIRECTOR AND FOR PRESENTING ANY PROPOSED CHANGES IN
COMPENSATION TO THE GOVERNING BODY FOR APPROVAL BASED ON NATIONAL PEER DATA
PROVIDED BY HUNDREDS OF COMMUNITY FOUNDATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

Name of the organization: **COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES**

Employer identification number:
54-1950727

FINANCIAL INFORMATION IS MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

AGENCY ENDOWMENT GRANT DISTRIBUTIONS (FAS 136 REPORTING)	2,675.
AGENCY ENDOWMENT CONTRIBUTIONS (FAS 136 REPORTING)	-500.
TOTAL TO FORM 990, PART XI, LINE 9	2,175.

990 XII, LINE 2C

990 XII, LINE 2C: THE PROCESS FOR REVIEW HAS NOT CHANGED SINCE PRIOR
YEAR.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1108

Department of the Treasury
Internal Revenue Service

- ▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

▶ If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box **X**

▶ If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 9870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 3-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers, partnerships, REMICs, and trusts that use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer. See instructions. COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES	Employer identification number (EIN) or
		54-1950727
<small>File by the due date to file your return. See instructions.</small>	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 342	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEESBURG, VA 20176	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporations)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 5009	11
Form 990-T (trust other than above)	06	Form 8870	12

JOHY E. OWEN

• The books are in the care of ▶ **163 PORT EVANS ROAD, NE SUITE 130 - LEESBURG, VA 20176**

Telephone No ▶ **703 779-3505** Fax No ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEM) _____, if this is for the whole group, check the box . If it is for part of the group, check this box and attach a list with the names and cities of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** or
▶ tax year beginning _____ and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 5009, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
3b If this application is for Forms 990-PF, 990-T, 4720, or 5009, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.