

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)

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES		D Employer identification number 54-1950727
	Doing business as PIEDMONT COMMUNITY FOUNDATION, L		E Telephone number (703)-779-3505
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,421,405.
	P.O. BOX 342		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code LEESBURG, VA 20178		H(b) Are all subordinates included? Yes No
F Name and address of principal officer: NICOLE ACOSTA P.O. BOX 342, LEESBURG, VA 20178		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: COMMUNITYFOUNDATIONLF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1999 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CF GROWS COMMUNITY GIVING IN LOUDOUN AND NORTHERN FAUQUIER COUNTIES THROUGH GRANTMAKING AND		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	14
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,021,050.	Current Year 3,076,667.
	9 Program service revenue (Part VIII, line 2g)	4,000.	7,246.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	461,981.	259,034.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,277.	-45,894.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,492,308.	3,297,053.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,658,733.
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)		317,287.	337,902.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		9,319.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		571,369.	491,015.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,547,389.	2,668,798.
19 Revenue less expenses. Subtract line 18 from line 12	-55,081.	628,255.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,569,449.	End of Year 11,776,433.
	21 Total liabilities (Part X, line 26)	1,157,596.	1,126,231.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,411,853.	10,650,202.

Part II Signature Block

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

Sign Here	Signature of officer <i>Nicole Acosta</i>	Date 5/15/2024			
	NICOLE ACOSTA, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name OLIVIA A. HUTTON, CPA	Preparer's signature OLIVIA A. HUTTON, CP	Date 05/14/24	Check if self-employed <input type="checkbox"/>	PTIN P00964688
	Firm's name YOUNT, HYDE & BARBOUR, P.C.	Firm's address P.O. BOX 2560 WINCHESTER, VA 22604-1760	Firm's EIN 54-1149263	Phone no. 540-662-3417	

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

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

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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 GROW COMMUNITY GIVING BY FOSTERING A COMMUNITY OF GRANTMAKERS,
PROMOTING STRATEGIC LOCAL LEADERSHIP, AND INVESTING 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)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,569,544. including grants of \$ 1,839,881.) (Revenue \$ 7,246.)
**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 (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses **2,569,544.**

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**COMMUNITY FOUNDATION FOR LOUDOUN AND
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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules *(continued)*

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	22
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

COMMUNITY FOUNDATION FOR LOUDOUN AND
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	14		
b Enter the number of voting members included on line 1a, above, who are independent	1b	14		
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, 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
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			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 on 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 their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually 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 on 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	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			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 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
NICOLE ACOSTA - (703)-779-3505
714 EAST MARKET STREET, LEESBURG, VA 20176

**COMMUNITY FOUNDATION FOR LOUDOUN AND
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICOLE ACOSTA PRESIDENT	40.00			X			102,840.	0.	10,707.	
(2) LUCKY WADEHRA IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(3) TERESA MINCHEW SECRETARY	1.00	X		X			0.	0.	0.	
(4) CAROLINE NASH DIRECTOR	1.00	X					0.	0.	0.	
(5) LARA MAJOR DIRECTOR	1.00	X					0.	0.	0.	
(6) PAUL SIKER CHAIR	1.00	X		X			0.	0.	0.	
(7) TRACEY LACEY DIRECTOR	1.00	X					0.	0.	0.	
(8) ANDY JOHNSTON DIRECTOR	1.00	X					0.	0.	0.	
(9) JANELLE BREVARD VICE CHAIR	1.00	X		X			0.	0.	0.	
(10) SHEILA ESCOBEDO YUSUFI DIRECTOR	1.00	X					0.	0.	0.	
(11) TIM THOMPSON DIRECTOR	1.00	X					0.	0.	0.	
(12) CHARMAINE BUSHROD DIRECTOR	1.00	X					0.	0.	0.	
(13) TRACEY WHITE DIRECTOR	1.00	X					0.	0.	0.	
(14) JACLYN O'BRIEN TREASURER	1.00	X		X			0.	0.	0.	
(15) ERIC SHOWALTER DIRECTOR	1.00	X					0.	0.	0.	

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	181,104.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,895,563.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 33,990.				
	h Total. Add lines 1a-1f		3,076,667.				
Program Service Revenue	2 a <u>TRAININGS AND WORKSHOP</u>	Business Code					
		900099	4,671.	4,671.			
	b <u>CONTRACTED SERVICES</u>	900099	2,575.	2,575.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		7,246.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		235,987.			235,987.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	23,047.			
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	23,047.				
d Net gain or (loss)		23,047.			23,047.		
8 a Gross income from fundraising events (not including \$ <u>181,104.</u> of contributions reported on line 1c). See Part IV, line 18	8a		43,983.				
		8b	124,352.				
c Net income or (loss) from fundraising events		-80,369.			-80,369.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a <u>MISCELLANEOUS</u>	Business Code					
		900099	29,647.			29,647.	
	b <u>ADMIN FEES</u>	900099	4,828.			4,828.	
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		34,475.					
12 Total revenue. See instructions		3,297,053.	7,246.	0.	213,140.		

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,839,881.	1,839,881.		
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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	288,635.	266,462.	16,729.	5,444.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	25,413.	23,461.	1,473.	479.
10 Payroll taxes	23,854.	22,021.	1,383.	450.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	32,948.		32,948.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,546.		26,546.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	133,844.	133,844.		
12 Advertising and promotion	67,860.	67,860.		
13 Office expenses	10,520.	9,712.	610.	198.
14 Information technology	22,382.	20,663.	1,297.	422.
15 Royalties				
16 Occupancy	106,078.	97,930.	6,148.	2,000.
17 Travel	311.	311.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,160.	1,071.	67.	22.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,232.	9,446.	593.	193.
23 Insurance	6,351.	4,552.	1,799.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMMUNITY WORKSHOP	15,994.	15,994.		
b FEES	15,288.	15,288.		
c SOCIAL IMPACT INSTITUTE	11,562.	11,562.		
d MEMBERSHIPS	11,416.	11,416.		
e All other expenses	18,523.	18,070.	342.	111.
25 Total functional expenses. Add lines 1 through 24e	2,668,798.	2,569,544.	89,935.	9,319.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	1,485,962.	2	1,804,376.	
	3 Pledges and grants receivable, net	25,453.	3	0.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	3,790.	9	2,739.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 81,309.			
	b Less: accumulated depreciation	10b 43,946.	47,593.	10c	37,363.
	11 Investments - publicly traded securities	8,334,977.	11	9,346,343.	
	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	671,674.	15	585,612.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,569,449.	16	11,776,433.		
Liabilities	17 Accounts payable and accrued expenses	19,767.	17	15,991.	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,137,829.	25	1,110,240.	
	26 Total liabilities. Add lines 17 through 25	1,157,596.	26	1,126,231.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	9,086,853.	27	10,340,202.	
	28 Net assets with donor restrictions	325,000.	28	310,000.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	9,411,853.	32	10,650,202.	
	33 Total liabilities and net assets/fund balances	10,569,449.	33	11,776,433.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,297,053.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,668,798.
3	Revenue less expenses. Subtract line 2 from line 1	3	628,255.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,411,853.
5	Net unrealized gains (losses) on investments	5	610,094.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,650,202.

Part XII Financial Statements and Reporting

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

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

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**COMMUNITY FOUNDATION FOR LOUDOUN AND
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3672709.	1719805.	3261609.	3021050.	3076667.	14751840.
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	3672709.	1719805.	3261609.	3021050.	3076667.	14751840.
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)						
6 Public support. Subtract line 5 from line 4.						14751840.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	3672709.	1719805.	3261609.	3021050.	3076667.	14751840.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	138,502.	123,111.	199,505.	231,831.	235,987.	928,936.
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.)	4,482.	16,470.	14,495.	5,066.	34,476.	74,989.
11 Total support. Add lines 7 through 10						15755765.
12 Gross receipts from related activities, etc. (see instructions)					12	10,705.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	93.63	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	94.55	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

**COMMUNITY FOUNDATION FOR LOUDOUN AND
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. 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

**COMMUNITY FOUNDATION FOR LOUDOUN AND
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

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

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

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

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

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

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

Schedule A (Form 990) 2023

54-1950727 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2023 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) 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 VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-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 35c (Proxy Tax) (see separate instructions), then:

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

Name of organization COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES	Employer identification number 54-1950727
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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 campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 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)(3).

- 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

Part II-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 totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots 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			
e Total exempt purpose expenditures (add lines 1c and 1d)		0.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		0.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% 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 \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		0.	
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and carryover.

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 II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-8. Monitoring and enforcement details (number of states, policy, staff hours, expenses, section 170(h) requirements). 9. 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.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Revenue and assets for art collection. 2: Revenue and assets for art collection held for financial gain.

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

Schedule D (Form 990) 2023

54-1950727 Page **3**

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ENDOWMENT FUNDS	513,676.
(3) LEASE LIABILITY - OPERATING	596,564.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,110,240.

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

Schedule D (Form 990) 2023

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AUCTION (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	225,087.			225,087.
	2 Less: Contributions	181,104.			181,104.
	3 Gross income (line 1 minus line 2)	43,983.			43,983.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	124,352.			124,352.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				124,352.
11 Net income summary. Subtract line 10 from line 3, column (d)				-80,369.	

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A FARM LESS ORDINARY 17281 SIMMONS RD PURCELLVILLE, VA 20132	81-1191778	501(C)3 PUBLIC CHARI	33,300.	0.			GENERAL SUPPORT
ALL AGES READ TOGETHER 1141 ELDEN STREET HERNDON, VA 20170	27-1118675	501(C)3 PUBLIC CHARI	78,447.	0.			GENERAL SUPPORT
A PLACE TO BE PO BOX 1472 MIDDLEBURG, VA 20118	45-3081114	501(C)3 PUBLIC CHARI	46,872.	0.			GENERAL SUPPORT
BETTERALIFE INC. 816 PENCOAST DRIVE PURCELLVILLE, VA 20132	81-4450998	501(C)3 PUBLIC CHARI	7,034.	0.			GENERAL SUPPORT
BIRTHRIGHT OF LOUDOUN COUNTY 16 ROYAL ST SE LEESBURG, VA 20175	23-7452641	501(C)3 PUBLIC CHARI	9,479.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
CATHOLIC CHARITIES OF THE DIOCESE OF ARLINGTON - P.O. BOX 1900 - MERRIFIELD, VA 22116-1900	54-0515706	501(C)3 PUBLIC CHARI	9,500.	0.			SUPPORT FOR EMERGENCY RENT, UTILITY AND FOOD ASSISTANCE FOR 330 LOUDOUN RESIDENTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 76.

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

Schedule I (Form 990)

54-1950727

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATOCTIN PRESBYTERIAN CHURCH P.O. BOX 195 WATERFORD, VA 20197	54-1131301	RELIGIOUS ORGANI	6,000.	0.			GENERAL SUPPORT
CROSSROADS JOBS 8C SOUTH STREET, SW LEESBURG, VA 20175	80-0777859	501(C)3 PUBLIC C	30,924.	0.			GENERAL SUPPORT
DULLES SOUTH FOOD PANTRY 24757 ARCOLA MILLS DRIVE DULLES, VA 20166	47-2847067	501(C)3 PUBLIC C	40,363.	0.			GENERAL SUPPORT
ECHO (EVERY CITIZEN HAS OPPORTUNITIES) - P.O. BOX 2277 - LEESBURG, VA 20177	54-0972486	501(C)3 PUBLIC C	22,016.	0.			GENERAL SUPPORT
EMMANUEL EPISCOPAL CHURCH MIDDLEBURG - P.O. BOX 306 - MIDDLEBURG, VA 20118	54-0605900	RELIGIOUS INSTIT	6,000.	0.			SUPPORT FOR EMMANUEL TREASURES
FISHER HOUSE 12300 TWINBROOK PARKWAY ROCKVILLE, MD 20852	11-3158401	501(C)3 PUBLIC C	20,000.	0.			SUPPORT FOR VETERANS PROGRAMS
FRIENDS OF HOMELESS ANIMALS 39710 GOODPUPPY LANE ALDIE, VA 20105	23-7355910	501(C)3 PUBLIC C	20,655.	0.			GENERAL SUPPORT
FRIENDS OF LOUDOUN MENTAL HEALTH INC. - POST OFFICE BOX 4452 - LEESBURG, VA 20177	51-0246519	501(C)3 PUBLIC C	19,999.	0.			GENERAL SUPPORT
FRIENDS OF THE BLUE RIDGE MOUNTAINS - PO BOX 1002 - PURCELLVILLE, VA 20134	22-3970963	501(C)3 PUBLIC C	6,788.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1950727

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE C. MARSHALL INTERNATIONAL CENTER, INC. - 312 EAST MARKET ST - LEESBURG, VA 20176	62-1381698	501(C)3 PUBLIC C	14,640.	0.			GENERAL SUPPORT
GOOD SHEPHERD OF NORTHERN VIRGINIA 20684 ASHBURN ROAD ASHBURN, VA 20147	54-1644294	501(C)3 PUBLIC C	21,675.	0.			GENERAL SUPPORT
HEALTHWORKS FOR NORTHERN VIRGINIA 163 FORT EVANS ROAD LEESBURG, VA 20176	20-2379419	501(C)3 PUBLIC C	16,636.	0.			GENERAL SUPPORT
HEELING HOUSE 20789 GREAT FALLS PLAZA STERLING, VA 20165	47-1806255	501(C)3 PUBLIC C	14,485.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF LOUDOUN COUNTY PO BOX 777 LEESBURG, VA 20178	54-6073310	501(C)3 PUBLIC C	14,529.	0.			GENERAL SUPPORT
INMED PARTNERSHIPS FOR CHILDREN 21630 RIDGETOP CIRCLE STERLING, VA 20166	52-1482339	501(C)3 PUBLIC C	12,000.	0.			SUPPORT FOR MENTAL HEALTH AND WELLNESS ACTIVITIES FOR UNDERSERVED, LOW-INCOME YOUTH
INOVA HEALTH FOUNDATION 8095 INNOVATION PARK DRIVE FAIRFAX, VA 22031	54-0620889	501(C)3 PUBLIC C	20,000.	0.			SUPPORT FOR INOVA LOUDOUN HOSPITAL FOUNDATION, SPECIFICALLY FOR MEDICAL MUSIC THERAPY PROGRAM
INSIGHT MEMORY CARE CENTER 3953 PENDER DRIVE, SUITE 100 FAIRFAX, VA 22030	52-1361974	501(C)3 PUBLIC C	15,538.	0.			SUPPORT FOR PEOPLE WITH MILD COGNITIVE IMPAIRMENT OR EARLY STAGE DEMENTIA THROUGH SOCIALIZATION,
JDRF INTERNATIONAL 1400 K STREET NW, SUITE 1200 WASHINGTON, DC 20005	23-1907729	501(C)3 PUBLIC C	6,500.	0.			GENERAL SUPPORT AS JINGLE JAM 2022 RECIPIENT

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR LOUDOUN AND
NORTHERN FAUQUIER COUNTIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUST NEIGHBORS 7630 LITTLE RIVER TURNPIKE ANNANDALE, VA 22003	54-1820633	501(C)3 PUBLIC C	15,121.	0.			GENERAL SUPPORT
LAND TRUST OF VIRGINIA POST OFFICE BOX 14 MIDDLEBURG, VA 20118	54-1601471	501(C)3 PUBLIC C	8,835.	0.			GENERAL SUPPORT
LAWS DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES - 105 EAST MARKET STREET - LEESBURG, VA 20176	54-1282756	501(C)3 PUBLIC C	55,843.	0.			GENERAL SUPPORT
LEGACY FARMS PO BOX 4499 LEESBURG, VA 20177	45-3567266	501(C)3 PUBLIC C	33,366.	0.			GENERAL SUPPORT
LEONARD W. KIDD MEMORIAL AMERICAN LEGION POST 2001 - 20130 LAKEVIEW CENTER PLAZA, SUITE 400 - ASHBURN, VA 20147	54-2002581	501(C)19	15,000.	0.			GENERAL SUPPORT
LOUDOUN CARES PO BOX 83 LEESBURG, VA 20178	74-3071794	501(C)3 PUBLIC C	50,225.	0.			GENERAL SUPPORT
LOUDOUN CLUB 12 POST OFFICE BOX 506 LEESBURG, VA 20178	76-0850296	501(C)3 PUBLIC C	15,194.	0.			SUPPORT TO MAINTAIN OPERATIONS AND TO MAKE LONG-NEEDED IMPROVEMENTS TO THE FACILITY PHYSICAL
LOUDOUN COALITION ON WOMEN AND GIRLS - 20700 LOUDOUN COUNTY PARKWAY - ASHBURN, VA 20147	86-3867387	501(C)3 PUBLIC C	7,868.	0.			SUPPORT FOR 2023 GIRL EMPOWER SUMMIT
LOUDOUN COMMUNITY CAT COALITION PO BOX 1960 LEESBURG, VA 20177	47-4078108	501(C)3 PUBLIC C	14,428.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023

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**COMMUNITY FOUNDATION FOR LOUDOUN AND
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUDOUN COUNTY CHAMBER OF COMMERCE 19301 WINMEADE DRIVE, SUITE 210 LANSLOWNE, VA 20176	54-0844171	501(C)(6)	10,550.	0.			SUPPORT FOR YEA PROGRAM
LOUDOUN EDUCATION FOUNDATION 21000 EDUCATION COURT ASHBURN, VA 20148	54-1603768	501(C)3 PUBLIC C	22,076.	0.			GENERAL SUPPORT
LOUDOUN FREE CLINIC 224 A CORNWALL STREET NW LEESBURG, VA 20176	54-1921059	501(C)3 PUBLIC C	18,073.	0.			GENERAL SUPPORT
LOUDOUN HABITAT FOR HUMANITY 700 FIELDSTONE DRIVE, NE LEESBURG, VA 20176	54-1666448	501(C)3 PUBLIC C	6,278.	0.			GENERAL SUPPORT
LOUDOUN HUNGER RELIEF 750 MILLER DRIVE SE LEESBURG, VA 20175	54-1591635	501(C)3 PUBLIC C	45,235.	0.			GENERAL SUPPORT
LOUDOUN LITERACY COUNCIL PO BOX 1932 LEESBURG, VA 20177	52-1227843	501(C)3 PUBLIC C	29,084.	0.			GENERAL SUPPORT
LOUDOUN SERENITY HOUSE PO BOX 1014 LEESBURG, VA 20176	83-0722795	501(C)3 PUBLIC C	10,185.	0.			GENERAL SUPPORT
LOUDOUN THERAPEUTIC RIDING FOUNDATION - 14490 BERLIN TPKE - LOVETTSVILLE, VA 20180	23-7390594	501(C)3 PUBLIC C	22,330.	0.			GENERAL SUPPORT
LOUDOUN VOLUNTEER CAREGIVERS 750 MILLER DRIVE LEESBURG, VA 20175	54-1753304	501(C)3 PUBLIC C	15,151.	0.			GENERAL SUPPORT

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COMMUNITY FOUNDATION FOR LOUDOUN AND
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUDOUN WILDLIFE CONSERVANCY PO BOX 1892 LEESBURG, VA 20177	54-1762533	501(C)3 PUBLIC C	15,036.	0.			GENERAL SUPPORT
LOVE, KK 20456 WINFIELD PLACE STERLING, VA 20165	83-2491034	501(C)3 PUBLIC C	8,152.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
LUCKETTS RURITAN CLUB P.O. BOX 1291 LEESBURG, VA 20177	54-1119278	501(C)3 PUBLIC C	7,042.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
MIDDLEBURG HUMANE FOUNDATION P.O. BOX 684 MARSHALL, VA 20116	54-1694317	501(C)3 PUBLIC C	13,043.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118	46-0937934	501(C)3 PUBLIC C	7,901.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
MOBILE HOPE PO BOX 4135 ASHBURN, VA 20148	46-3053144	501(C)3 PUBLIC C	15,000.	0.			SUPPORT FOR EMERGENCY SHELTER AND CASE MANAGEMENT SERVICES TO 300 HOMELESS YOUTH UNDER
MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176	81-3858337	501(C)3 PUBLIC C	23,985.	0.			GENERAL SUPPORT
NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003	51-0249730	501(C)3 PUBLIC C	26,250.	0.			SUPPORT FOR ACADEMICALLY SUCCESSFUL BUT FINANCIALLY CHALLENGED STUDENTS THROUGH
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE OAKTON, VA 22124	54-0791977	501(C)3 PUBLIC C	54,372.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIEDMONT ENVIRONMENTAL COUNCIL P.O. BOX 460 WARRENTON, VA 20118	54-0935569	501(C)3 PUBLIC C	6,990.	0.			GENERAL SUPPORT
RIDE-ON RANCH 38416 MORRISONVILLE ROAD LOVETTSVILLE, VA 20180	27-4410346	501(C)3 PUBLIC C	10,864.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
RYAN BARTEL FOUNDATION PO BOX 184 WATERFORD, VA 20197	47-5129027	501(C)3 PUBLIC C	42,911.	0.			GENERAL SUPPORT
SALVATION ARMY, A GEORGIA CORPORATION - 1424 NORTHEAST EXPRESSWAY - ATLANTA, GA 30329	58-0660607	501(C)3 PUBLIC C	20,000.	0.			SUPPORT FOR VETERANS PROGRAMS
SCAN OF NORTHERN VIRGINIA 205 S. WHITING STREET ALEXANDRIA, VA 22304	54-1473693	501(C)3 PUBLIC C	16,213.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
SEVEN LOAVES SERVICES, INC. PO BOX 1924 MIDDLEBURG, VA 20118	54-1689888	501(C)3 PUBLIC C	12,065.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
SHELTER HOUSE, INC. 10301 DEMOCRACY LANE, SUITE 200 FAIRFAX, VA 22030	52-1217106	501(C)3 PUBLIC C	26,115.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
ST. GABRIEL'S EPISCOPAL CHURCH 8 CORNWALL STREET NW LEESBURG, VA 20176	31-1629166	RELIGIOUS ORGANI	5,279.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
THE ARC OF LOUDOUN 601 CATOCTIN CIRCLE, NE LEESBURG, VA 20176	54-0835314	501(C)3 PUBLIC C	38,350.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CATS AT LONGSTREET PO BOX 1633 STERLING, VA 20167	82-1122089	501(C)3 PUBLIC C	5,961.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
THE FAMILY ONE 801 MELODY COURT LEESBURG, VA 20175	85-3695544	501(C)3 PUBLIC C	7,110.	0.			GENERAL SUPPORT
THE FENWICK FOUNDATION 23 NORTH FENWICK STREET ARLINGTON, VA 22201	27-4879033	501(C)3 PUBLIC C	7,560.	0.			SUPPORT FOR LOUDOUN PROGRAMS
THE LOUDOUN BALLET PERFORMING ARTS COMPANY - 305 E EAST MARKET STREET - LEESBURG, VA 20176	81-4683165	501(C)3 PUBLIC C	6,488.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
THE NEW AG SCHOOL 15669 LIMESTONE SCHOOL RD LEESBURG, VA 20176	47-3860612	501(C)3 PUBLIC C	8,435.	0.			GENERAL SUPPORT
THE SALVATION ARMY OF LOUDOUN PO BOX 47 LEESBURG, VA 20175	58-0660607	501(C)3 PUBLIC C	11,965.	0.			SUPPORT FOR EVICTION PREVENTION PROGRAM TO PREVENT HOMELESSNESS AND CREATE SKILLS TO DIVERT
TREE OF LIFE MINISTRIES 115 EAST MAIN ST. PURCELLVILLE, VA 20132	46-0666182	501(C)3 PUBLIC C	18,734.	0.			SUPPORT FOR FOOD PANTRY PROGRAM FOR LOW-INCOME HOUSEHOLDS IN LOUDOUN COUNTY
VETERANS MOVING FORWARD 44225 MERCURE CIRCLE DULLES, VA 20166	27-3117964	501(C)3 PUBLIC C	36,488.	0.			GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 2023
VIEW OF HEAVEN FARM 18061 YELLOW SCHOOLHOUSE RD ROUND HILL, VA 20141-2140	85-4074571	501(C)3 PUBLIC C	11,685.	0.			GENERAL SUPPORT

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**COMMUNITY FOUNDATION FOR LOUDOUN AND
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA HUNTERS WHO CARE, INC. P. O. BOX 304 BIG ISLAND, VA 24526	54-1650687	501(C)3 PUBLIC C	6,708.	0.			SUPPORT FOR PROVIDING 15,000 POUNDS OF HIGH PROTEIN VENISON TO THOSE STRUGGLING WITH HUNGER IN
VIRGINIA PIEDMONT HERITAGE AREA ASSOCIATION - POST OFFICE BOX 1497 - MIDDLEBURG, VA 20118	54-1766873	501(C)3 PUBLIC C	5,123.	0.			GENERAL SUPPORT
VIRGINIA TECH FOUNDATION 902 PRICES FORK ROAD BLACKSBURG, VA 24061	54-0721690	501(C)3 PUBLIC C	12,500.	0.			GENERAL SUPPORT
VOLUNTEERS OF AMERICA CHESAPEAKE & CAROLINAS - 7901 ANNAPOLIS ROAD - LANHAM, MD 20706	52-0610547	501(C)3 PUBLIC C	15,000.	0.			SUPPORT FOR HOUSING LOCATION AND RENTAL ASSISTANCE TO LOUDOUN HOUSEHOLDS AT-RISK OF
WATERFORD FOUNDATION P.O. BOX 142 WATERFORD, VA 20197	54-0755457	501(C)3 PUBLIC C	5,434.	0.			GENERAL SUPPORT
WINDY HILL FOUNDATION, INC. PO BOX 1593 MIDDLEBURG, VA 20118	54-1244012	501(C)3 PUBLIC C	21,445.	0.			GENERAL SUPPORT
WOMEN GIVING BACK 20 EXPORT DRIVE STERLING, VA 20164	32-0464606	501(C)3 PUBLIC C	33,057.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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

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

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

PART I, LINE 2:

THE ORGANIZATION APPLIES DUE DILIGENCE POLICIES IN ALL GRANT-MAKING PROCEDURES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: INMED PARTNERSHIPS FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MENTAL HEALTH AND WELLNESS ACTIVITIES FOR UNDERSERVED, LOW-INCOME YOUTH DISPROPORTIONATELY AFFECTED BY COVID-19

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: INOVA HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR INOVA LOUDOUN HOSPITAL
FOUNDATION, SPECIFICALLY FOR MEDICAL MUSIC THERAPY PROGRAM (\$2,500) AND
BREAST CANCER PATIENT CARE PROGRAMS (\$1,250) - Q3

NAME OF ORGANIZATION OR GOVERNMENT: INSIGHT MEMORY CARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR PEOPLE WITH MILD
COGNITIVE IMPAIRMENT OR EARLY STAGE DEMENTIA THROUGH SOCIALIZATION, PEER
SUPPORT AND EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: LOUDOUN CLUB 12

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO MAINTAIN OPERATIONS AND
TO MAKE LONG-NEEDED IMPROVEMENTS TO THE FACILITY PHYSICAL SPACE

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR EMERGENCY SHELTER AND
CASE MANAGEMENT SERVICES TO 300 HOMELESS YOUTH UNDER THE AGE OF 24

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ACADEMICALLY SUCCESSFUL
BUT FINANCIALLY CHALLENGED STUDENTS THROUGH SCHOLARSHIPS AND EMERGENCY
GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY OF LOUDOUN

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR EVICTION PREVENTION
PROGRAM TO PREVENT HOMELESSNESS AND CREATE SKILLS TO DIVERT HOUSING

INSTABILITY

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF GREATER CHARLOTTESVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR WOMEN UNITED IN PHILANTHROPY, PHILANTHROPY COMMITTEE LONG TERM SUSTAINABILITY FUND

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA HUNTERS WHO CARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR PROVIDING 15,000 POUNDS OF HIGH PROTEIN VENISON TO THOSE STRUGGLING WITH HUNGER IN LOUDOUN COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

VOLUNTEERS OF AMERICA CHESAPEAKE & CAROLINAS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR HOUSING LOCATION AND RENTAL ASSISTANCE TO LOUDOUN HOUSEHOLDS AT-RISK OF HOMELESSNESS DUE TO LIMITED FINANCIAL RESOURCES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (MISCELLANEOUS E)	X	0	33,990.	FAIR VALUE
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization	COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES	Employer identification number	54-1950727
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FORM 990, ITEM C, DOING BUSINESS AS:

PIEDMONT COMMUNITY FOUNDATION, LOUDOUN COMMUNITY FOUNDATION, AND
HUNT COUNTRY COMMUNITY FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONNECTING DONORS TO COMMUNITY NEEDS.

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

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 15:

THE EXECUTIVE GROUP CONSISTING OF THE CHAIR, VICE CHAIR, SECRETARY AND
TREASURER IS RESPONSIBLE FOR CONDUCTING AN ANNUAL PERFORMANCE APPRAISAL OF
THE PRESIDENT 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. THE PRESIDENT USES NATIONAL COMPARATIVE
DATA FOR SALARY DETERMINATIONS INCLUDED IN THE ORGANIZATION'S ANNUAL BUDGET
TO THE BOARD OF DIRECTORS FOR APPROVAL.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES	Employer identification number 54-1950727
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FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL INFORMATION ARE MADE AVAILABLE UPON REQUEST.