Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Δ	רטו נוופ	e 2023 Calefidal year, of tax year beginning	enung	-				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
•	Addres	COMMUNITY FOUNDATION FOR LOUDOUN AND						
	change	NORTHERN FAUQUIER COUNTIES	017 7	F4 10F0F	0.17			
	change Initial		-	54-19507				
	return Final	,	Room/suite	E Telephone number				
	return/	P.O. BOX 342		(703)-77				
	terminated Amend		G Gross receipts \$	3,421,405.				
	return Applic	LEESBORG, VA 20176		H(a) Is this a group re				
	tion pendin	F Name and address of principal officer: NICOLE ACOSIA		for subordinates				
_	.		507	H(b) Are all subordinates in				
	≀ax-exe Websit		or 527	1	list. See instructions			
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption 1999	N State of legal domicile: VA			
	art I	Summary	L TEal	or formation. ±JJJ N	n State of legal dominione. V21			
	_	Briefly describe the organization's mission or most significant activities: CF GR	ROWS C	OMMIINTTY GIV	TNG TN			
ö	'	LOUDOUN AND NORTHERN FAUQUIER COUNTIES THE						
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose						
Veri	3			3	14			
ő	4	Number of independent voting members of the governing body (Part VI, line 1b)			14			
∞	5	Total number of individuals employed in calendar year 2023 (Part V, line 1a)			5			
Ę	6	Total number of volunteers (estimate if necessary)			14			
<u>₹</u>	72				0.			
Ą	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
_	۳,	Net unrelated business taxable income from 1 orn 350-1,1 art i, line 11		Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,021,050.	3,076,667.			
	9			4,000.	7,246.			
ě	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		461,981.	259,034.			
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,277.	-45,894.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,492,308.	3,297,053.			
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,658,733.	1,839,881.			
	1			0.	0.			
	4-	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		317,287.	337,902.			
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 9, 31	9.	Ţ.				
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		571,369.	491,015.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,547,389.	2,668,798.			
		Revenue less expenses. Subtract line 18 from line 12		-55,081.	628,255.			
	13	Trevende 1633 expenses. Oubtract fine 10 from fine 12		ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)	1	10,569,449.	11,776,433.			
Assi	21	Total liabilities (Part X, line 26)		1,157,596.	1,126,231.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		9,411,853.	10,650,202.			
P	art II	Signature Block		. , ,				
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi		•	,			
	,							
Sig	ın	Signature of officer	D = 1	Date				
Hei		NICOLE ACOSTA, PRESIDENT NICOLE ACOSTA, PRESIDENT	(Costa	5/1	5/2024			
Print/Type preparer's name Preparer's signature Date Check PTIN								
Pai	d	OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON	1, CP 0	5/14/24 if self-employ	P00964688			
Pre	parer	Firm's name YOUNT, HYDE & BARBOUR, P.C.			4-1149263			
	Only	Firm's address P.O. BOX 2560						
		WINCHESTER, VA 22604-1760	Phone no. 54	0-662-3417				
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			
					= 000 (assa)			

Pai	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.
	TOR THE BENEFIT OF THE COMMONITY OF LOODOON THE NORTHERN THO COLDEN.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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 X No
Ū	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 \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,569,544.
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	I Lu		
D	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the approximation projection on office approximation of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
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	4 41:		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	_ ـ		🕶
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

332003 12-21-23

Form **990** (2023)

COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES

Form 990 (2023)

Part IV | Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	1

332004 12-21-23

Form **990** (2023)

Page 5

COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		\
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		<u> </u>
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?	17		
	If "Yes," complete Form 6069.			

Form **990** (2023)

11523011

Page 6

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			X				
Sec	tion 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 14							
	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.							
b	Enter the number of voting members included on line 1a, above, who are independent							
2								
	officer, director, trustee, or key employee?	2		Х				
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		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
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		х				
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		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
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		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	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	Х					
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	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	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	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	Х					
	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		х				
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						
Sec	tion 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)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.	,						
	X Own website X Another's website X 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	financ	cial					
	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							

54-1950727

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-NEĆ) 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.

(A)	(B)	nor any related organization compensate (B) (C)						(D)	(E)	(F)		
Name and title	Average	(da		Pos	itior			Reportable	Reportable	Estimated		
	hours per	(do not check more than one box, unless person is both an				s both	n an	compensation	compensation	amount of		
	week	officer and a director/trustee)					tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	dual tr	tional	١.	nploy	st con	_	1099-NEC)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione		
(1) NICOLE ACOSTA	40.00											
PRESIDENT				Х				102,840.	0.	10,707.		
(2) LUCKY WADEHRA	1.00											
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.		
(3) TERESA MINCHEW	1.00											
SECRETARY		Х		Х				0.	0.	0.		
(4) CAROLINE NASH	1.00											
DIRECTOR		Х						0.	0.	0.		
(5) LARA MAJOR	1.00											
DIRECTOR		Х						0.	0.	0.		
(6) PAUL SIKER	1.00											
CHAIR		Х		Х				0.	0.	0.		
(7) TRACEY LACEY	1.00											
DIRECTOR		Х						0.	0.	0.		
(8) ANDY JOHNSTON	1.00											
DIRECTOR		Х						0.	0.	0.		
(9) JANELLE BREVARD	1.00								_	_		
VICE CHAIR		Х		Х				0.	0.	0.		
(10) SHEILA ESCOBEDO YUSUFI	1.00											
DIRECTOR		Х						0.	0.	0.		
(11) TIM THOMPSON	1.00	ļ								•		
DIRECTOR	1 00	Х						0.	0.	0.		
(12) CHARMAINE BUSHROD	1.00	.,							_	0		
DIRECTOR	1 00	Х						0.	0.	0.		
(13) TRACEY WHITE	1.00	.,							_	0		
DIRECTOR	1 00	Х						0.	0.	0.		
(14) JACLYN O'BRIEN	1.00	٠,,		7,7					_	0		
TREASURER	1 00	Х		Х				0.	0.	0.		
(15) ERIC SHOWALTER	1.00	٠,							_	^		
DIRECTOR		Х	\vdash					0.	0.	0.		
		1										
		1										

Form **990** (2023)

	990 (2023) NORTHERN	FAUQUIE	R	CO	UN	ΤI	ES			54-19	5072	27	Pa	ige 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	(D) Reportable compensation from	(E) Reportable compensatior from related		Esti amo	(F) imate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	S C/	comp fro orga and		e on ed
	Subtotal Total from continuation sheets to Part VI								102,840.		0.	10	,70	07.
	Total (add lines 1b and 1c)							-	102,840.		0.	10	,70	7.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			. I	.1
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," complete Schedule J for s	•	-	•	•	•		•		•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors											5		Х
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensatio	n fror	n	
	the organization. Report compensation for	-	-						the organization's tax y	· · · · · · · · · · · · · · · · · · ·				
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Cor	(C) mpen		1
								-				—		

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES 54-1950727 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b **b** Membership dues 181,104. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,895,563. similar amounts not included above ... 1f 33,990 **q** Noncash contributions included in lines 1a-1f 3,076,667. h Total. Add lines 1a-1f **Business Code** 900099 4,671 2 a TRAININGS AND WORKSHOP 4,671. Program Service Revenue **b** CONTRACTED SERVICES 900099 2,575. 2,575. С f All other program service revenue 7,246. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 235,987 235,987. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 23,047. assets other than inventory 7a b Less: cost or other basis 0. and sales expenses 7b Other Revenue 23,047. c Gain or (loss) ______7c 23,047. 23,047. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 181,104. of contributions reported on line 1c). See 8a 43,983. Part IV, line 18 8b124,352.**b** Less: direct expenses -80,369.-80,369. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 29,647. 29,647 900099 4,828. 4,828. **b ADMIN FEES**

12 332009 12-21-23 213,140. Form **990** (2023)

34,475.

297,053.

e Total. Add lines 11a-11d

Total revenue. See instructions

d All other revenue

7,246.

Part IX | Statement of Functional Expenses

D:	Check if Schedule O contains a respons	se or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	1 020 001	1 020 001		
	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				
0	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		200,102.		5,111
-	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.	1,473. 1,383.	479 450
11	Fees for services (nonemployees):				
 а	Management				
b	Legal				
c	Accounting	32,948.		32,948.	
d	Lobbying			,	
е	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.	198 422
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	10.000	2 115		4 4 4
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 0.) COMMUNITY WORKSHOP	15,994.	15,994.		
a	FEES	15,994.	15,288.		
b	SOCIAL IMPACT INSTITUTE	11,562.	11,562.		
c d	MEMBERSHIPS	11,416.	11,416.		
-	All other expenses	18,523.	18,070.	342.	111
е 25	Total functional expenses. Add lines 1 through 24e	2,668,798.	2,569,544.	89,935.	9,319
25 26	Joint costs. Complete this line only if the organization	2,000,750	2,000,044	0,,555.	J, J±J
LU	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

LA	Balance Sheet					
	Check if Schedule O contains a response or no	te to an	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing				1	
2	Savings and temporary cash investments				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 of					
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the	se perso	ns		5	
6	Loans and other receivables from other disqual	ified per	ons (as defined			
					6	
7	Notes and loans receivable, net				7	
8					8	
9	Prepaid expenses and deferred charges			3,790.	9	2,739
10a						
	basis. Complete Part VI of Schedule D	10a		4= -00		
b			-	47,593.		37,363
11				8,334,977.		9,346,343
12						
13						
14		681 684		F0F (10		
				585,612		
						11,776,433
				19,/6/•		15,991
					21	
22						
					00	
00						
	. ,		· · · · · · · · · · · · · · · · · · ·			
					24	
25		-				
		S 17-24)	Complete Part A	1 137 829.	25	1,110,240.
26						1,126,231.
20				1/13//3301	20	1/120/231
27				9,086,853.	27	10,340,202
						310,000.
						,
		,				
29		3			29	
					30	
30	Paid-in of Capital Surplus, or land, building, or e					
30 31	Paid-in or capital surplus, or land, building, or e Retained earnings, endowment, accumulated in				31	
30 31 32	Retained earnings, endowment, accumulated in Total net assets or fund balances	ncome, d	r other funds	9,411,853.	31 32	10,650,202.
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 22 23 24 25 25 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28	Check if Schedule O contains a response or not Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, substantially controlled entity or family member of any of the Loans and other receivables from other disqual under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, payarties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, chand complete lines 27, 28, 32, and 33.	Check if Schedule O contains a response or note to any Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person the disqualified persunder section 4958(f)(1)), and persons described in section 5958(f)(1)), and persons described in section 6958(f)(1)), and persons described in section 7558(f)(1)), and persons described in section 8958(f)(1)), and persons described in section 1958(f)(1)), and persons described in section 1958(f)(1), and persons described in section 1958(f)(1), and persons described person 1958	Check if Schedule O contains a response or note to any line in this Part X 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - program-rities. See Part IV, line 11 13 Investments - program-rities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 10 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 12 Secured mortgages and notes payable to unrelated third parties 12 Unsecured notes and loans payable to unrelated third parties 13 Other liabilities. Add lines 17 through 25 14 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 15 Net assets with donor restrictions 16 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1	Check if Schedule O contains a response or note to any line in this Part X

Form **990** (2023)

Pa	rt 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	3,29	} 7,0	53.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,60			
3	Revenue less expenses. Subtract line 2 from line 1	3	6:	28,2	55.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,41	L1,8	53.	
5	Net unrealized gains (losses) on investments	5	6.2	10,0	94.	
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	10,6	50,2	02.	
Pa	rt 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		20	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	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?		3a	1	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

COMMUNITY FOUNDATION FOR LOUDOUN AND **Employer identification number** Name of the organization NORTHERN FAUQUIER COUNTIES 54-1950727 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Sec	tion A. Public Support						
Cale	ndar 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 organ-						
	ization'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.
	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.
	etion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3672709.	1719805.	3261609.	3021050.	3076667.	14751840.
	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	230,3021				200,0070	320,3300
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	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	1,1021	10/1/01	11/1550	3,000.		15755765.
	Gross receipts from related activities,	etc (see instructio	ne)			12	10,705.
	First 5 years. If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ourth or fifth tax v		-	2077000
10	organization, check this box and stop						
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (li			olumn (f))		14	93.63 %
	Public support percentage from 2022					15	94.55 %
	33 1/3% support test - 2023. If the o					ore, check this box	
	stop here. The organization qualifies	-					77
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			=		viriow the organiz	
h	10% -facts-and-circumstances test	-		*	-		
J	more, and if the organization meets the	-					10,001
	organization meets the facts-and-circu				-		
12	Private foundation. If the organization			. ,	•		
10	i invate roundation. If the organizatio	ii ala not check a t	JUN UIT III IE 13, 102	ı, 100, 11a, 01 110	, oneon una dux al		/Farm 000\ 2002

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.)

Se	ction A. Public Support						
Cale	ndar 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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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

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

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	01-		
	9b		
	9с		
	90		
	100		
	10a		
	10b		
ule	A (Forn	n 990)	2023

332024 12-21-23

Pa	t IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	· .	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	I	

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	or rage o
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	tion 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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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):			
а	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

54-1950727 Page 7 NORTHERN FAUQUIER COUNTIES Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). 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, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019

Schedule A (Form 990) 2023

b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

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

SCHEDULE C (Form 990)

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Political Campaign and Lobbying Activities

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.

	e of orga	nization COMMITMIT	TY FOUNDATION FO	D TOTTOOTIN AN	ID E	mployer identification number
- Valli	or orga		N FAUQUIER COUNT			54-1950727
Par	t I-A	Complete if the ord	anization is exempt und	ler section 501(c) o	or is a section 527	
1 2	Provide a	a description of the organiz campaign activity expendit	ation's direct and indirect politic	cal campaign activities ir	n Part IV.	\$
Par	t I-B	Complete if the org	anization is exempt und	ler section 501(c)(3	3).	
1	Enter the	amount of any excise tax	incurred by the organization un	der section 4955		. \$
2	Enter the	e amount of any excise tax	incurred by organization manag	ers under section 4955		. \$
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720) for this year?		Yes No
4a	Was a co	orrection made?				Yes No
		describe in Part IV.	 			4/ 1/0
	t I-C	_	anization is exempt und			
			by the filing organization for se			. \$
			ization's funds contributed to o	•		•
			Add to a document			\$
		•	. Add lines 1 and 2. Enter here	•		¢
			1120-POL for this year?			
			mployer identification number (E			
			tion listed, enter the amount pa		-	
	•	,	omptly and directly delivered to			·
	political	action committee (PAC). If	additional space is needed, pro	vide information in Part I	V.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s contributions received and

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

	2 0 (1 01111 330) 2020	NOKTIII	71/11/ 1 12	OQUIER COOK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		JJUTZT Tage Z
Part II	-A Complete if the org section 501(h)).	anizatio	n is exen	npt under section	1 501(c)(3) and file	d Form 5/68 (ele	ction under
A Obser		.4:		interd over the distin	Doubly and officerd		adduses FIN
A Chec		•	•	•	Part IV each affiliated	group member's name	e, address, EIN,
D Ohaa	expenses, and shar		, ,				
B Chec	ck if the filing organiza	ition check	ed box A ar	nd "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated group
			ying Expe			(a) Filing organization's	(b) Affiliated group totals
	(The term "expend	ditures" m	eans amou	nts paid or incurred.)		totals	
12 Tot	tal lobbying expenditures to influ	ience nubli	ic opinion (araseroots lobbying)			
	tal lobbying expenditures to influ	· ·		b. (allow at late to be done)			
	tal lobbying expenditures (add li	•		, , , , , , , , , , , , , , , , , , , ,		0.	
	ner exempt purpose expenditure						
	tal exempt purpose expenditure			 \		0.	
	bbying nontaxable amount. Ente					0.	
	he amount on line 1e, column (a) o			bying nontaxable am		<u> </u>	
	t over \$500,000,	(2) 10.		the amount on line 1e.	Sunt 101		
	er \$500,000 but not over \$1,000	000		00 plus 15% of the exce	ess over \$500,000		
	er \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
	er \$1,500,000 but not over \$17,0			00 plus 5% of the exces			
	er \$17,000,000,	100,000,	\$1,000,		σο στοι φτησοσήσσοι		
	assroots nontaxable amount (en	ter 25% of				0.	
	btract line 1g from line 1a. If zer						
i Sul	btract line 1f from line 1c. If zero	o or less, er	nter -0-				
j If th	here is an amount other than ze	ro on eithe	r line 1h or l				
rep	porting section 4911 tax for this	year?					Yes No
			4-Year Ave	eraging Period Under	Section 501(h)		
	(Some organizations the			• •	•	f the five columns be	low.
		See	the separa	ate instructions for lir	nes 2a through 2f.)		
		Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		T
	Calendar year	, , ,	2000	# > 0004	4 3 0000	/ IN 0000	() T-1-1
(or	r fiscal year beginning in)	(a) 2	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
	bbying nontaxable amount						
	bbying ceiling amount 50% of line 2a, column(e))						
(15	0% of lifte 2a, column(e))						
- T-4							
<u> </u>	tal lobbying expenditures						
d Gra	assroots nontaxable amount						
e Gra	assroots ceiling amount						
(15	50% of line 2d, column (e))						
4 Cro	accreate labbuing expanditures	l		l	1		

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)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1(c)(5), or se	r section Yes 1	mount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? eart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Eart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
Were substantially all (90% or more) dues received nondeductible by members?	2	1	
	2		T N
	2		+-
			+
B Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	r vear? 3	3	+
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes." 1 Dues, assessments and similar amounts from members			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
a Current year			
<i>f</i>	2a	2 a	
	<u>2b</u>	2b	
b Carryover from last year c Total	2b 2c	2b 2c	
b Carryover from last year c Total	2b 2c 3	2b 2c	
b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b 2c 3	2b 2c	
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 	2b 2c 3	2b 2c 3	
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 	2b 2c 3	2b 2c 3 4	
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 	2b 2c 3	2b 2c 3 4	

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 Inspection

Name of the organization

COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES

Employer identification number 54-1950727

Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	Takel words on at and of coor	36	90
1	Total number at end of year	642,352.	1,248,568.
2	Aggregate value of contributions to (during year)	333,018.	1,018,599.
3 4	Aggregate value of grants from (during year) Aggregate value at end of year		5,527,186.
5	Did the organization inform all donors and donor advisors in		
J	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	• •		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2 a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization during the tax
	year		
4	Number of states where property subject to conservation eas	-	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	a casements during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and emorcing conservation	reasements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)((B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		
Par		f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	ince sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
<u>b</u>	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

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

	dule D (Form 990) 2023 NORTHER	N FAUQUIER	COUNTIES					5072		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or (Other S	imilar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	e following that m	ake signi	ficant use	of its			
	collection items (check all that apply).									
а	Public exhibition	(Loan or ex	xchange program						
b	Scholarly research	•		0.0						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization'	s exempt	purpose i	in Part	XIII.		
5	During the year, did the organization solicit o									
_	to be sold to raise funds rather than to be ma		*					Yes		No
Par	t IV Escrow and Custodial Arran						<u>. ∟</u> art IV lia			<u>, 110</u>
	reported an amount on Form 990, Pai		n the organizati	orranoworda ro	0 0111 011	000, 1 0	,	10 0, 01		
12	Is the organization an agent, trustee, custodi		diany for contributi	ons or other asse	ts not inc	luded				
Ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII						ட	_ 1 C S] NO
b	ii res, explain the arrangement in Fart Alli	and complete the lo	nowing table.					Amount		
_	Designing belows					4.		7 (1110 (111		
	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
Ţ	Ending balance					1f		7		1
	Did the organization include an amount on Fo				•		🖵	Yes		∐ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if									
· u	Endownient i ando Complete II	(a) Current year	(b) Prior year	(c) Two years		Three year	e hack	(e) Four	Veare	hack
	Danisaria a of consultation of	(a) Current year	(b) Filor year	(C) Two years	Dack (u)	Tillee year	5 Dack	(e) i oui	years	Dack
	Beginning of year balance			+						
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administered	I for the					
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
	(ii) Related organizations?							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par										
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line 11a.	See Form 990, F	Part X, line	10.				
	Description of property	(a) Cost or o		est or other is (other)	` ,	ımulated ciation		(d) Bool	k value	Э
1a	Land	- ` ` 		. ,						
	Buildings	I								
	Leasehold improvements			56,519.	2	6,310		31) . 21	09.
		I		24,790.		$\frac{0,310}{7,636}$			7,1!	54
	Equipment Other	I		<u></u>		.,050	+		, ,	<i>,</i> <u>, , , , , , , , , , , , , , , , , , </u>
	Other Add lines to through 10 (0.4		V /	[3 '	7,30	53
rotal	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	x, iine i∪c, colum	ın (B))					, , , , ,	, , ,

	DOTER COUNTI	<u>ES</u> 54	-1950/2/ Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of			l af
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-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.	or France 2000 Post IV/ line	14. On France 200 Part V. France 40	
Complete if the organization answered "Yes" of			l of year market value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	roryear 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	F 000 D. + IV I'm	44 d O - France 200 Bank V Bank 45	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(In) Deadle and a
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" of	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 - OPERATIN	IG .		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 t			nat reports the
organization's liability for uncertain tax positions under I	FASB ASC 740. Check h	ere if the text of the footnote has been pro	ovided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,880,601.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	610,094.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	610,094. 3,270,507.
3	Subtract line 2e from line 1			3	3,270,507.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,546.		
b	Other (Describe in Part XIII.)	4b			
С				4c	26,546.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	2.)		5	3,297,053.
Ра	rt XII Reconciliation of Expenses per Audited Financial S		Expenses per F	teturr	ו
	Complete if the organization answered "Yes" on Form 990, Part IV,				0.610.050
1	Total expenses and losses per audited financial statements			1	2,642,252.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а					
b					
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			•
е	• • • • • • • • • • • • • • • • • • • •			2e	0.
3	Subtract line 2e from line 1			3	2,642,252.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	26 546		
а	, , , , , , , , , , , , , , , , , , , ,		26,546.		
b	, , , , , , , , , , , , , , , , , , , ,	4b			26 546
C				4c	26,546.
5					
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	2,668,798.
Pa	rt XIII Supplemental Information				
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		
Pa Prov	rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

COMMUNITY FOUNDATION FOR LOUDOUN AND Employer identification number Name of the organization 54-1950727 NORTHERN FAUQUIER COUNTIES Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

ГС	art i	of fundraising events. Complete if the offundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
	Π	or randialising event continuations and gr	(a) Event #1	(b) Event #2	(c) Other events	T
			(=/ =	(2) 2:0.16 112	NONE	(d) Total events
			AUCTION			(add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts	225,087.			225,087.
ш						
	2	Less: Contributions	181,104.			181,104.
			42 002			42.002
	3	Gross income (line 1 minus line 2)	43,983.			43,983.
	١,	Cash prizes				
	*	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
ڃَ						
	8	Entertainment				124,352.
	10	Other direct expenses Direct expense summary. Add lines 4 throug	,			124,352.
		Net income summary. Subtract line 10 from	()			-80,369.
Pa	rt I	Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.			·	
- O			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Emgo	bingo/progressive bingo	(e) strict garming	col. (a) through col. (c)
Zev.						
_	1	Gross revenue				
	_	Cook prizos				
ses	~	Cash prizes				
ben	3	Noncash prizes				
Direct Expenses						
rec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %		
	6	Volunteer labor	No	No	No	
	_	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	′	bliect expense summary. Add lines 2 tilloug	11 3 II1 COIdITII1 (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
	•		, , ,			•
9	En	ter the state(s) in which the organization cond	ucts gaming activities: _			
a	ı Is t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b) If "	No," explain:				
	_					
40-						NanNa
		ere any of the organization's gaming licenses r Yes," explain:			kyear:	
	. "	. 35, Одрішії.				
	_					
2000	00.00	1 12 22			Caba	edule G (Form 990) 2023
JJ20	o∠ US	9-13-23			SCHE	Juule G (FUHH 33U) 2023

COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUOUIER COUNTIES

Sch	edule G (Form 990) 2023 NORTHERN FAUQUIER COUNTIES 54-	<u>-1950</u>	727	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	1	
14	the the hame and address of the person who prepares the organization's gaming/special events books and records.			
	Nama			
	Name			
	Address			
				—
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ш	Yes	L No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10	Gaming manager information.			
	Nama			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III lir	nes 0	9h 10h
-	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III	103 0,	55, 105,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

COMMUNITY FOUNDATION FOR LOUDOUN AND

Schedule G	G (Form 990)	NORTHERN	FAUQUIER	COUNTIES	54-1950727	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continue	nd)			
	- сарранения	Continue	:u)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

COMMUNITY FOUNDATION FOR LOUDOUN AND

NORTHERN FAUQUIER COUNTIES

Open to Public Inspection

OMB No. 1545-0047

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

FOR LOUDOUN AND

NTIES

Inspection

Employer identification number

54-1950727

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is neede	ed.			
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		501(C)3 PUBLIC					
PURCELLVILLE, VA 20132	81-1191778	CHARI	33,300.	0.			GENERAL SUPPORT
·			,				
ALL AGES READ TOGETHER							
1141 ELDEN STREET		501(C)3 PUBLIC					
HERNDON, VA 20170	27-1118675	CHARI	78,447.	0.			GENERAL SUPPORT
A PLACE TO BE							
PO BOX 1472		501(C)3 PUBLIC					
MIDDLEBURG, VA 20118	45-3081114	CHARI	46,872.	0.			GENERAL SUPPORT
BETTERALIFE INC.							
816 PENCOAST DRIVE		501(C)3 PUBLIC					
PURCELLVILLE, VA 20132	81-4450998		7,034.	0.			GENERAL SUPPORT
TOROLLEVILLE, VII ECTOL	01 1130330		7,031.	••			
BIRTHRIGHT OF LOUDOUN COUNTY							
16 ROYAL ST SE		501(C)3 PUBLIC					GENERAL SUPPORT - GIVE
LEESBURG, VA 20175	23-7452641	CHARI	9,479.	0.			CHOOSE DISTRIBUTION 2023
,			, , ,				SUPPORT FOR EMERGENCY
CATHOLIC CHARITIES OF THE DIOCESE							RENT, UTILITY AND FOOD
OF ARLINGTON - P.O. BOX 1900 -		501(C)3 PUBLIC					ASSISTANCE FOR 330
MERRIFIELD , VA 22116-1900	54-0515706	CHARI	9,500.	0.			LOUDOUN RESIDENTS
2 Enter total number of section 501(c)(3) as	ad government or	ranizations listed in the	lino 1 tablo				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.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

	FAUQUIER						4-1950727 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Γ
(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	54 4424204						
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	47 2947067	501(C)3 PUBLIC C	40.262	0.			GENERAL SUPPORT
DULLES, VA 20166	47-2847067	SUI(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 -	F4 0605000		6 000				SUPPORT FOR EMMANUEL
MIDDLEBURG, VA 20118	54-0605900	RELIGIOUS INSTIT	6,000.	0.			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							
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

Page 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 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	20 2270410	501(C)3 PUBLIC C	16 636	0.			GENTERAL GUDDONE
LEESBURG, VA 20176	20-23/9419	BOI(C)3 POBLIC 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							SUPPORT FOR MENTAL HEAL AND WELLNESS ACTIVITIES FOR UNDERSERVED,
STERLING, VA 20166	52-1482339	501(C)3 PUBLIC C	12,000.	0.			LOW-INCOME YOUTH
INOVA HEALTH FOUNDATION 8095 INNOVATION PARK DRIVE							SUPPORT FOR INOVA LOUDO HOSPITAL FOUNDATION, SPECIFICALLY FOR MEDICA
FAIRFAX, VA 22031	54-0620889	501(C)3 PUBLIC C	20,000.	0.			MUSIC THERAPY PROGRAM
INSIGHT MEMORY CARE CENTER							SUPPORT FOR PEOPLE WITH MILD COGNITIVE IMPAIRME
3953 PENDER DRIVE, SUITE 100 FAIRFAX, VA 22030	52-1361974	501(C)3 PUBLIC C	15,538.	0.			OR EARLY STAGE DEMENTIATHROUGH SOCIALIZATION,
JDRF INTERNATIONAL			,				
1400 K STREET NW, SUITE 1200 WASHINGTON, DC 20005	23_1007720	501(C)3 PUBLIC C	6,500.	0.			GENERAL SUPPORT AS JING JAM 2022 RECIPIENT

Schedule I (Form 990) NORTHERN			-				4-1950727 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
(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	F4 10007F6	E01/G\2 PUDITG G	FF 043	0			GENERAL GURRORM
STREET - LEESBURG, VA 20176	54-1282/56	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
LOVIDOVINI, GARING							
LOUDOUN CARES PO BOX 83							
LEESBURG, VA 20178	74-3071794	501(C)3 PUBLIC C	50,225.	0.			GENERAL SUPPORT
EDDEDONG, VIII ZOTTO	71 3071731	301(0)3 102210 0	30,223.	•			SUPPORT TO MAINTAIN
LOUDOUN CLUB 12							OPERATIONS AND TO MAKE
POST OFFICE BOX 506							LONG-NEEDED IMPROVEMENTS
LEESBURG, VA 20178	76-0850296	501(C)3 PUBLIC C	15,194.	0.			TO THE FACILITY PHYSICAL
LOUDOUN COALITION ON WOMEN AND							
GIRLS - 20700 LOUDOUN COUNTY							SUPPORT FOR 2023 GIRL
PARKWAY - ASHBURN, VA 20147	86-3867387	501(C)3 PUBLIC C	7,868.	0.			EMPOWER SUMMIT
LOUDOUN COMMUNITY CAT COALITION							
PO BOX 1960							GENERAL SUPPORT - GIVE
LEESBURG, VA 20177	47-4078108	501(C)3 PUBLIC C	14,428.	0.			CHOOSE DISTRIBUTION 2023
	1 27 2070200		1 1,120.	٠.		1	Schodula I (Form 90

						4-1950727 Page
Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
(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
54-0844171	501(C)(6)	10,550.	0.			SUPPORT FOR YEA PROGRAM
54-1603768	501(C)3 PUBLIC C	22,076.	0.			GENERAL SUPPORT
		18,073.	0.			GENERAL SUPPORT
54-1666448	501(C)3 PUBLIC C	6,278.	0.			GENERAL SUPPORT
54-1591635	501(C)3 PUBLIC C	45,235.	0.			GENERAL SUPPORT
52-1227843	501(C)3 PUBLIC C	29,084.	0.			GENERAL SUPPORT
83-0722795	501(C)3 PUBLIC C	10,185.	0.			GENERAL SUPPORT
23-7390594	501(C)3 PUBLIC C	22,330.	0.			GENERAL SUPPORT
54-1753304	501(C)3 PUBLIC C	15,151.	0.			GENERAL SUPPORT
	(b) EIN 54-0844171 54-1603768 54-1921059 54-1991635 52-1227843 83-0722795	(b) EIN (c) IRC section	Assistance to Domestic Organizations and Domestic Go (b) EIN (c) IRC section if applicable (d) Amount of cash grant 54-0844171 501(C)(6) 10,550. 54-1603768 501(C)3 PUBLIC C 22,076. 54-1921059 501(C)3 PUBLIC C 18,073. 54-1666448 501(C)3 PUBLIC C 6,278. 54-1591635 501(C)3 PUBLIC C 45,235. 52-1227843 501(C)3 PUBLIC C 29,084. 83-0722795 501(C)3 PUBLIC C 10,185. 23-7390594 501(C)3 PUBLIC C 22,330.	Assistance to Domestic Organizations and Domestic Governments (Sch. (b) EIN (c) IRC section if applicable 54-0844171 501(c)(6) 54-1603768 501(c)3 PUBLIC c 54-1921059 501(c)3 PUBLIC c 54-1666448 501(c)3 PUBLIC c 54-1591635 501(c)3 PUBLIC c 52-1227843 501(c)3 PUBLIC c 83-0722795 501(c)3 PUBLIC c 22,330. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (b) Method of valuation (b) (book, FMV, appraisal, other) (b) (b) 10,550.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (post, FIW, appraisal, other) (g) Description of noncash assistance (e) Amount of noncash assistance (f) Method of valuation (post, FIW, appraisal, other) (g) Description of noncash assistance (f) Method of valuation (post, FIW, appraisal, other) (g) Description of noncash assistance (f) Method of valuation (post, FIW, appraisal, other) (g) Description of noncash assistance (f) Method of valuation (post, FIW, appraisal, other) (g) Description of noncash assistance (f) Method of valuation (post, FIW, appraisal, other) (g) Description of noncash assistance (f) Method of valuation (post, FIW, appraisal, other) (g) Description of noncash assistance (g) Description

MIDDLEBURG HUMANE FOUNDATION P.O. BOX 684 MARSHALL, VA 20116 54-1694317 501(C)3 PUBLIC C 13,043. 0. CHOOSE DISTRIBUTION 20: MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. SUPPORT FOR EMERGENCY SHELTER AND CASE PO BOX 4135 ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 81-3858337 501(C)3 PUBLIC C 23,985. 0. GENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 20: SUPPORT FOR EMERGENCY SHELTER AND CASE MANAGEMENT SERVICES TO 300 HOMELESS YOUTH UNDITED TO SENTING THE PLANTER LANE LEESBURG, VA 20176 81-3858337 501(C)3 PUBLIC C 23,985. 0. GENERAL SUPPORT		FAUQUIER						4-1950727 Page
Organization or government if applicable cash grant assistance wallastion valuation of cash assistance or assistan	Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
PO BOX 1892 LERSBURG, VA 20177 54-1762533 501(C)3 PUBLIC C 15,036. 0. SENERAL SUPPORT CLOVE, KK 201456 WINFIELD PLACE STERLING, VA 20165 83-2491034 501(C)3 PUBLIC C 8,152. 0. CLICKETTS RURITAN CLUB P, O. BOX 1291 CENERAL SUPPORT - GIVE CENERAL SUPPORT - GIVE CENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 201 CHICKETTS RURITAN CLUB P, O. BOX 1291 CENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 201 CHICKETTS RURITAN CLUB P, O. BOX 1291 CENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 201 CHICKETTS RURITAN CLUB P, O. BOX 1892 MIDDLEBURG HUMANE FOUNDATION POST OFFICE BOX 106 MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. CHOOSE DISTRIBUTION 201 CHOOSE DISTRIBUTION 201 CHOOSE DISTRIBUTION 201 CHOOSE DISTRIBUTION 201 SUPPORT - GIVE SUPPORT - GIVE SUPPORT FOR EMERGENCY SHELTER AND CASE MANAGEMENT SERVICES TO ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. SINERAL SUPPORT SUPPORT FOR EMERGENCY MANAGEMENT SERVICES TO ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. SINERAL SUPPORT SUPPORT FOR ACADEMICAL SUPPORT ORTHERN PLANTER LANE LEBEBURG, VA 20176 81-3858337 501(C)3 PUBLIC C 23,985. 0. SINERAL SUPPORT SUPPORT SUPPORT FOR ACADEMICAL SUCCESSFUL BUP FINANCIALLY CHALLEWIGED ANNADALE, VA 2003 51-024970 501(C)3 PUBLIC C 26,250. 0. STOENTS THROUGH		(b) EIN		, ,	noncash	valuation (book, FMV,		
PO BOX 1892 LERSBURG, VA 20177 54-1762533 501(C)3 PUBLIC C 15,036, 0. SENERAL SUPPORT CLOVE, KK 201456 WINFIELD PLACE STERLING, VA 20165 83-2491034 501(C)3 PUBLIC C 8,152, 0. CENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 201 LUCKETTS RURITAN CLUB P, O. BOX 1291 LEESBURG, VA 20177 54-1119278 501(C)3 PUBLIC C 7,042, 0. MIDDLEBURG HUMANE FOUNDATION PO. BOX 684 MARSHALL, VA 20116 54-1694317 501(C)3 PUBLIC C MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901, 0. SUPPORT - GIVE SUPPORT - GIVE SUPPORT FOR EMERGENCY SHEUTER AND CASE MANAGEMENT SERVICES TO ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000, 0. SINERAL SUPPORT GIVE SUPPORT FOR EMERGENCY SHEUTER AND CASE MANAGEMENT SERVICES TO ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000, 0. SUPPORT FOR EMERGENCY SHEUTER AND CASE MANAGEMENT SERVICES TO ASHBURN, VA 20146 51-3858337 501(C)3 PUBLIC C 23,985, 0. SENERAL SUPPORT SUPPORT FOR ACADEMICAL SUPPORT OR EMERGENCY SHEUTER AND CASE MANAGEMENT SERVICES TO ASHBURN, VA 20146 51-3858337 501(C)3 PUBLIC C 23,985, 0. SENERAL SUPPORT SUPPORT FOR ACADEMICAL SUPPORT SUCCESSFUL BUT FINANCIALLY CHALLEWISED ANNADALE, VA 2003 51-0249730 501(C)3 PUBLIC C 26,250, 0. STUDENTS THROUGH	LOUDOUN WILDLIEF CONCEDUANCY							
LEESBURG, VA 20177 54-1762533 501(C)3 FUBLIC C 15,036 0. DENERAL SUPPORT LOVE, KR 20456 WINDIELD PLACE STERLING, VA 20165 83-2491034 501(C)3 FUBLIC C 8,152. 0. CHOOSE DISTRIBUTION 20: LUCKETTS RURITAN CLUB F.O. BOX 1291								
20456 MINFIELD PLACE STERLING, VA 20165 83-2491034 501(C)3 PUBLIC C 8,152. 0. CHOSE DISTRIBUTION 201 LUCKETS RURITAN CLUB P, O. BOX 1291 LEESBURG, VA 20177 54-119278 501(C)3 PUBLIC C 7,042. 0. CHOSE DISTRIBUTION 201 MIDDLEBURG HUMANE FOUNDATION P, O. BOX 684 MARSHALL, VA 20166 54-1694317 501(C)3 PUBLIC C 13,043. 0. CHOSE DISTRIBUTION 201 MIDDLEBURG HUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. CHOSE DISTRIBUTION 201 MOBILE HOPE PO BOX 4135 ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. SUPPORT FOR EMBREGENCY BHELTER AND CASE MARAGEMENT SERVICES TO 300 HOMELESS YOUTH UNDI MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20178 81-3858337 501(C)3 PUBLIC C 23,985. 0. SENERAL SUPPORT FINANCIALLY CHALLERGED ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. STUDENTS THROUGH		54-1762533	501(C)3 PUBLIC C	15,036.	0.			GENERAL SUPPORT
20456 WINFIELD PLACE STERLIN, VA 20165 83-2491034 501(C)3 PUBLIC C 8,152. 0. SENERAL SUPPORT - GIVE CHOSE DISTRIBUTION 201 LUCKETES RURITAN CLUB P.O. BOX 1291 LESBURG, VA 20177 54-1119278 501(C)3 PUBLIC C 7,042. MIDDLEBURG HUMANE FOUNDATION P.O. BOX 684 MARGHALL, VA 20166 54-1694317 501(C)3 PUBLIC C 13,043. 0. SENERAL SUPPORT - GIVE CHOSE DISTRIBUTION 201 MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. MOBILE HOPE PO BOX 4135 ASHBURN, VA 20148 MORILE HOPE PO BOX 4135 ASHBURN, VA 20148 MORILE HOPE PO BOX 4135 ASHBURN, VA 20148 MORILE HOPE PO BOX 4145 ASHBURN VA 20148 MORILE HOPE PO BOX 415 ASHBURN VIA 20148 MORILE LONG BOX 4015 ASHBURN VIA 20148 MORILE ROLL SERVICE MORILE LONG BOX 4015 ASHBURN VIA 20148 MORILE ROLL SERVICE MORILE ROLL SERVI								
STERLING, VA 20165 83-2491034 501(c)3 FUBLIC C 8,152. 0. CHOOSE DISTRIBUTION 20: LUCKETTS RURITAN CLUB P.O. BOX 1291 LEESBURG, VA 20177 54-1119278 501(c)3 FUBLIC C 7,042. 0. CHOOSE DISTRIBUTION 20: MIDDLEBURG HUMANE FOUNDATION P.O. BOX 684 MARSHALL, VA 20116 54-1694317 501(c)3 FUBLIC C 13,043. 0. CHOOSE DISTRIBUTION 20: MIDDLEBURG MUSEUM FOUNDATION FOST OFFICE BOX 106 MIDDLEBURG WISEUM FOUNDATION FOST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(c)3 FUBLIC C 7,901. 0. CHOOSE DISTRIBUTION 20: MOBILE HOPE FO BOX 4135 ASHEURN, VA 20148 46-3053144 501(c)3 FUBLIC C 15,000. 0. 300 HOMELESS YOUTH UNDI MORVEN PARK, INC. 17195 SOUTHERN FLANTER LANE LEESBURGHENY VA 20176 81-3858337 501(c)3 FUBLIC C 23,985. 0. SENERAL SUPPORT FOR MORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(c)3 FUBLIC C 26,250. 0. STUDENTS THROUGH NORTHERN VIRGINIA FAMILY SERVICE	•							
LUCKETTS RURITAN CLUB P, O. BOX 1291 LEESBURG, VA 20177 MIDDLEBURG HUMANE FOUNDATION P, O. BOX 684 MARSHALL, VA 20116 MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG WUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. SENERAL SUPPORT - GIVE MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. SUPPORT FOR EMERGENCY SHELTER AND CASE MANAGEMENT SERVICES TO 300 HOMELESS YOUTH UNDI MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 81-3858337 501(C)3 PUBLIC C 23,985. 0. SENERAL SUPPORT SUPPORT FOR EMERGENCY SHELTER AND CASE MANAGEMENT SERVICES TO 300 HOMELESS YOUTH UNDI MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 81-3858337 501(C)3 PUBLIC C 23,985. 0. SENERAL SUPPORT SUPPORT FOR ACADEMICALI SUCCESSFUL BUT FINANCIALLY CHALLENGED ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. SUPPORT FOR SUPPORT FOR SUPPORT FINANCIALLY CHALLENGED SUPPORT FOR ACADEMICALI SUCCESSFUL BUT FINANCIALLY CHALLENGED SUPPORT FOR ACADEMICALI SUPPORT FO		02 2401024	E01/G) 2 DUDI TO G	0 150	0			
P.O. BOX 1291 LEESBURG, VA 20177 54-1119278 501(C)3 PUBLIC C 7,042. 0. MIDDLEBURG HUMANE FOUNDATION P.O. BOX 684 MARSHALL, VA 20116 54-1694317 501(C)3 PUBLIC C 13,043. 0. MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 46-0937934 501(C)3 PUBLIC C 7,901. 0. MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. MORILE HOPE MOBILE HOPE MOBILE HOPE SUPPORT FOR EMERGENCY SHELITER AND CASE MANAGEMENT SERVICES TO ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. MORVEN PARK, INC. 17195 17195 17195 17195 17195 17196 17197 171	STERLING, VA 20165	83-2491034	POL(G)3 PORFIG G	8,152.	0.			CHOOSE DISTRIBUTION 2023
P.O. BOX 1291 LEESBURG, VA 20177 54-1119278 501(C)3 PUBLIC C 7,042. 0. CHOOSE DISTRIBUTION 201 MIDDLEBURG HUMANE FOUNDATION P.O. BOX 684 MARSHALL, VA 20116 54-1694317 501(C)3 PUBLIC C 13,043. 0. CHOOSE DISTRIBUTION 201 MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. CHOOSE DISTRIBUTION 201 MOBILE HOPE MOBILE HOPE MOBILE HOPE ANANGHARY SERVICES TO 300 HOMELESS YOUTH UNDITED SOUTHERN PLANTER LANE LEESBURG, VA 20176 NORTHERN VIRGINIA COMMUNITY COLLEGE BUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. SENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 201 SUPPORT FOR EMERGENCY SHELTER AND CASE MARNGRAMMY SERVICES TO 300 HOMELESS YOUTH UNDITED SUPPORT SUPPORT FOR ACADEMICAL SUPCORT SUPPORT FOR ACADEMICAL SUCCESSFUL BUT FINANCIALLY CHALLENGED ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. NORTHERN VIRGINIA FAMILY SERVICE	LUCKETTS RURITAN CLUB							
LEESBURG, VA 20177 54-119278 501(C)3 PUBLIC C 7,042. 0. CHOOSE DISTRIBUTION 202 MIDDLEBURG HUMANE FOUNDATION P.O. BOX 684 MARSHALL, VA 20116 54-1694317 501(C)3 PUBLIC C 13,043. 0. CHOOSE DISTRIBUTION 202 MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. CHOOSE DISTRIBUTION 202 MOBILE HOPE FO BOX 4135 ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. SUPPORT FOR MANAGEMENT SERVICES TO 300 HOMELESS YOUTH UNDIVISION TO SUPPORT FOR ACADEMICALIS SUCCESSFUL BUT FINANCIALLY CHALLENGED ANNADALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. STUDENTS THROUGH NORTHERN VIRGINIA FAMILY SERVICE								GENERAL SUPPORT - GIVE
MIDDLEBURG HUMANE FOUNDATION P.O. BOX 684 MARSHALL, VA 20116 54-1694317 501(C)3 PUBLIC C 13,043. 0. CHOOSE DISTRIBUTION 202 MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. CHOOSE DISTRIBUTION 202 MOBILE HOPE PO BOX 4135 ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. 300 HOMELESS YOUTH UNDI MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 81-3858337 501(C)3 PUBLIC C 23,985. 0. SENERAL SUPPORT FOR ACADEMICAL MORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. STUDENTS THROUGH		54-1119278	501(C)3 PUBLIC C	7,042.	0.			CHOOSE DISTRIBUTION 2023
P.O. BOX 684 MARSHALL, VA 20116 54-1694317 501(C)3 PUBLIC C 13,043. 0. CHOOSE DISTRIBUTION 202 MIDDLEBURG MUSEUM POUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. CHOOSE DISTRIBUTION 202 CHOOSE DISTRIBUTION 203 SUPPORT FOR EMERGENCY SHELTER AND CASE MANAGEMENT SERVICES TO ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 81-3858337 501(C)3 PUBLIC C 23,985. 0. SENERAL SUPPORT SUPPORT FOR ACADEMICAL SUCCESSFUL BUT FUNANCIALLY CHALLENGED ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. STUDENTS THROUGH				,				
MARSHALL, VA 20116 54-1694317 501(C)3 PUBLIC C 13,043. 0. CHOOSE DISTRIBUTION 202 MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. GENERAL SUPPORT - GIVE MOBILE HOPE MOBILE HOPE FO BOX 4135 ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. 300 HOMELESS YOUTH UNDIT 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. STUDENTS THROUGH	MIDDLEBURG HUMANE FOUNDATION							
MIDDLEBURG MUSEUM FOUNDATION POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. CHOOSE DISTRIBUTION 202 SUPPORT FOR EMERGENCY MOBILE HOPE PO BOX 4135 ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. 300 HOMELESS YOUTH UNDI MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. STUDENTS THROUGH NORTHERN VIRGINIA FAMILY SERVICE	P.O. BOX 684							GENERAL SUPPORT - GIVE
POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. CHOOSE DISTRIBUTION 202 SUPPORT FOR EMERGENCY SHELTER AND CASE PO BOX 4135 ASHBURN, VA 20148 46-3053144 46-3053144 501(C)3 PUBLIC C 15,000. 0. 300 HOMELESS YOUTH UNDIVIDED C 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 FUBLIC C 26,250. 0. SENERAL SUPPORT - GIVE CHOOSE DISTRIBUTION 202 SHELTER AND CASE MANANDALE, VA 22003 51-0249730 501(C)3 FUBLIC C 26,250. 0. STUDENTS THROUGH	MARSHALL, VA 20116	54-1694317	501(C)3 PUBLIC C	13,043.	0.			CHOOSE DISTRIBUTION 2023
POST OFFICE BOX 106 MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. CHOOSE DISTRIBUTION 202 MOBILE HOPE PO BOX 4135 ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. 300 HOMELESS YOUTH UNDIVISION ON THERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 NORTHERN VIRGINIA FAMILY SERVICE SUPPORT FOR EMERGENCY SHELTER AND CASE MANAGEMENT SERVICES TO 300 HOMELESS YOUTH UNDIVISION ON THE SUPPORT OF TH								
MIDDLEBURG, VA 20118 46-0937934 501(C)3 PUBLIC C 7,901. 0. CHOOSE DISTRIBUTION 202 SUPPORT FOR EMERGENCY SHELTER AND CASE PO BOX 4135 ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. 300 HOMELESS YOUTH UNDI MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. STUDENTS THROUGH								
MOBILE HOPE PO BOX 4135 ASHBURN, VA 20148 MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 SUPPORT FOR EMERGENCY SHELTER AND CASE MANAGEMENT SERVICES TO 300 HOMELESS YOUTH UNDI 23,985. 0. SENERAL SUPPORT SUCCESSFUL BUT FINANCIALLY CHALLENGED STUDENTS THROUGH NORTHERN VIRGINIA FAMILY SERVICE		46 0027024	E01/G) 2 DUDI TO G	7 001	0			
MOBILE HOPE PO BOX 4135 ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. SHELTER AND CASE MANAGEMENT SERVICES TO 300 HOMELESS YOUTH UNDI 300 HOMELES	MIDDLEBURG, VA 20118	46-093/934	POL(G)3 PORFIG G	7,901.	0.			
PO BOX 4135 ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. 300 HOMELESS YOUTH UNDER MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. MANAGEMENT SERVICES TO 300 HOMELESS YOUTH UNDER COLLEGE AND AND ADMINISTRY SUPPORT FOR ACADEMICALIST FINANCIALLY CHALLENGED ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. STUDENTS THROUGH	MORILE HOPE							
ASHBURN, VA 20148 46-3053144 501(C)3 PUBLIC C 15,000. 0. 300 HOMELESS YOUTH UNDER CONTROL OF THE COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. 300 HOMELESS YOUTH UNDER COLLEGE EDUCATIONAL FAMILY SERVICE								
MORVEN PARK, INC. 17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 23,985. 0. GENERAL SUPPORT SUPPORT FOR ACADEMICALI SUCCESSFUL BUT FINANCIALLY CHALLENGED STUDENTS THROUGH		46-3053144	501(C)3 PUBLIC C	15,000.	0.			300 HOMELESS YOUTH UNDER
17195 SOUTHERN PLANTER LANE LEESBURG, VA 20176 81-3858337 501(C)3 PUBLIC C 23,985. 0. GENERAL SUPPORT SUPPORT FOR ACADEMICALI SUCCESSFUL BUT FINANCIALLY CHALLENGED ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. STUDENTS THROUGH				,				
LEESBURG, VA 20176 81-3858337 501(C)3 PUBLIC C 23,985. 0. GENERAL SUPPORT SUPPORT FOR ACADEMICALI SUCCESSFUL BUT FINANCIALLY CHALLENGED ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. GENERAL SUPPORT SUCCESSFUL BUT FINANCIALLY CHALLENGED STUDENTS THROUGH	MORVEN PARK, INC.							
NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. STUDENTS THROUGH NORTHERN VIRGINIA FAMILY SERVICE	17195 SOUTHERN PLANTER LANE							
COLLEGE EDUCATIONAL FOUNDATION - 4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. STUDENTS THROUGH NORTHERN VIRGINIA FAMILY SERVICE	LEESBURG, VA 20176	81-3858337	501(C)3 PUBLIC C	23,985.	0.			GENERAL SUPPORT
4001 WAKEFIELD CHAPEL RD - ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. FINANCIALLY CHALLENGED STUDENTS THROUGH NORTHERN VIRGINIA FAMILY SERVICE	NORTHERN VIRGINIA COMMUNITY							SUPPORT FOR ACADEMICALLY
ANNANDALE, VA 22003 51-0249730 501(C)3 PUBLIC C 26,250. 0. STUDENTS THROUGH NORTHERN VIRGINIA FAMILY SERVICE								
NORTHERN VIRGINIA FAMILY SERVICE								
	ANNANDALE, VA 22003	51-0249730	501(C)3 PUBLIC C	26,250.	0.			STUDENTS THROUGH
	MODERN WIDGINIA PARTIY CERVICE							
TO TO TO THE COMMETTED DICTARD								
OAKTON, VA 22124 54-0791977 501(C)3 PUBLIC C 54,372. 0. GENERAL SUPPORT		54-0791977	501(C)3 PIIRI.TC C	54 372	n			GENERAL SUPPORT

Schedule I (Form 990) NORTHERN	FAUQUIER	COUNTIES				5	4-1950727 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
WATERFORD , VA 2017/	47 3123027	SOT(C/S FOBBLE C	42,311.	· ·			GENERAL BUTTORT
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							GENERAL SUPPORT - GIVE
ALEXANDRIA, VA 22304	54-1473693	501(C)3 PUBLIC C	16,213.	0.			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	52 121,100	111(0,0 100010 0	20,113.				
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

Schedule I (Form 990) NORTHERN	•						4-1950727 Page
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.)	T
(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							GENERAL SUPPORT - GIVE
STERLING, VA 20167	82-1122089	501(C)3 PUBLIC C	5,961.	0.			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							SUPPORT FOR LOUDOUN
ARLINGTON, VA 22201	27-4879033	501(C)3 PUBLIC C	7,560.	0.			PROGRAMS
ARBINGTON, VII 22201	27 4075033	SUI(C/S TODBIC C	7,300.	٠.			I ROSKIMB
THE LOUDOUN BALLET PERFORMING ARTS							
COMPANY - 305 E EAST MARKET STREET							GENERAL SUPPORT - GIVE
- LEESBURG, VA 20176	81-4683165	501(C)3 PUBLIC C	6,488.	0.			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
							SUPPORT FOR EVICTION
THE SALVATION ARMY OF LOUDOUN							PREVENTION PROGRAM TO
PO BOX 47							PREVENT HOMELESSNESS AND
LEESBURG, VA 20175	58-0660607	501(C)3 PUBLIC C	11,965.	0.			CREATE SKILLS TO DIVERT
							SUPPORT FOR FOOD PANTRY
TREE OF LIFE MINISTRIES							PROGRAM FOR LOW-INCOME
115 EAST MAIN ST.							HOUSEHOLDS IN LOUDOUN
PURCELLVILLE, VA 20132	46-0666182	501(C)3 PUBLIC C	18,734.	0.			COUNTY
VETERANS MOVING FORWARD							
44225 MERCURE CIRCLE							GENERAL SUPPORT - GIVE
DULLES, VA 20166	27-3117964	501(C)3 PUBLIC C	36,488.	0.			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

(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
					, ,		SUPPORT FOR PROVIDING
VIRGINIA HUNTERS WHO CARE, INC.							15,000 POUNDS OF HIGH
P. O. BOX 304							PROTEIN VENISON TO THOSE
BIG ISLAND, VA 24526	54-1650687	501(C)3 PUBLIC C	6,708.	0.			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
							SUPPORT FOR HOUSING
VOLUNTEERS OF AMERICA CHESAPEAKE &							LOCATION AND RENTAL
CAROLINAS - 7901 ANNAPOLIS ROAD -				_			ASSISTANCE TO LOUDOUN
LANHAM, MD 20706	52-0610547	501(C)3 PUBLIC C	15,000.	0.			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	54 4044040	504 (5) 0					
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
,			,,,,,,,				

54-1950727

Part II 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	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.							
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	(a) Type of grant or assistance		(c) Amount of cash grant		(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
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								
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								
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								
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								
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								
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								
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								
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								
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								
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								
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	Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.			
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	PART I, LINE 2:							
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	THE ORGANIZATION APPLIES DUE DILIGENCE POLICIES IN ALL GRANT-MAKING							
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	PROCEDURES.							
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								
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MENTAL HEALTH AND WELLNESS ACTIVITIES FOR UNDERSERVED, LOW-INCOME YOUTH DISPROPORTIONATELY	PART II, LINE 1, COLUMN (H):							
WELLNESS ACTIVITIES FOR UNDERSERVED, LOW-INCOME YOUTH DISPROPORTIONATELY	NAME OF ORGANIZATION OR GOVERNMENT: INMED PARTNERSHIPS FOR CHILDREN							
	(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR MENTAL HEALTH AND							
AFFECTED BY COVID-19	WELLNESS ACTIVITIES FOR UNDERSERVED, LOW-INCOME YOUTH DISPROPORTIONATELY							
	AFFECTED BY COVID-19							

45

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

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

Schedule I (Form 990)

GRANTS

Part IV Supplemental Information					
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

Department of the Treasury Internal Revenue Service

Name of the organization

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.

COMMUNITY FOUNDATION FOR LOUDOUN AND

Open to Public Inspection

Employer identification number

	NORTHERN FAU	QUIER	COUNTIES		54-1	9507	27	
Pai	rt 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 de noncash contribu		-	
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 organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							es/	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·	· ·			
	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	b If "Yes," describe the arrangement in Part II.							
31							_X_	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		_X_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

332141 09-11-23

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

COMMUNITY FOUNDATION FOR LOUDOUN AND

Schedule M	(Form 990) 2023	NORTHERN	FAUQUIER	COUNTIES		54-1950727	Page 2
Part II	(Form 990) 2023 Supplemental	Information.	Provide the inforr	mation required by	Part I. lines 30b. 32	b, and 33, and whether the organ or a combination of both. Also co	ization
	is reporting in Part	I. column (b), the	number of contrib	outions, the numbe	r of items received.	or a combination of both. Also co	mplete
	this part for any ac	dditional information	on.	,	,		•
				<u> </u>			
_							

Schedule M (Form 990) 2023

332142 09-11-23

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.

QUZ3
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION FOR LOUDOUN AND NORTHERN FAUQUIER COUNTIES

Employer identification number 54-1950727

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 SHALL ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT. CONFLICTS OF POWERS, 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

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

DATA FOR SALARY DETERMINATIONS INCLUDED IN THE ORGANIZATION'S ANNUAL BUDGET

Schedule O (Form 990) 2023	Page 2
Name of the organization COMMUNITY FOUNDATION FOR LOUDOUN AND	Employer identification number
NORTHERN FAUQUIER COUNTIES	54-1950727
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.	