

Form **8868**
(Rev. January 2025)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF THE NATIONAL CAPITAL AREA	Taxpayer identification number (TIN) 53-0234290
	Number, street, and room or suite no. If a P.O. box, see instructions. 8614 WESTWOOD CENTER DRIVE, 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VIENNA, VA 22182	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ROSIE ALLEN-HERRING, PRESIDENT & CEO**
8614 WESTWOOD CENTER DRIVE, #300 - VIENNA, VA 22182

Telephone No. **(202) 488-2000** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box _____
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE NATIONAL CAPITAL AREA		D Employer identification number 53-0234290
	Doing business as		E Telephone number 202-488-2000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 26,113,403.
	8614 WESTWOOD CENTER DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code VIENNA, VA 22182		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ROSIE ALLEN-HERRING SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.UNITEDWAYNCA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1974	M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMITTED TO IMPROVED HEALTH, EDUCATION AND OPPORTUNITY OF EVERY PERSON IN OUR COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	48
	6 Total number of volunteers (estimate if necessary)	6	1933
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,056,876.	16,435,047.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	951,811.	793,515.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,145,192.	1,999,305.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,222.	3,599.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,205,101.	19,231,466.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,141,676.	12,537,600.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,060,169.	5,385,048.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	127,500.	429,335.
	b Total fundraising expenses (Part IX, column (D), line 25)	3,864,966.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,961,753.	3,276,905.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,291,098.	21,628,888.	
19 Revenue less expenses. Subtract line 18 from line 12	-3,085,997.	-2,397,422.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	52,045,506.	48,760,624.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,140,070.	15,134,750.
		34,905,436.	33,625,874.

Part II Signature Block

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

Sign Here	Signature of officer: <i>Rosie Allen Herring</i>	Date: 2/4/2026			
	Signature of officer: B37905BC4B5...	Date			
Paid Preparer Use Only	Preparer's name: ROBERT WILLIAMS	Preparer's signature: ROBERT WILLIAMS	Date: 02/02/26	Check if self-employed: <input type="checkbox"/>	PTIN: P01345960
	Firm's name: CLIFTONLARSONALLEN LLP	Firm's EIN: 41-0746749	Firm's address: 950 NORTH GLEBE ROAD, SUITE 1200 ARLINGTON, VA 22203		
	Phone no. 571-227-9500				

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY NCA IMPROVES THE LIVES OF UNDERSERVED INDIVIDUALS IN THE NATIONAL CAPITAL AREA BY FOCUSING COMMUNITY RESOURCES ON CREATING MEASURABLE AND LASTING IMPACT. WHEN NONE ARE IGNORED, ALL WILL THRIVE. ...CONTINUED ON SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 12,484,960. including grants of \$ 10,355,244.) (Revenue \$ 793,515.) NONPROFIT CAPACITY BUILDING: UNITED WAY NCA'S PRIMARY SOURCE OF REVENUE IS GENERATED THROUGH EMPLOYER-SPONSORED WORKPLACE GIVING CAMPAIGNS. IN ADDITION, UNITED WAY NCA CONDUCTS A VARIETY OF FUNDRAISING INITIATIVES THROUGHOUT THE YEAR, WITH A FOCUS ON GROWING AND DIVERSIFYING FUNDING SOURCES TO SUPPORT ITS COMMUNITY IMPACT WORK AND OPERATIONS. FOR NEARLY 100 YEARS, COMPANIES, FOUNDATIONS, PUBLIC ENTITIES, AND INDIVIDUAL DONORS HAVE RECOGNIZED UNITED WAY NCA AS THE PREEMINENT NONPROFIT FOR DONATING TO THE CAUSES THEY CARE ABOUT. THE MILLIONS OF DOLLARS RAISED BY UNITED WAY NCA EACH YEAR ARE INVESTED IN THE MOST EFFECTIVE PROGRAMS AND SERVICES TO TACKLE THE MOST COMPLEX SOCIAL CHALLENGES, CRITICAL AREAS OF NEEDS AND ISSUES IN OUR REGION.

4b (Code:) (Expenses \$ 1,380,390. including grants of \$ 1,077,755.) (Revenue \$ 0.) HEALTH AND EDUCATION: UNITED WAY NCA'S THRIVE UNITED 365 HEALTH PROGRAM IMPROVES ACCESS TO THE DISTRIBUTION OF HEALTH RESOURCES AND IMPROVES PEOPLE'S LIVES BY ADDRESSING HEALTH CONDITIONS MOST AFFECTING ITS COMMUNITIES. ADOPTING A COMMUNITY-BASED PUBLIC HEALTH INTERVENTION MODEL, THE PROGRAM SUPPORTS PREVENTION AND CARE MANAGEMENT STRATEGIES TO CREATE LOW-BARRIER HEALTH RESOURCE ACCESS POINTS FOR COMMUNITIES FACING ENDURING HEALTH DISPARITIES. THIS PLACE-BASED WORK INCLUDES IMPROVED ACCESS TO CHRONIC DISEASE PREVENTION AND MANAGEMENT AND MENTAL HEALTH RESOURCES. ...CONTINUED ON SCHEDULE O.

4c (Code:) (Expenses \$ 1,281,689. including grants of \$ 1,104,601.) (Revenue \$ 0.) UNITED WAY NCA'S ECONOMIC OPPORTUNITY INITIATIVES PROVIDE INFORMATION, RESOURCES, AND SERVICES TO END DEBT AND INCREASE GENERATIONAL WEALTH IN UNDER-RESOURCED COMMUNITIES. SINCE 2015, UNITED WAY NCA HAS OPERATED THE REGION'S FIRST GROUP OF FINANCIAL EMPOWERMENT CENTERS (FECS) TO PROMOTE ECONOMIC OPPORTUNITY. TODAY, UNITED WAY NCA'S FIVE FECS OFFER INDIVIDUALS, VETERANS, AND WORKING FAMILIES NO-COST, PROFESSIONAL HIGH-QUALITY FINANCIAL CAPACITY BUILDING SERVICES, SUCH AS PERSONALIZED FINANCIAL COACHING AND HOUSING COUNSELING. FEC PROGRAMS INCLUDE FINANCIAL AND WORKFORCE TRAINING, INDIVIDUAL AND SMALL GROUP COACHING, TAX PREPARATION SERVICES AND WEALTH BUILDING WORK. ...CONTINUED ON SCHEDULE O.

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

4e Total program service expenses 15,147,039.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed DC, VA, MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
ROSIE ALLEN-HERRING, PRESIDENT & CEO - (202)488-2000
8614 WESTWOOD CENTER DRIVE, #300, VIENNA, VA 22182

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSIE ALLEN-HERRING PRESIDENT & CEO	50.00			X			561,037.	0.	102,995.	
(2) ANTHONY PAUL VP, INFORMATION TECHNOLOGY	50.00				X		177,213.	0.	31,996.	
(3) ROSE JOHNSON VP, HUMAN RESOURCES	50.00				X		167,056.	0.	23,061.	
(4) IAN GORDON VP, COMMUNITY IMPACT (UNTIL 02/25)	50.00				X		150,902.	0.	22,305.	
(5) NEDELKA PHILLIPS SVP, MARCOMM & FUNDRAISING	50.00				X		142,116.	0.	16,347.	
(6) QUN LIANG DIRECTOR, ACCOUNTING SERVICES	50.00				X		137,259.	0.	5,490.	
(7) ROBIN WATKINS ACTING CFO/VP OF FINANCE(UNTIL 07/24)	50.00			X			106,691.	0.	16,363.	
(8) GARY TABACH BOARD CHAIR	2.00	X		X			0.	0.	0.	
(9) KEN SAMET, FACHE TREASURER	2.00	X		X			0.	0.	0.	
(10) STEVE PROCTOR SECRETARY	2.00	X		X			0.	0.	0.	
(11) DANIEL KOTTER DIRECTOR	1.00	X					0.	0.	0.	
(12) ANGELA FRANCO DIRECTOR	1.00	X					0.	0.	0.	
(13) ELLIOTT FERGUSON DIRECTOR	1.00	X					0.	0.	0.	
(14) EVELYN LEE DIRECTOR	1.00	X					0.	0.	0.	
(15) MARTIN RODGERS DIRECTOR	1.00	X					0.	0.	0.	
(16) RACHEL S. KRONOWITZ DIRECTOR	1.00	X					0.	0.	0.	
(17) RICHARD K. BYNUM DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WENDY MORTON-HUDDLESTON DIRECTOR	1.00	X						0.	0.	0.
(19) TYLER ANTHONY DIRECTOR	1.00	X						0.	0.	0.
(20) EVAN KRAUS DIRECTOR	1.00	X						0.	0.	0.
(21) JAMES W. CORNELSEN DIRECTOR	1.00	X						0.	0.	0.
(22) KEVIN SMITHSON DIRECTOR	1.00	X						0.	0.	0.
(23) STACI PIES DIRECTOR	1.00	X						0.	0.	0.
(24) JOSHUA ETEMADI DIRECTOR	1.00	X						0.	0.	0.
(25) TRACY KENNY DIRECTOR	1.00	X						0.	0.	0.
(26) AMRY JUNAIDEEN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,442,274.	0.	218,557.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,442,274.	0.	218,557.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 14

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COMMUNITY COUNSELING SERVICE CO LLC, TWO LOGAN SQUARE, SUITE 420, PHILADELPHIA, PA	PROFESSIONAL FUNDRAISING CO.	383,113.
JR COMMUNICATIONS 6104 HARVARD AVENUE, GLEN ECHO, MD 20812	PUBLIC RELATIONS CONSULTING	178,000.
GO FISH DIGITAL, 324 SOUTH WILMINGTON ST., #412, RALEIGH, NC 27601	MARKETING CONSULTING	146,564.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	5,817,447.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	146,952.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,470,648.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 101,836.				
	h	Total. Add lines 1a-1f			16,435,047.			
	Program Service Revenue	2 a	CAMPAIGN FEE REVENUE	Business Code	900099	606,288.	606,288.	
b		CFC APPLICATION & LISTING FEE		900099	187,227.	187,227.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			793,515.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			950,933.		950,933.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					7,930,309.			
	b	Less: cost or other basis and sales expenses	7b	6,881,937.				
	c	Gain or (loss)	7c	1,048,372.				
d	Net gain or (loss)			1,048,372.		1048372.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code	900099	3,599.		3,599.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			3,599.			
	12	Total revenue. See instructions			19,231,466.	793,515.	0.	2002904.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,537,600.	12,537,600.		
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	623,537.	185,485.	222,965.	215,087.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,603,671.	1,140,376.	1,133,790.	1,329,505.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	562,744.	177,127.	179,168.	206,449.
9 Other employee benefits	296,319.	93,333.	94,161.	108,825.
10 Payroll taxes	298,777.	93,769.	95,757.	109,251.
11 Fees for services (nonemployees):				
a Management				
b Legal	12,403.	2,391.	2,359.	7,653.
c Accounting	74,658.		74,658.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	429,335.			429,335.
f Investment management fees	173,959.		173,959.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,338,549.	363,125.	242,397.	733,027.
12 Advertising and promotion	205,107.	57,014.	7,689.	140,404.
13 Office expenses	78,091.	12,276.	42,013.	23,802.
14 Information technology	106,658.	20,560.	20,286.	65,812.
15 Royalties				
16 Occupancy	739,817.	271,704.	188,579.	279,534.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,448.	3,162.	5,960.	2,326.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	255,039.	96,348.	61,776.	96,915.
23 Insurance	41,263.	15,588.	9,995.	15,680.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES	178,024.	67,254.	43,121.	67,649.
b STAFF DEVELOPMENT	61,889.	9,927.	18,250.	33,712.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,628,888.	15,147,039.	2,616,883.	3,864,966.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	242,546.	1	641,853.
	2 Savings and temporary cash investments	1,846,271.	2	559,394.
	3 Pledges and grants receivable, net	5,738,387.	3	5,576,028.
	4 Accounts receivable, net	259,828.	4	228,102.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	127,496.	9	134,468.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,593,563.		
	b Less: accumulated depreciation	10b 697,735.	2,121,116.	10c 1,895,828.
	11 Investments - publicly traded securities	37,114,361.	11	35,256,129.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,595,501.	15	4,468,822.
16 Total assets. Add lines 1 through 15 (must equal line 33)	52,045,506.	16	48,760,624.	
Liabilities	17 Accounts payable and accrued expenses	927,922.	17	1,025,747.
	18 Grants payable	5,277,703.	18	4,574,808.
	19 Deferred revenue	1,452,800.	19	116,960.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	2,250,000.	24	2,250,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,231,645.	25	7,167,235.
	26 Total liabilities. Add lines 17 through 25	17,140,070.	26	15,134,750.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	33,270,471.	27	31,534,706.
	28 Net assets with donor restrictions	1,634,965.	28	2,091,168.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	34,905,436.	32	33,625,874.
33 Total liabilities and net assets/fund balances	52,045,506.	33	48,760,624.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,231,466.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,628,888.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,397,422.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,905,436.
5	Net unrealized gains (losses) on investments	5	1,463,079.
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	-345,219.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	33,625,874.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44629838.	21990156.	20477810.	19056876.	16435047.	122589727
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	44629838.	21990156.	20477810.	19056876.	16435047.	122589727
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						339,995.
6 Public support. Subtract line 5 from line 4.						122249732

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	44629838.	21990156.	20477810.	19056876.	16435047.	122589727
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	725,682.	980,122.	1011511.	992,523.	950,934.	4660772.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	265,874.	74,327.	100,849.	51,222.	3,599.	495,871.
11 Total support. Add lines 7 through 10						127746370
12 Gross receipts from related activities, etc. (see instructions)					12	5,327,148.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	95.70	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	96.39	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

Section 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2020 AMOUNT: \$ 65,874.

2021 AMOUNT: \$ 74,327.

2022 AMOUNT: \$ 100,849.

2023 AMOUNT: \$ 51,222.

2024 AMOUNT: \$ 3,599.

CONTINGENCY ACCRUAL REVERSAL

2020 AMOUNT: \$ 200,000.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization UNITED WAY OF THE NATIONAL CAPITAL AREA	Employer identification number 53-0234290
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization UNITED WAY OF THE NATIONAL CAPITAL AREA	Employer identification number 53-0234290
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>5,817,447.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,435,682.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,007,417.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>986,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>982,267.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>439,239.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF THE NATIONAL CAPITAL AREA	Employer identification number 53-0234290
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>422,342.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF THE NATIONAL CAPITAL AREA	Employer identification number 53-0234290
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED WAY OF THE NATIONAL CAPITAL AREA	Employer identification number 53-0234290
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)
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

Open to Public Inspection

Name of the organization **UNITED WAY OF THE NATIONAL CAPITAL AREA** Employer identification number **53-0234290**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	178,584.	175,303.	175,667.	199,076.	198,242.
b Contributions					
c Net investment earnings, gains, and losses	6,736.	3,281.	-364.	-23,409.	1,459.
d Grants or scholarships					
e Other expenditures for facilities and programs					625.
f Administrative expenses					
g End of year balance	185,320.	178,584.	175,303.	175,667.	199,076.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.0000 %
- b** Permanent endowment 94.4300 %
- c** Term endowment 5.5700 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----------|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,943,533.	400,003.	1,543,530.
d Equipment		603,631.	251,333.	352,298.
e Other		46,399.	46,399.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,895,828.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE - LIFE INSURANCE	49,748.
(2) INVESTMENT - 457 PLAN	1,063,843.
(3) RENT DEPOSIT	58,397.
(4) RIGHT-OF-USE ASSET	3,296,834.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,468,822.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION - 457 LIABILITY	1,063,843.
(3) LEASE LIABILITY (RIGHT OF USE)	6,103,392.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,167,235.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,250,373.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	1,463,079.	
	b Donated services and use of facilities	2b	41,230.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-10,311,443.	
	e Add lines 2a through 2d	2e		-8,807,134.
3	Subtract line 2e from line 1		3	19,057,507.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	173,959.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		173,959.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	19,231,466.

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

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

1	Total expenses and losses per audited financial statements		1	11,529,935.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	41,230.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		41,230.
3	Subtract line 2e from line 1		3	11,488,705.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	173,959.	
	b Other (Describe in Part XIII.)	4b	9,966,224.	
	c Add lines 4a and 4b	4c		10,140,183.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	21,628,888.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE ENDOWMENT REPRESENTS A CHARITABLE BEQUEST RESTRICTED TO INVEST IN PERPETUITY FOR COMMUNITY IMPACT FUNDS AND A CHARITABLE BEQUEST TO INVEST IN PERPETUITY FOR GENERAL OPERATIONS.

PART X, LINE 2:

UNITED WAY NCA IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND THEREFORE QUALIFIES AS AN ORGANIZATION ELIGIBLE TO RECEIVE DEDUCTIBLE CHARITABLE CONTRIBUTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME THAT IS UNRELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, UNITED WAY NCA MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO., LLC (CCS)

(I) ADDRESS OF FUNDRAISER:

TWO LOGAN SQUARE, SUITE 420, PHILADELPHIA, PA 19103

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF THE NATIONAL CAPITAL AREA** Employer identification number **53-0234290**

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A WOMAN'S CHOICE 6201 LEESBURG PIKE SUITE 220 FALLS CHURCH, VA 22044	52-1424491	501 (C) (3)	10,388.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AARP LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON, DC 20049	52-1194741	501 (C) (3)	5,782.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ACADEMY OF THE HOLY CROSS 4920 STRATHMORE AVENUE KENSINGTON, MD 20895	52-0683113	501 (C) (3)	7,066.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ACCA, INC. 7200 COLUMBIA PIKE ANNANDALE, VA 22003	54-0836157	501 (C) (3)	10,861.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ACTION IN COMMUNITY THROUGH SERVICE OF PRINXE WILLIAM, INC. - PO BOX 74 - DUMFRIES, VA 22026	54-0897679	501 (C) (3)	28,219.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ADVENTIST COMMUNITY SERVICES OF GREATER WASHINGTON - 501 SLIGO AVENUE - SILVER SPRING, MD 20910	02-0592766	501 (C) (3)	5,334.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 210.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALFRED STREET BAPTIST CHURCH FOUNDATION - 301 SOUTH ALFRED STREET - ALEXANDRIA, VA 22314	13-4245463	501 (C) (3)	68,797.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ALIVE!, INC. 2723 KING STREET ALEXANDRIA, VA 22302	54-0914017	501 (C) (3)	50,232.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ALZHEIMER'S DISEASE AND RELATED DISORDER NATIONAL CAPITAL AREA - 3550 S CLARK ST, SUITE 203 - ARLINGTON, VA 22202	13-3039601	501 (C) (3)	6,724.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN CANCER SOCIETY SOUTH ATLANTIC - PO BOX 22478 - OKLAHOMA CITY, OK 73123	58-0659875	501 (C) (3)	24,388.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN DIABETES ASSOCIATION WASHINGTON DC - 2451 CRYSTAL DRIVE, SUITE 900 - ARLINGTON, VA 22202	13-1623888	501 (C) (3)	33,971.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AMERICAN HEART ASSOCIATION DISTRICT OF COLUMBIA - 4217 PARK PLACE COURT - GLEN ALLEN, VA 23060	13-5613797	501 (C) (3)	5,864.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ANCHOR MENTAL HEALTH ASSOCIATION, INC. - 1001 LAWRENCE STREET NE - WASHINGTON, DC 20017	52-0824835	501 (C) (3)	5,239.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ANIMAL WELFARE LEAGUE OF ALEXANDRIA - 4101 EISENHOWER AVENUE - ALEXANDRIA, VA 22304	54-0796610	501 (C) (3)	56,559.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARC OF GREATER PRINCE WILLIAM / INSIGHT - 13505 HILLENDALE DR. - WOODBRIDGE, VA 22193	54-0743298	501 (C) (3)	6,656.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF MONTGOMERY COUNTY, THE 7362 CALHOUN PLACE ROCKVILLE, MD 20855	52-0639953	501 (C) (3)	9,405.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARC OF NORTHERN VIRGINIA, THE 2755 HARTLAND ROAD FALLS CHURCH, VA 22043	54-0675506	501 (C) (3)	9,297.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARC OF PRINCE GEORGE'S COUNTY, THE 1401 MCCORMICK DR LARGO, MD 20774	52-0715246	501 (C) (3)	10,844.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARCHBISHOP CARROLL HIGH SCHOOL 4300 HAREWOOD ROAD, NE WASHINGTON, DC 20017	53-0207416	501 (C) (3)	14,985.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARLINGTON FOOD ASSISTANCE CENTER PO BOX 6261 ARLINGTON, VA 22206	54-1473207	501 (C) (3)	119,565.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARLINGTON FREE CLINIC, INC. 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501 (C) (3)	17,690.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARLINGTON OUTDOOR EDUCATION ASSOC., INC. - PO BOX 5646 - ARLINGTON, VA 22205	54-0840089	501 (C) (3)	6,222.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ARLINGTON THRIVE, INC. PO BOX 7429 ARLINGTON, VA 22207	51-0207684	501 (C) (3)	17,443.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AUTISM SOCIETY OF AMERICA NORTHERN VIRGINIA - 10467 WHITE GRANITE DRIVE, 3RD FLOOR - OAKTON, VA 22124	54-1698694	501 (C) (3)	10,446.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISM SPEAKS, NATIONAL CAPITAL AREA - 1060 STATE ROAD, 2ND FLOOR - PRINCETON, NJ 08540	20-2329938	501 (C) (3)	6,169.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
AYUDA, INC. PO BOX 66786 WASHINGTON, DC 20035	52-0971440	501 (C) (3)	14,160.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BETHANY HOUSE OF NORTHERN VIRGINIA, INC. - 6601 LITTLE RIVER TPKE, SUITE 110 - ALEXANDRIA, VA 22312	51-0252177	501 (C) (3)	6,340.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BETHESDA CARES, INC. 7728 WOODMONT AVENUE BETHESDA, MD 20814	52-1634919	501 (C) (3)	15,978.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BIG BROTHERS BIG SISTERS OF THE NATIONAL CAPITAL AREA - 910 17TH STREET NW, SUITE 404 - WASHINGTON, DC 20006	53-0190849	501 (C) (3)	11,420.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BISHOP MCNAMARA HIGH SCHOOL 6800 MARLBORO PIKE FORESTVILLE, MD 20747	52-0805939	501 (C) (3)	12,931.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BOYS AND GIRLS CLUB OF GREATER WASHINGTON - 4103 BENNING ROAD NE - WASHINGTON, DC 20019	53-0236759	501 (C) (3)	5,825.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BRAIN INJURY SERVICES 8136 OLD KEENE MILL ROAD SUITE B102 SPRINGFIELD, VA 22152	54-1346045	501 (C) (3)	6,268.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BREAD FOR THE CITY 1525 7TH STREET NW WASHINGTON, DC 20001	52-1138207	501 (C) (3)	96,780.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGES TO INDEPENDENCE, INC. 3103 9TH ROAD NORTH ARLINGTON, VA 22201	54-1368484	501 (C) (3)	12,114.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BRIGHT BEGINNINGS, INC. 3418 4TH STREET SE WASHINGTON, DC 20032	52-1697917	501 (C) (3)	11,408.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
BRITEPATHS INC. 3959 PENDER DRIVE SUITE 200 FAIRFAX, VA 22030	52-1596259	501 (C) (3)	295,423.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CALVARY WOMEN'S SERVICES 1217 GOOD HOPE ROAD SE WASHINGTON, DC 20020	52-1307706	501 (C) (3)	20,170.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CAMPAGNA CENTER, THE 418 SOUTH WASHINGTON STREET ALEXANDRIA, VA 22314	54-0534609	501 (C) (3)	9,265.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVENUE NE WASHINGTON, DC 20017	52-1167581	501 (C) (3)	515,285.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CARPENTER'S SHELTER 930 NORTH HENRY STREET ALEXANDRIA, VA 22314	54-1571849	501 (C) (3)	40,106.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CASA DE MARYLAND, INC. 8151 15TH AVENUE HYATTSVILLE, MD 20783	52-1372972	501 (C) (3)	23,355.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CASA FOR CHILDREN OF THE DISTRICT OF COLUMBIA - PO BOX 15063 - WASHINGTON, DC 20003	03-0472883	501 (C) (3)	9,969.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON - 924 G STREET, NW - WASHINGTON, DC 20001	53-0196524	501 (C) (3)	74,858.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CENTRAL AMERICAN RESOURCE CENTER 1460 COLUMBIA ROAD NW SUITE C 1 WASHINGTON, DC 20009	52-1271888	501 (C) (3)	5,869.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CENTRAL UNION MISSION PO BOX 96763 WASHINGTON, DC 20090	53-0218650	501 (C) (3)	7,377.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHILDREN OF MINE YOUTH CENTER, INC. - 1450 HOWARD ROAD, SE - WASHINGTON, DC 20020	52-1873268	501 (C) (3)	5,551.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHILDREN'S LAW CENTER, INC. 501 3RD STREET NW, 8TH FLOOR WASHINGTON, DC 20001	52-1961588	501 (C) (3)	5,640.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CHRIST HOUSE 1717 COLUMBIA ROAD NW WASHINGTON, DC 20009	52-1362103	501 (C) (3)	16,081.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CITY KIDS WILDERNESS PROJECT 2437 15TH STREET NW WASHINGTON, DC 20009	52-1976304	501 (C) (3)	7,702.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COALITION FOR THE HOMELESS, INC. 1234 MASSACHUSETTS AVE NW SUITE C-1 WASHINGTON, DC 20005	52-1245499	501 (C) (3)	24,361.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COLLEGE BOUND, INC. 128 M STREET, NW SUITE 220 WASHINGTON, DC 20001	52-1761312	501 (C) (3)	9,118.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS NORTHERN VIRGINIA - 201 NORTH UNION STREET SUITE 340 - ALEXANDRIA, VA 22314	46-3053331	501 (C) (3)	109,087.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COMMUNITIES IN SCHOOLS OF THE NATION'S CAPITAL - 1023 31ST STREET, NW SUITE 510 - WASHINGTON, DC 20007	72-1581607	501 (C) (3)	127,500.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COMMUNITY OF HOPE 4 ATLANTIC STREET SW WASHINGTON, DC 20032	52-1184749	501 (C) (3)	14,075.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COMMUNITY SERVICES AGENCY OF THE METROPOLITAN WASHINGTON COUNCIL AFL-CIO - 888 16TH STREET NW SUITE 520 - WASHINGTON, DC 20006	52-1718506	501 (C) (3)	36,011.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CONQUER CANCER FOUNDATION 2318 MILL ROAD, SUITE 800 ALEXANDRIA, VA 22314	31-1667995	501 (C) (3)	5,247.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
CORNERSTONES VA, INC. 11150 SUNSET HILLS ROAD SUITE 210 RESTON, VA 20190	54-1037615	501 (C) (3)	12,037.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
COURT APPOINTED SPECIAL ADVOCATE (CASA) - 6811 KENILWORTH AVE, SUITE 402 - RIVERDALE, MD 20737	52-1772617	501 (C) (3)	7,611.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DC CENTRAL KITCHEN 425 2ND STREET, N.W. WASHINGTON, DC 20001	52-1584936	501 (C) (3)	98,090.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DC CHILDREN'S ADVOCACY CENTER 429 O STREET NW WASHINGTON, DC 20001	52-1888617	501 (C) (3)	8,833.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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DC RAPE CRISIS CENTER 5321 1ST PLACE NE REAR WASHINGTON, DC 20011	23-7377193	501 (C) (3)	8,117.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DC SCORES 1140 CONNECTICUT AVE NW, SUITE 1200 WASHINGTON, DC 20036	52-2230721	501 (C) (3)	8,714.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DC YOUTH ORCHESTRA PROGRAM, INC. (DCYOP) - 1700 EAST CAPITOL STREET NE - WASHINGTON, DC 20003	52-6059783	501 (C) (3)	11,985.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DEMATHA CATHOLIC HIGH SCHOOL 4313 MADISON STREET HYATTSVILLE, MD 20781	52-0607998	501 (C) (3)	14,345.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DIABETES NATIONAL INSTITUTE 9109 LEVELLE DRIVE CHEVY CHASE, MD 20815	52-2184099	501 (C) (3)	10,504.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DISTRICT ALLIANCE FOR SAFE HOUSING, INC. - PO BOX 91730 - WASHINGTON, DC 20090	71-1019574	501 (C) (3)	5,369.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DISTRICT OF COLUMBIA COLLEGE ACCESS - 1029 VERMONT AVENUE NW, SUITE 400 - WASHINGTON, DC 20005	52-2132835	501 (C) (3)	5,700.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
DOORWAYS FOR WOMEN AND FAMILIES P.O. BOX 100185 ARLINGTON, VA 22210	54-1087829	501 (C) (3)	32,004.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ECHO, INC. 7205 OLD KEENE MILL ROAD SPRINGFIELD, VA 22150	54-0852799	501 (C) (3)	47,181.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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ELIZABETH SETON HIGH SCHOOL 5715 EMERSON STREET BLADENSBURG, MD 20710	52-0729718	501 (C) (3)	7,596.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EVERYBODY WINS! DC 1420 NEW YORK AVE NW, SUITE 650 WASHINGTON, DC 20005	52-1938281	501 (C) (3)	5,984.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EVERYMIND, INC. 1000 TWINBROOK PARKWAY ROCKVILLE, MD 20851	52-0681147	501 (C) (3)	75,000.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EVERYONE HOME DC 415 2ND STREET NE, 3RD FLOOR WASHINGTON, DC 20002	52-0853501	501 (C) (3)	15,452.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
EXTRA-ORDINARY BIRTHDAYS INC. PO BOX 1109 COLLEGE PARK, MD 20740	27-3134087	501 (C) (3)	5,172.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FACETS CARES, INC. 10640 PAGE AVENUE, #300 FAIRFAX, VA 22030	54-1516266	501 (C) (3)	7,535.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FAIRFAX CASA, INC. 4103 CHAIN BRIDGE ROAD SUITE 200 FAIRFAX, VA 22030	54-1555197	501 (C) (3)	5,198.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FAIRFAX COUNTY PARK FOUNDATION 12055 GOVERNMENT CENTER PARKWAY SUI FAIRFAX, VA 22035	54-2019179	501 (C) (3)	13,539.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FAIRFAX COUNTY PUBLIC LIBRARY FOUNDATION - 12000 GOVERNMENT CENTER PARKWAY SUITE 329 - FAIRFAX, VA 22035	54-1722709	501 (C) (3)	19,016.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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FAIRFAX FISH, INC. PO BOX 2254 FAIRFAX, VA 22031	51-0205774	501 (C) (3)	11,042.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FAIRFAX VOLUNTEER FIRE DEPARTMENT, INC. - 4081 UNIVERSITY DRIVE - FAIRFAX, VA 22030	23-7383319	501 (C) (3)	6,650.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FELINE FOUNDATION OF GREATER WASHINGTON - 11160 C1 SOUTH LAKES DRIVE, #707 - RESTON, VA 20191	54-1749459	501 (C) (3)	13,614.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FIRST GENERATION COLLEGE BOUND, INC. - 8101 SANDY SPRING ROAD SUITE 230 - LAUREL, MD 20707	52-1720876	501 (C) (3)	5,861.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FOOD & FRIENDS 219 RIGGS ROAD, NE WASHINGTON, DC 20011	52-1648941	501 (C) (3)	43,133.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FOOD ON THE STOVE 1026 COOK DRIVE, SE WASHINGTON, DC 20032	82-4248331	501 (C) (3)	18,583.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FOUNDATION FOR THE ADVANCEMENT OF MUSIC & EDUCATION - PO BOX 2228 - BOWIE, MD 20718	59-3836026	501 (C) (3)	6,660.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FREE MINDS BOOK CLUB & WRITING WORKSHOP - 2201 P STREET NW - WASHINGTON, DC 20037	43-2066514	501 (C) (3)	15,177.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FRIENDS OF FORT DUPONT ICE ARENA 3779 ELY PLACE, SE WASHINGTON, DC 20019	52-1985982	501 (C) (3)	8,488.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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FRIENDS OF GUEST HOUSE 1 EAST LURAY AVENUE ALEXANDRIA, VA 22301	51-0201327	501 (C) (3)	5,253.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FRIENDS OF HOMELESS ANIMALS 39710 GOODPUPPY LANE ALDIE, VA 20105	23-7355910	501 (C) (3)	34,036.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FRIENDS OF PATIENTS AT THE NIH P.O. BOX 340139 BETHESDA, MD 20827	52-1449492	501 (C) (3)	7,709.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FRIENDS OF THE LIBRARY, MONTGOMERY COUNTY MARYLAND - 21 MARYLAND AVENUE SUITE 310 - ROCKVILLE, MD 20850	52-1283371	501 (C) (3)	7,636.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
FRIENDSHIP PLACE 4713 WISCONSIN AVENUE, NW WASHINGTON, DC 20016	52-1925494	501 (C) (3)	19,148.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GAITHERSBURG HELP, INC. 301 MUDDY BRANCH ROAD GAITHERSBURG, MD 20878	23-7413600	501 (C) (3)	26,698.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GAITHERSBURG MEALS ON WHEELS, INC. 19818 FALLING SPRING COURT GAITHERSBURG, MD 20882	52-1208868	501 (C) (3)	9,779.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GEORGETOWN VISITATION PREPARATORY SCHOOL - 1524 35TH STREET, NW - WASHINGTON, DC 20007	47-1142687	501 (C) (3)	7,258.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL - 4301 CONNECTICUT AVENUE, NW SUITE M-2 - WASHINGTON, DC 20008	54-0732966	501 (C) (3)	15,623.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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GONZAGA COLLEGE HIGH SCHOOL 19 I STREET NW WASHINGTON, DC 20001	53-0204703	501 (C) (3)	15,750.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GOOD SHEPHERD HOUSING FOUNDATION 13190 CENERPOINTE WAY #102 WOODBIDGE, VA 22193	54-1506110	501 (C) (3)	6,724.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GOODWILL OF GREATER WASHINGTON 2200 SOUTH DAKOTA AVENUE, NE WASHINGTON, DC 20018	53-0196588	501 (C) (3)	7,397.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
GREATER WASHINGTON URBAN LEAGUE 2901 14TH STREET, NW WASHINGTON, DC 20009	53-0208981	501 (C) (3)	200,000.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HABITAT FOR HUMANITY OF METRO MARYLAND - 8380 COLESVILLE ROAD, SUITE 700 - SILVER SPRING, MD 20910	52-1299516	501 (C) (3)	23,345.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HABITAT FOR HUMANITY OF PRINCE WILLIAM - 10159 HASTINGS DRIVE - MANASSAS, VA 20110	54-1721394	501 (C) (3)	18,091.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HEROES, INC. 1200 29TH STREET NW WASHINGTON, DC 20007	52-6057916	501 (C) (3)	9,879.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HIGHER ACHIEVEMENT PROGRAM, INC. 317 8TH STREET, NE WASHINGTON, DC 20002	52-1383374	501 (C) (3)	5,416.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOMELESS ANIMALS RESCUE TEAM PO BOX 7261 FAIRFAX STATION, VA 22039	54-1564904	501 (C) (3)	44,826.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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HOMELESS CHILDREN'S PLAYTIME PROJECT - 1525 NEWTON STREET, NW - WASHINGTON, DC 20010	20-3380456	501 (C) (3)	16,435.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOMESTRETCH, INC. 303 SOUTH MAPLE AVENUE, SUITE 400 FALLS CHURCH, VA 22046	54-1894391	501 (C) (3)	14,761.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HOUSE OF RUTH MARYLAND, INC. 2201 ARGONNE DRIVE BALTIMORE, MD 21218	52-1100236	501 (C) (3)	46,671.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HUMANE RESCUE ALLIANCE 71 OGLETHORPE STREET NW WASHINGTON, DC 20011	53-0219724	501 (C) (3)	103,358.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
HUMANE SOCIETY OF FAIRFAX COUNTY, INC. - 4057 CHAIN BRIDGE RD - FAIRFAX, VA 22030	54-6064956	501 (C) (3)	42,943.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
INOVA HEALTH SYSTEM FOUNDATION 8095 INNOVATION PARK DRIVE FAIRFAX, VA 22031	54-1071867	501 (C) (3)	20,955.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
INTERFAITH WORKS, INC. 981 ROLLINS AVE, 2ND FLOOR ROCKVILLE, MD 20852	52-1072684	501 (C) (3)	13,035.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
INTERNATIONAL RESCUE COMMITTEE, INC. - PO BOX 6068 - ALBERT LEA, MN 56007	13-5660870	501 (C) (3)	24,919.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
IONA SENIOR SERVICES 4125 ALBEMARLE STREET, N.W. WASHINGTON, DC 20016	52-1039553	501 (C) (3)	6,752.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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IZAAK WALTON LEAGUE OF AMERICA 8721 SNOUFFER SCHOOL ROAD GAITHERSBURG, MD 20879	52-1328724	501 (C) (3)	6,585.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JEWISH COMMUNITY CENTER OF NORTHERN VIRGINIA - 8900 LITTLE RIVER TPKE - FAIRFAX, VA 22031	54-1145849	501 (C) (3)	5,055.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JEWISH COUNCIL FOR THE AGING OF GREATER WASHINGTON - 12320 PARKLAWN DRIVE - ROCKVILLE, MD 20852	52-0983740	501 (C) (3)	5,282.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JEWISH FEDERATION OF GREATER WASHINGTON - 6101 MONTROSE RD - ROCKVILLE, MD 20852	53-0212445	501 (C) (3)	35,571.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JILL'S HOUSE, INC. 9011 LEESBURG PIKE VIENNA, VA 22182	37-1465256	501 (C) (3)	27,711.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JOHN QUADRINO FOUNDATION TO BENEFIT CHILDREN WITH CANCER, INC. - PO BOX 4614 - FALLS CHURCH, VA 22044	54-1371846	501 (C) (3)	7,013.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
JOSEPH'S HOUSE 1730 LANIER PLACE NW WASHINGTON, DC 20009	52-1693018	501 (C) (3)	7,843.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KAPPA SCHOLARSHIP ENDOWMENT FUND, INC. - PO BOX 29331 - WASHINGTON, DC 20017	52-1366872	501 (C) (3)	6,615.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KEEN GREATER DC PO BOX 341590 BETHESDA, MD 20827	42-1657976	501 (C) (3)	5,163.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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KINGDOM FELLOWSHIP AME CHURCH 11710 BELTSVILLE DRIVE CALVERTON, MD 20705	83-3397335	501 (C) (3)	59,250.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KINGDOM GLOGAL COMMUNITY DEVELOPMENT - 11710 BELTSVILLE DRIVE - CALVERTON, MD 20705	85-1355513	501 (C) (3)	59,250.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
KOINONIA FOUNDATION, INC. 6037 FRANCONIA ROAD ALEXANDRIA, VA 22310	54-0806221	501 (C) (3)	8,363.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LA CLINICA DEL PUEBLO 2831 15TH STREET, NW WASHINGTON, DC 20009	52-1942551	501 (C) (3)	7,475.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LATIN AMERICAN YOUTH CENTER 1419 COLUMBIA ROAD, NW WASHINGTON, DC 20009	52-1023074	501 (C) (3)	185,014.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LATINO ECONOMIC DEVELOPMENT 1401 COLUMBIA ROAD, NW #C1 WASHINGTON, DC 20009	52-1749216	501 (C) (3)	150,000.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LAUREL ADVOCACY & REFERRAL SERVICES, INC - 311 LAUREL AVE - LAUREL, MD 20707	52-1537336	501 (C) (3)	14,522.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LEGAL AID JUSTICE CENTER 6066 LEESBURG PIKE, SUITE 520 FALLS CHURCH, VA 22041	54-0884513	501 (C) (3)	8,326.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA - 1331 H STREET NW SUITE 350 - WASHINGTON, DC 20005	53-0196600	501 (C) (3)	23,917.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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LEGAL SERVICES OF NORTHERN VIRGINIA - 4080 CHAIN BRIDGE ROAD, 2ND FLOOR - FAIRFAX, VA 22030	54-1137931	501 (C) (3)	7,833.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LINK, INCORPORATED PO BOX 443 STERLING, VA 20167	52-1326040	501 (C) (3)	8,244.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LITERACY VOLUNTEERS OF AMERICA PRINCE WILLIAMS, INC. - 2235C TACKETT'S MILL DRIVE - WOODBIDGE, VA 22192	54-1590421	501 (C) (3)	7,136.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LITTLE LIGHTS URBAN MINISTRIES 760 7TH STREET SE WASHINGTON, DC 20003	52-2125232	501 (C) (3)	11,892.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LOUDOUN CITIZENS FOR SOCIAL JUSTICE - 105 E. MARKET ST - LEESBURG, VA 20176	54-1282756	501 (C) (3)	11,282.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LOUDOUN EDUCATION FOUNDATION 21000 EDUCATION COURT ASHBURN, VA 21048	54-1603768	501 (C) (3)	108,000.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LOUDOUN HABITAT FOR HUMANITY 700 FIELDSTONE DRIVE, SUITE 128 LEESBURG, VA 20176	54-1666448	501 (C) (3)	8,687.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LOUDOUN HUNGER RELIEF, INC. 750 MILLER DRIVE, SUITE A-1 LEESBURG, VA 20175	54-1591635	501 (C) (3)	35,421.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
LUCKY DOG ANIMAL RESCUE 5159 LEE HIGHWAY ARLINGTON, VA 22207	30-0559037	501 (C) (3)	42,429.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF THE NATIONAL CAPITAL AREA, INC. - 7401 LEESBURG PIKE - FALLS CHURCH, VA 22043	53-0207407	501 (C) (3)	18,698.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MANNA FOOD CENTER, INC. 9311 GAITHER ROAD GAITHERSBURG, MD 20877	52-1289203	501 (C) (3)	118,470.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARTHA'S TABLE, INC. PO BOX 70970 WASHINGTON, DC 20024	52-1186071	501 (C) (3)	102,520.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MARY'S CENTER FOR MATERNAL & CHILD CARE, INC. - 2333 ONTARIO RD NW - WASHINGTON, DC 20009	52-1594116	501 (C) (3)	12,436.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
METRO DC COMMUNITY CENTER INC. 2000 14TH STREET NW, SUITE 105 WASHINGTON, DC 20009	20-0118307	501 (C) (3)	9,466.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MOBILE HOPE 302 PARKER COURT SE LEESBURG, VA 20175	46-3053144	501 (C) (3)	7,010.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MONTGOMERY COUNTY COALITION FOR THE HOMELESS - 600-B EAST GUIDE DRIVE SUITE B - ROCKVILLE, MD 20850	52-1735674	501 (C) (3)	26,238.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MONTGOMERY COUNTY PUBLIC SCHOOL EDUCATION FOUNDATION, INC. - 850 HUNGERFORD DRIVE ROOM 149 - ROCKVILLE, MD 20850	52-1804509	501 (C) (3)	6,101.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MONTGOMERY HOUSING PARTNERSHIP, INC. - 12200 TECH ROAD 2ND FLOOR, SUITE 250 - SILVER SPRING, MD 20904	52-1631939	501 (C) (3)	6,605.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT. SINAI BAPTIST CHURCH 1615 3RD STREET, NW WASHINGTON, DC 20001	52-1052136	501 (C) (3)	118,500.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MUSIC FOR LIFE 7453 LONG PINE DRIVE SPRINGFIELD, VA 22151	27-2981666	501 (C) (3)	8,902.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
MY SISTER'S PLACE, INC. (MSP) P.O. BOX 29596 WASHINGTON, DC 20017	52-1263256	501 (C) (3)	33,405.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
N STREET VILLAGE 1333 N STREET, N.W. WASHINGTON, DC 20005	52-1007373	501 (C) (3)	32,926.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NAMI MONTGOMERY COUNTY (MD) 9210 CORPORATE BLVD, SUITE 170 ROCKVILLE, MD 20850	52-1150412	501 (C) (3)	7,837.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NATIONAL CAPITAL THERAPY DOGS, INC. - P.O. BOX 234 - HIGHLAND, MD 20777	52-1719866	501 (C) (3)	6,163.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NATIONAL CENTER FOR CHILDREN & FAMILIES - 6301 GREENTREE ROAD - BETHESDA, MD 20817	52-0591586	501 (C) (3)	15,971.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NATIONAL KIDNEY FOUNDATION OF THE NATIONAL CAPITAL AREA, INC. - 30 EAST 33RD STREET, 7TH FLOOR - NEW YORK, NY 10016	13-1673104	501 (C) (3)	17,399.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NORTHERN VIRGINIA CONSERVATION TRUST - 4022 HUMMER ROAD - ANNANDALE, VA 22003	54-1724626	501 (C) (3)	5,828.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN VIRGINIA FAMILY SERVICES 10455 WHITE GRANITE DR, SUITE 100 OAKTON, VA 22124	54-0791977	501 (C) (3)	7,010.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
NORTHWEST CENTER, INC. 2702 ONTARIO ROAD, NW WASHINGTON, DC 20009	52-1606784	501 (C) (3)	8,992.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
OFFENDER AID AND RESTORATION ARLINGTON COUNTY, INC. - 1400 NORTH UHLE STREET SUITE 704 - ARLINGTON, VA 22201	54-1024562	501 (C) (3)	6,783.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PATH FORWARD 2020-A 14TH STREET N ARLINGTON, VA 22201	54-1615993	501 (C) (3)	15,769.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PATHS FOR FAMILIES 4061 POWDER MILL ROAD, SUITE 320 CALVERTON, MD 20705	52-1703994	501 (C) (3)	8,726.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PATHWAYS TO HOUSING, D.C. 828 EVARTS STREET NE WASHINGTON, DC 20018	37-1464353	501 (C) (3)	17,901.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PLANNED PARENTHOOD OF METROPOLITAN WASHINGTON DC - PO BOX 34128 - WASHINGTON, DC 20043	53-0204621	501 (C) (3)	176,531.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PRINCE GEORGE'S CHILD RESOURCE CENTER - 9475 LOTTSFORD ROAD, #202 - LARGO, MD 20774	52-1772595	501 (C) (3)	5,810.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
PRINCE GEORGE'S COMMUNITY COLLEGE FOUNDATION - 301 LARGO ROAD - LARGO, MD 20774	52-1429938	501 (C) (3)	272,500.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE GEORGE'S TENNIS AND EDUCATION FOUNDATION - 727 HAACK PLACE - UPPER MARLBORO, MD 20774	52-1867742	501 (C) (3)	5,441.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
READING IS FUNDAMENTAL OF NORTHERN VIRGINIA - PO BOX 7012 - ARLINGTON, VA 22207	51-0155758	501 (C) (3)	6,572.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
RONALD MCDONALD HOUSE, CHARITIES OF GREATER WASHINGTON DC - 3727 14TH STREET NE - WASHINGTON, DC 20017	52-1132262	501 (C) (3)	29,614.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SALVATION ARMY CITY COMMAND PO BOX 18658 WASHINGTON, DC 20036	58-0660607	501 (C) (3)	7,065.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SAMU FOUNDATION 2001 L STREET, NW SUITE 500 WASHINGTON, DC 20036	81-4198808	501 (C) (3)	22,668.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SASHA BRUCE YOUTHWORK, INC. 741 8TH STREET, S.E. WASHINGTON, DC 20003	52-1006486	501 (C) (3)	27,182.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SCHOLARSHIP FUND OF ALEXANDRIA, THE - 3330 KING STREET - ALEXANDRIA, VA 22302	20-0031464	501 (C) (3)	10,641.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SECOND CHANCE WILDLIFE CENTER 7101 BARCELONA DRIVE GAITHERSBURG, MD 20822	52-1927600	501 (C) (3)	22,225.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SECOND STORY PO BOX 694 DUNN LORING, VA 22027	54-0899463	501 (C) (3)	23,790.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEXUAL MINORITY YOUTH ASSISTANCE LEAGUE - 410 7TH STREET SE - WASHINGTON, DC 20003	52-1394900	501 (C) (3)	18,313.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SHELTER HOUSE, INC. 10301 DEMOCRACY LANE, SUITE 200 FAIRFAX, VA 22030	52-1217106	501 (C) (3)	7,218.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SICKLE CELL DISEASE ASSOCIATION OF GREATER WASHINGTON, INC. - PO BOX 5657 - WASHINGTON, DC 20016	52-1796999	501 (C) (3)	9,280.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SKILLSOURCE GROUP 8300 BOONE BOULEVARD SUITE 450 VIENNA, VA 22182	30-0129320	501 (C) (3)	196,650.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SO OTHERS MIGHT EAT (SOME) 71 O STREET NW WASHINGTON, DC 20001	23-7098123	501 (C) (3)	329,072.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF NORTHERN VIRGINIA - PO BOX 100220 - ARLINGTON, VA 22210	54-1627788	501 (C) (3)	21,353.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SPECIAL OLYMPICS MARYLAND 3701 COMMERCE DRIVE, SUITE 103 BALTIMORE, MD 21227	23-7089144	501 (C) (3)	20,058.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
SPECIAL OLYMPICS VIRGINIA 3212 SKIPWITH ROAD SUITE 100 RICHMOND, VA 23294	54-1013637	501 (C) (3)	12,743.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. ANN'S CENTER FOR CHILDREN, YOUTH & FAMILIES - 4901 EASTERN AVENUE - HYATTSVILLE, MD 20782	53-0204626	501 (C) (3)	28,979.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. AUGUSTINE CATHOLIC SCHOOL 1419 V STREET NW WASHINGTON, DC 20009	52-0742299	501 (C) (3)	19,688.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501 (C) (3)	26,446.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
STEM FOR HER FOUNDATION 200 LITTLE FALLS ROAD, SUITE 205 FALLS CHURCH, VA 22046	90-0136831	501 (C) (3)	6,774.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
STEPPING STONES SHELTER PO BOX 712 ROCKVILLE, MD 20848	52-1281647	501 (C) (3)	5,298.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
STROKE COMEBACK CENTER 145 PARK STREET SE VIENNA, VA 22180	54-2012975	501 (C) (3)	6,291.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE HOUSE, INC. 1455 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004	20-2947568	501 (C) (3)	5,048.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THE LAMB CENTER PO BOX 1385 FAIRFAX, VA 22038	41-2222581	501 (C) (3)	10,190.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
THRIVE DC 1525 NEWTON STREET NW, SUITE G1 WASHINGTON, DC 20010	52-1485474	501 (C) (3)	10,426.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
TRUE GROUND HOUSING PARTNERS 4318 N CARLIN SPRINGS RD. ARLINGTON, VA 22203	54-1515133	501 (C) (3)	10,000.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED BLACK FUND, INC. OF GREATER WASHINGTON DC - 412 H STREET NE - WASHINGTON, DC 20002	23-7067271	501 (C) (3)	8,784.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED COMMUNITY 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501 (C) (3)	111,984.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED NEGRO COLLEGE FUND, INC. 1805 7TH STREET NW, 4TH FLOOR WASHINGTON, DC 20001	13-1624241	501 (C) (3)	12,689.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNITED STATES VETERANS INITIATIVE 152 WAYNE PLACE SE WASHINGTON, DC 20032	95-4382752	501 (C) (3)	7,203.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
UNIVERSITY OF THE DISTRICT OF COLUMBIA FOUNDATION, INC. - 4200 CONNECTICUT AVENUE, N.W. - WASHINGTON, DC 20008	52-1152624	501 (C) (3)	10,545.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
USO OF METROPOLITAN WASHINGTON-BALTIMORE, INC. - P.O. BOX 1710 - FORT MYER, VA 22211	53-0204665	501 (C) (3)	10,004.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
VETERANS ON THE RISE 5002 SHERIFF ROAD WASHINGTON, DC 20019	55-0772433	501 (C) (3)	6,287.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WASHINGTON JESUIT ACADEMY 900 VARNUM STREET NE WASHINGTON, DC 20017	52-2336694	501 (C) (3)	6,415.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WASHINGTON LEGAL CLINIC FOR THE HOMELESS - 1200 U STREET, NW 3RD FLOOR - WASHINGTON, DC 20009	52-1545522	501 (C) (3)	9,747.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN FAIRFAX CHRISTIAN MINISTRIES - PO BOX 220802 - CHANTILLY, VA 20153	54-1606629	501 (C) (3)	9,784.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WHITMAN-WALKER FOUNDATION 1201 SYCAMORE DR SE WASHINGTON, DC 20032	82-3889980	501 (C) (3)	41,439.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WOLF TRAP FOUNDATION FOR THE PERFORMING ARTS - 1645 TRAP ROAD - VIENNA, VA 22182	23-7011544	501 (C) (3)	35,781.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WOMEN'S CENTER, THE 133 PARK STREET NE VIENNA, VA 22180	23-7423496	501 (C) (3)	8,834.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
WUMCO HELP, INC. P.O. BOX 247 POOLESVILLE, MD 20837	52-1425830	501 (C) (3)	11,289.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS
ZION CHURCH 8829 GREENBELT ROAD GREENBELT, MD 20770	52-2210780	501 (C) (3)	100,250.	0.	N/A	N/A	DESIGNATED AND/OR GRANTED IN SUPPORT OF AGENCY PROGRAMS

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

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

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

PART I, LINE 2:

GRANTEES MUST MEET ELIGIBILITY REQUIREMENTS TO QUALIFY FOR A GRANT. IN ADDITION, THEY MUST SUBMIT ONE OR MORE INTERIM AND A FINAL REPORT DETAILING THE USE OF GRANT FUNDS AND OUTCOMES. PRIOR TO PROCESSING INTERIM OR FINAL GRANT PAYMENTS, ALL REPORTS ARE REVIEWED TO ENSURE PROGRAM REQUIREMENTS HAVE BEEN MET.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **UNITED WAY OF THE NATIONAL CAPITAL AREA** Employer identification number **53-0234290**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROSIE ALLEN-HERRING PRESIDENT & CEO	(i)	561,037.	0.	0.	77,600.	25,395.	664,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANTHONY PAUL VP, INFORMATION TECHNOLOGY	(i)	170,213.	7,000.	0.	11,279.	20,717.	209,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROSE JOHNSON VP, HUMAN RESOURCES	(i)	160,056.	7,000.	0.	13,140.	9,921.	190,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) IAN GORDON VP, COMMUNITY IMPACT (UNTIL 02/25)	(i)	147,302.	3,000.	600.	12,159.	10,146.	173,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NEDELKA PHILLIPS SVP, MARCOMM & FUNDRAISING	(i)	111,348.	0.	30,768.	9,477.	6,870.	158,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

NAME: ROSIE ALLEN-HERRING, DESCRIPTION: EMPLOYER CONTRIBUTION, CURRENT YEAR

AMOUNT: \$50,000. PLAN DESCRIPTION: 457F SUPPLEMENTAL EXECUTIVE RETIREMENT

PLAN

PART I, LINE 7:

DURING CALENDAR YEAR 2024, THE PRESIDENT AND CEO AWARDED THE FOLLOWING

BONUSES: (A) \$7,000 TO ROSE JOHNSON, (B) \$7,000 TO ANTHONY PAUL, (C) \$3,000

TO IAN GORDON, AND (D) \$3,000 TO QUN LIANG

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **UNITED WAY OF THE NATIONAL CAPITAL AREA**
Employer identification number: **53-0234290**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	47,876.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (EQUIPMENT)	X	1	53,960.	FMV
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):
COLUMN B REPRESENTS THE NUMBER OF DONORS.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization UNITED WAY OF THE NATIONAL CAPITAL AREA	Employer identification number 53-0234290
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNITED WAY NCA IS A NOT-FOR-PROFIT ORGANIZATION LOCALLY GOVERNED BY A VOLUNTEER BOARD OF COMMUNITY LEADERS. WE CONNECT PEOPLE AND RESOURCES TO EXPAND ACCESS TO HEALTH, EDUCATION AND ECONOMIC OPPORTUNITY RESOURCES FOR EVERY PERSON IN THE REGION WITH A COMMITMENT TO HONORING THE DIGNITY, UNIQUENESS, AND INTRINSIC WORTH OF EVERY PERSON IN THE COMMUNITY.

UNITED WAY NCA HOLDS A FOCUS ON ADDRESSING LONG-STANDING SOCIETAL AND ECONOMIC DISPARITIES BY REMOVING BARRIERS AND EXPANDING PATHWAYS TO SUCCESS. WE DESIGN AND ADAPT PROGRAMS ALONGSIDE THE COMMUNITIES WE SERVE, ENSURING SOLUTIONS ARE CULTURALLY RESPONSIVE, LOCALLY RELEVANT, AND INCLUSIVE OF DIVERSE COMMUNITY VOICES.

IN JUNE 2025, UNITED WAY NCA COMPLETED ITS SECOND FIVE-YEAR COMMUNITY COMMITMENT THAT NAVIGATED OUR COMMUNITIES THROUGH THE COVID-19 PANDEMIC AND SOCIO-ECONOMIC CHALLENGES THAT FOLLOWED. UNITED WAY NCA IS PROUD OF ITS COMMUNITY IMPACT, INCLUDING SERVING 135,000 INDIVIDUALS AND FAMILIES THROUGH TAILORED WRAPAROUND SERVICES SUPPORTING THEIR HEALTH, EDUCATION, AND FINANCIAL WELLNESS.

IN JULY 2025, UNITED WAY NCA LAUNCHED THE NEXT PHASE OF ITS STRATEGIC PROGRAMMATIC DIRECTION FOCUSED ON MAKING BOLD STRIDES TO ACHIEVE UPWARD MOBILITY FOR ALL COMMUNITY MEMBERS, REGARDLESS OF RACE, GENDER, INCOME AND ABILITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
IN 2024-25, UNITED WAY NCA AND PARTNER ORGANIZATIONS ENGAGED MORE THAN 2,200 PEOPLE IN HEALTH EDUCATION TO LEARN MORE ABOUT THE RISKS OF CHRONIC HEALTH CONDITIONS AND RECEIVE TESTS TO ASSESS THEIR HEALTH NEEDS. THE PROGRAM ALSO BUILT AND DISTRIBUTED 9,148 KITS CONTAINING FOOD, CLOTHING, AND HYGIENE SUPPLIES .

UNITED WAY NCA'S EDUCATION INITIATIVES PROVIDE HIGH-QUALITY RESOURCES THROUGH THE COMMUNITY SCHOOL MODEL TO SUPPORT STUDENTS AND YOUNG ADULTS IN REALIZING THEIR ACADEMIC AND TRAINING GOALS. UNITED WAY NCA PARTNERS WITH SEVEN COMMUNITY SCHOOLS DESIGNATED AS TITLE I SCHOOLS. TITLE I SCHOOLS RECEIVE FEDERAL FINANCIAL ASSISTANCE WITH HIGH PERCENTAGES OF CHILDREN FROM FAMILIES WITH LOW INCOME AND 80% OF STUDENTS ARE RECIPIENTS OF FREE AND REDUCED MEALS (FARMS). THE COMMUNITY SCHOOLS INITIATIVE SUPPORTS A PLACE-BASED STRATEGY IN WHICH EACH SCHOOL PARTNERS WITH COMMUNITY AGENCIES AND ALLOCATES RESOURCES TO PROVIDE AN INTEGRATED FOCUS ON ACADEMICS, HEALTH AND SOCIAL SERVICES, YOUTH AND COMMUNITY DEVELOPMENT, AND COMMUNITY ENGAGEMENT. THIS STRATEGY AIMS TO SUPPORT COMMUNITY SCHOOLS LOCATED IN NEIGHBORHOODS WHERE STRUCTURAL FORCES LINKED TO RACISM AND POVERTY SHAPE THE EXPERIENCES OF YOUNG PEOPLE AND ERECT BARRIERS TO LEARNING AND SCHOOL SUCCESS. THE SEVEN COMMUNITY SCHOOLS THAT UNITED WAY NCA PARTNERS WITH ARE BASED IN COMMUNITIES WHERE FAMILIES HAVE FEW RESOURCES TO SUPPLEMENT WHAT TYPICAL SCHOOLS PROVIDE. THROUGH UNITED WAY NCA'S COMMUNITY SCHOOLS, 3,285 STUDENTS WERE SERVED ADDRESSING ATTENDANCE, BEHAVIOR AND COURSE PERFORMANCE. FOR OVER 300 YOUTH FACING THE MOST SIGNIFICANT CHRONIC

Name of the organization UNITED WAY OF THE NATIONAL CAPITAL AREA	Employer identification number 53-0234290
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LEARNING CHALLENGES, THEY RECEIVED INDIVIDUALIZED INTENSIVE SERVICES AND SHOWED CONSISTENT IMPROVEMENT ON ALL INDICATORS. THIS INCLUDES 68% IMPROVEMENT IN ATTENDANCE GOAL, 75% IMPROVEMENT IN MATH AND LANGUAGE ARTS GOAL, AND 86% IN ATTAINING SOCIAL-EMOTIONAL LEARNING.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
IN 2025 - 5,447 RESIDENTS RECEIVED A VARIETY OF FINANCIAL COACHING SERVICES RANGING FROM FREE TAX PREPARATION, FINANCIAL WORKSHOPS, AND HOUSING COUNSELING THAT ARE AIMED AT HELPING OUR REGION'S RESIDENTS GET ON THE PATHWAY TO A STRONGER FINANCIAL FUTURE; 550 INDIVIDUALS BENEFITED FROM ITS VOLUNTEER INCOME TAX ASSISTANCE (VITA) AND THE EARNED INCOME TAX CREDIT (EITC) PROGRAM. THROUGH ITS FREE TAX PREPARATION SERVICES, UNITED WAY NCA RESULTED IN \$1.1M IN TAX REFUNDS AND CREDITS ALLOWING AREA RESIDENTS TO PLAN, SAVE AND GET AHEAD. 961 VETERANS RECEIVED SERVICES TO DEVELOP CAPACITY FOR FINANCIAL LITERACY AND PLANNING, EMPLOYMENT AND ENTREPRENEURIAL SKILLS, AND IMPROVE MENTAL HEALTH AND WELL-BEING.**

**FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD TO THE EXTENT PROVIDED IN THE BYLAWS.
THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE THE CHAIR OF THE BOARD, WHO SHALL SERVE AS CHAIR OF THE EXECUTIVE COMMITTEE; THE CHAIR-ELECT; THE SECRETARY; AND THE TREASURER -- PROVIDED, HOWEVER, THAT THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE MUST BE APPROVED BY A MAJORITY OF THE DIRECTORS IN OFFICE. NOTWITHSTANDING THE FOREGOING, IF THERE IS A CHAIR-ELECT, THAT PERSON SHALL SERVE AS CHAIR OF THE EXECUTIVE COMMITTEE, AND THE CHAIR OF THE BOARD SHALL BE A MEMBER OF THE EXECUTIVE COMMITTEE. IF THE FOREGOING MEMBERSHIP OF THE EXECUTIVE COMMITTEE IS NOT SO APPROVED, THE BOARD SHALL ELECT A DIFFERENT MEMBERSHIP FOR THE EXECUTIVE COMMITTEE BY VOTE OF A MAJORITY OF THE DIRECTORS IN OFFICE. THE EXECUTIVE COMMITTEE MAY, WHEN THE BOARD IS NOT IN SESSION AND HAS NOT GIVEN SPECIFIC DIRECTIONS, EXERCISE THE POWERS OF THE BOARD AND SHALL REPORT TO THE BOARD AT ITS NEXT REGULARLY SCHEDULED MEETING ON ANY SUCH ACTIONS TAKEN; EXCEPT THAT THE EXECUTIVE COMMITTEE MAY NOT: A) APPROVE OR ADOPT A PLAN OF MERGER, CONSOLIDATION, OR DISSOLUTION OF THE CORPORATION; B) ELECT, APPOINT, OR REMOVE ANY DIRECTOR; OR C) AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR THE BYLAWS.**

**FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT OUTSIDE ACCOUNTING FIRM WITH INPUT FROM MANAGEMENT. ONCE PREPARED IT IS MADE AVAILABLE TO THE BOARD FOR INSPECTION AND FINAL APPROVAL PRIOR TO FILING WITH THE IRS. APPROVAL WILL OCCUR AT THE DECEMBER BOARD OF DIRECTORS' MEETING FOLLOWING THE FISCAL YEAR TO WHICH THE FORM 990 PERTAINS. THE FORM IS FILED BY THE ORGANIZATION'S INDEPENDENT OUTSIDE ACCOUNTING FIRM.**

**FORM 990, PART VI, SECTION B, LINE 12C:
SENIOR MANAGEMENT REVIEWS CONFLICT OF INTEREST STATEMENTS SUBMITTED BY EACH MEMBER OF THE BOARD OF DIRECTORS AND SENIOR MANAGEMENT. THE CONFLICT-OF-INTEREST STATEMENT REQUIRES EACH BOARD MEMBER AND SENIOR MANAGEMENT OFFICIAL TO DISCLOSE NOT ONLY POTENTIAL CONFLICTS, BUT ALSO ALL AFFILIATIONS WITH OTHER ORGANIZATIONS. ALSO, MANAGEMENT MONITORS THE POTENTIAL FOR CONFLICTS OF VOLUNTEERS INVOLVED IN THE GRANT APPROVAL PROCESS.**

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

Name of the organization UNITED WAY OF THE NATIONAL CAPITAL AREA	Employer identification number 53-0234290
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THE BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE ESTABLISHES THE CEO'S INITIAL COMPENSATION AND BENEFITS AND ANY CHANGES THERETO. IN DOING SO, THE BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE COMPARES THE CEO'S COMPENSATION AND BENEFITS OF COMPARABLE ORGANIZATIONS WITH SIMILAR ROLES, AND OF SIMILAR SIZE, SCOPE, COMPLEXITY, AND GEOGRAPHY. THE BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE ALSO REVIEWS THE CEO'S ANNUAL PERFORMANCE IN DETERMINING ANY CHANGES TO COMPENSATION AND BENEFITS. THE ANNUAL REVIEW AND APPROVAL OF THE CEO'S COMPENSATION AND BENEFITS CONDUCTED BY THE BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE IS APPROPRIATELY AND TIMELY DOCUMENTED IN WRITING. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

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

UNITED WAY NCA MAKES ITS CODE OF CONDUCT, WHICH INCLUDES THE CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS WEB SITE. UNITED WAY NCA'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

LOSSES FROM UNCOLLECTIBLE PLEDGES	-345,219.
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