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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NORTHERN VIRGINIA FAMILY SERVICE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
10455 WHITE GRANITE DRIVE NO 100

City or town, state or country, and ZIP + 4
OAKTON, VA 22124

D Employer identification number
54-0791977

E Telephone number
(703) 385-3267

G Gross receipts $ 26,745,251

F Name and address of principal officer
MARY B AGEE
10455 WHITE GRANITE DRIVE NO 100
OAKTON, VA 22124

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW NVFS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1924

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
NVFS PARTNERS WITH INDIVIDUALS AND FAMILIES TO SUCCESSFULLY AND PERMANENTLY LIFT THEM OUT OF POVERTY THROUGH MAJOR INITIATIVES IN HOUSING, ACCESS TO HEALTHCARE, WORKFORCE DEVELOPMENT, EARLY CHILDHOOD AND YOUTH DEVELOPMENT, MENTAL HEALTH SERVICES, AND EMERGENCY SERVICES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	29
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	417
6	Total number of volunteers (estimate if necessary)	**6**	2,032
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	19,316,731	21,530,663
9	Program service revenue (Part VIII, line 2g)	2,741,265	2,784,100
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,928	122,510
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	809,916	1,309,982
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,880,840	25,747,255
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,166,198	6,799,978
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)	13,655,735	14,124,869
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶748,349		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,349,238	4,082,214
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,171,171	25,007,061
19	Revenue less expenses Subtract line 18 from line 12	709,669	740,194

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,383,846	14,431,724
21	Total liabilities (Part X, line 26)	6,582,023	6,860,742
22	Net assets or fund balances Subtract line 21 from line 20	6,801,823	7,570,982

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

****** | 2011-11-17
Signature of officer | Date

MARY B AGEE PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JAMES P SWEENEY CPA	Preparer's signature: JAMES P SWEENEY CPA	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ RSM MCGLADREY INC				Firm's EIN ▶
Firm's address ▶ 8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 221826205				Phone no ▶ (703) 336-6400

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO EMPOWER INDIVIDUALS AND FAMILIES TO IMPROVE THEIR QUALITY OF LIFE AND TO PROMOTE COMMUNITY COOPERATION AND SUPPORT IN RESPONDING TO FAMILY NEEDS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 5,250,153 including grants of $ 5,897) (Revenue $)

HEAD START/EHS EARLY HEAD START AND HEAD START PROVIDE CENTER-BASED AND HOME VISITATION SERVICES TO CHILDREN AGES 6 WEEKS THROUGH AGE 5 NVFS OPERATES 3 EHS CENTERS, ONE OF WHICH WAS BUILT THROUGH NVFS FUNDRAISING EFFORTS, AND A LARGE HEAD START CENTER IN ARLINGTON FOR 204 CHILDREN AGES 3 TO 5 IN ADDITION TO PROVIDING QUALITY CARE IN A STIMULATING AND SAFE ENVIRONMENT, CHILDREN ARE PREPARED TO SUCCEED IN SCHOOL TRAINED STAFF MEETS REGULARLY WITH PARENTS TO ENSURE SAFE HOMES, STRONG PARENTING SKILLS, AND A PLAN FOR THEIR ECONOMIC INDEPENDENCE COMBINED, 762 CHILDREN PARTICIPATED IN THESE PROGRAMS 94% WERE LINKED WITH A HEALTH CARE PROVIDER AND 86% WERE UP TO DATE ON IMMUNIZATIONS, FAR EXCEEDING STATE AND NATIONAL AVERAGES

4b (Code) (Expenses $ 4,053,545 including grants of $ 2,459,231) (Revenue $ 73,049)

SERVE SERVE IS THE MANASSAS CAMPUS OF NORTHERN VIRGINIA FAMILY SERVICE IT IS UNIQUE FOR ITS HOLISTIC APPROACH TO HELPING OUR COMMUNITY'S MOST VULNERABLE INDIVIDUALS AND FAMILIES ADDRESS A VARIETY OF NEEDS ON THEIR PATHS TO SELF-SUFFICIENCY INCLUDING -60-BED EMERGENCY SHELTER FOR FAMILIES AND INDIVIDUALS -THE COUNTY'S LARGEST FOOD DISTRIBUTION CENTER -EMERGENCY ASSISTANCE FOR UTILITY, RENT, WATER AND GAS PAYMENTS -A FULL CONTINUUM OF SAFE AND STABLE HOUSING SERVICES -ACCESS TO FREE AND REDUCED COST MEDICATIONS AND TO DENTAL AND SPECIALTY MEDICAL CARE -EARLY HEAD START CLASSROOM -HOME-BASED EARLY HEAD START AND HEALTHY FAMILIES PROGRAMS -JOB SKILLS AND LIFE SKILLS TRAINING AND SUPPORT

4c (Code) (Expenses $ 2,854,005 including grants of $ 1,618,783) (Revenue $ 58,389)

HOUSING & EMERGENCY SERVICES NVFS PROVIDES A FULL-RANGE OF SERVICES TO HELP FAMILIES ADDRESS IMMEDIATE NEEDS AND WORK TOWARDS LONG-TERM SELF-SUFFICIENCY MEETING EMERGENCY NEEDS, SUCH AS FOOD, SHELTER AND DIRECT ASSISTANCE FOR RENT AND UTILITIES, SUPPORTS FAMILIES THROUGH CRISIS HOUSING PROGRAMS, SUCH AS TRANSITIONAL AND AFFORDABLE HOUSING HELP THEM ACHIEVE LONG-TERM STABLE HOUSING GOALS OVER 13,000 INDIVIDUALS RECEIVED SERVICES THROUGH THESE CORE AREAS 90% OF CLIENTS OBTAINED STABLE HOUSING UPON THEIR EXIT FROM THE PROGRAM ADDITIONALLY, NVFS OPERATES TRAINING FUTURES, A 25-WEEK CURRICULUM FOCUSED ON ADMINISTRATIVE/COMPUTER SKILLS ALONG WITH SPECIAL ATTENTION TO PREPARATION FOR HEALTH CARE INDUSTRY ADMINISTRATIVE POSITIONS THIS PROGRAM WAS RECOGNIZED AS 1 OF 6 BEST PRACTICES IN THE COUNTRY TRAINING FUTURES PARTNERS WITH NORTHERN VIRGINIA COMMUNITY COLLEGE SO THAT EACH GRADUATE RECEIVES 17 COLLEGE CREDITS (A FULL SEMESTER) 102 PERSONS PARTICIPATED WITH A 85% GRADUATION RATE 79% SECURED TRAINING-RELATED EMPLOYMENT WITHIN 3 TO 6 MONTHS GRADUATES INCREASED THEIR EARNINGS BY 60% OVER THEIR PRE-TRAINING WAGES

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 9,320,241 including grants of $ 2,716,067) (Revenue $ 3,584,417)

4e **Total program service expenses** ▶ $ 21,477,944

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	125		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	417		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ANNA BRENT CPA
10455 WHITE GRANITE DR STE 100
OAKTON, VA 22124
(571) 748-2500

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								706,056	0	30,453

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 5

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	101,480				
	b	Membership dues					
	c	Fundraising events	127,700				
	d	Related organizations					
	e	Government grants (contributions)	15,054,846				
	f	All other contributions, gifts, grants, and similar amounts not included above	6,246,637				
	g	Noncash contributions included in lines 1a-1f $	2,619,250				
	h	**Total.** Add lines 1a-1f		21,530,663			
Program Service Revenue			Business Code				
	2a	FAMILY & COMMUNITY SVC	900099	2,784,100	2,784,100		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		2,784,100			
	3	Investment income (including dividends, interest and other similar amounts)		15,857			15,857
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	53,178				
	b	Less rental expenses					
	c	Rental income or (loss)	53,178				
	d	Net rental income or (loss)		53,178			53,178
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	744,028	174,845			
	b	Less cost or other basis and sales expenses	744,028	68,192			
	c	Gain or (loss)	0	106,653			
	d	Net gain or (loss)		106,653			106,653
Other Revenue	8a	Gross income from fundraising events (not including $ 127,700 of contributions reported on line 1c) See Part IV, line 18	a 495,732				
	b	Less direct expenses	b 185,776				
	c	Net income or (loss) from fundraising events		309,956			309,956
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 931,755				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		931,755	931,755		
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	15,093			15,093
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		15,093			
	12	**Total revenue.** See Instructions		25,747,255	3,715,855	0	500,737

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	880,238	880,238		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	5,919,740	5,919,740		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	623,286		488,720	134,566
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	10,994,608	9,442,154	1,276,194	276,260
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	456,700	393,149	49,945	13,606
9 Other employee benefits	1,155,198	946,717	167,612	40,869
10 Payroll taxes	895,077	733,084	130,346	31,647
a Fees for services (non-employees) Management				
b Legal				
c Accounting	91,177	19,075	72,102	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	324,161	247,873	45,794	30,494
12 Advertising and promotion	3,877	3,877		
13 Office expenses	1,232,128	841,403	138,396	252,329
14 Information technology				
15 Royalties				
16 Occupancy	1,270,821	984,810	253,452	32,559
17 Travel	192,449	180,875	8,528	3,046
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	159,531	51,442	22,253	85,836
20 Interest	78,373	76,594	1,289	490
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	203,911	199,568	3,498	845
23 Insurance	184,153	154,830	28,152	1,171
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a NUTRITION SERVICES	258,102	258,102	0	0
b TRAINING/DEVELOPMENT	104,125	76,577	27,428	120
c RECRUITING	61,106	25,375	17,878	17,853
d MEMBERSHIP DUES	49,082	27,910	20,802	370
e FUNDRAISING EXP ON LINE	-185,776			-185,776
f All other expenses	54,994	14,551	28,379	12,064
25 **Total functional expenses.** Add lines 1 through 24f	25,007,061	21,477,944	2,780,768	748,349
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,461	1	2,175
	2	Savings and temporary cash investments		1,445,781	2	2,082,601
	3	Pledges and grants receivable, net		537,708	3	499,796
	4	Accounts receivable, net		3,825,788	4	2,676,359
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		482,500	8	493,084
	9	Prepaid expenses and deferred charges		183,629	9	153,016
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 7,788,822			
	b	Less accumulated depreciation	10b 1,689,442	5,907,511	10c	6,099,380
	11	Investments—publicly traded securities		977,965	11	2,363,384
	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		21,503	15	61,929
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,383,846	16	14,431,724
Liabilities	17	Accounts payable and accrued expenses		1,914,989	17	1,733,599
	18	Grants payable			18	
	19	Deferred revenue		1,145,415	19	1,860,691
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		315,634	21	3,023
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,995,632	23	3,062,625
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		210,353	25	200,804
	26	**Total liabilities.** Add lines 17 through 25		6,582,023	26	6,860,742
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,624,768	27	6,344,907
	28	Temporarily restricted net assets		1,169,555	28	1,218,575
	29	Permanently restricted net assets		7,500	29	7,500
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,801,823	33	7,570,982
	34	Total liabilities and net assets/fund balances		13,383,846	34	14,431,724

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	25,747,255
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,007,061
3	Revenue less expenses Subtract line 2 from line 1	3	740,194
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	6,801,823
5	Other changes in net assets or fund balances (explain in Schedule O)	5	28,965
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,570,982

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number
54-0791977

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	13,405,896	12,516,733	14,524,157	19,316,731	21,530,663	81,294,180
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	13,405,896	12,516,733	14,524,157	19,316,731	21,530,663	81,294,180
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						81,294,180

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	13,405,896	12,516,733	14,524,157	19,316,731	21,530,663	81,294,180
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,882	43,713	23,998	12,928	69,035	183,556
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 IV)	113	60,472	16,715	1,567	15,093	93,960
11 **Total support** (Add lines 7 through 10)						81,571,696

12	Gross receipts from related activities, etc (See instructions)	12	19,085,623

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99 660 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99 700 %

16a **33 1/3% support test—2010.** 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 ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 54-0791977
Name: NORTHERN VIRGINIA FAMILY SERVICE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBBIE HANCE CHAIR	2 00	X		X				0	0	0
JOE FAY VICE CHAIR	2 00	X		X				0	0	0
ROBERTA GOSLING SECRETARY	2 00	X		X				0	0	0
HUGO AGUAS BOARD MEMBER	2 00	X						0	0	0
JOHN ALLEN BOARD MEMBER	2 00	X						0	0	0
WARRENETTA BAKER BOARD MEMBER	2 00	X						0	0	0
CURT BUSER BOARD MEMBER	2 00	X						0	0	0
JAMES EDGEMOND BOARD MEMBER	2 00	X						0	0	0
LAUREN PETERSON FELLOWS BOARD MEMBER	2 00	X						0	0	0
THOMAS FONSECA BOARD MEMBER	2 00	X						0	0	0
SCOTT GESSAY BOARD MEMBER	2 00	X						0	0	0
TONY HAHN BOARD MEMBER	2 00	X						0	0	0
JOHN HELTZEL BOARD MEMBER	2 00	X						0	0	0
WEETIE HILL BOARD MEMBER	2 00	X						0	0	0
MARYANN HIRSCH BOARD MEMBER	2 00	X						0	0	0
RONALD HODGE BOARD MEMBER	2 00	X						0	0	0
DOUG KOELEMAY BOARD MEMBER	2 00	X						0	0	0
ROSEMARY TRAN LAUER BOARD MEMBER	2 00	X						0	0	0
MISTI MUKHERJEE BOARD MEMBER	2 00	X						0	0	0
STEVE NICKELSBURG BOARD MEMBER	2 00	X						0	0	0
CARLOS RODRIGUEZ BOARD MEMBER	2 00	X						0	0	0
EMILY ROTHBERG BOARD MEMBER	2 00	X						0	0	0
BARBARA RUDIN BOARD MEMBER	2 00	X						0	0	0
MICHAEL SPRINGMAN BOARD MEMBER	2 00	X						0	0	0
ROBERT STURM BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANNY VARGAS BOARD MEMBER	2 00	X						0	0	0
CASEY VEATCH BOARD MEMBER	2 00	X						0	0	0
JERRY WEISS BOARD MEMBER	2 00	X						0	0	0
JUDY WINE BOARD MEMBER	2 00	X						0	0	0
MARY AGEE PRESIDENT & CEO	37 50	X		X				195,000	0	11,700
CAROLE FAY CHIEF DEVELOPMENT OFFICER	37 50			X				131,200	0	3,366
JAMES BUTTS CHIEF FINANCIAL OFFICER	37 50			X				141,292	0	4,511
CHERI VILLA CHIEF OPERATING OFFICER	37 50			X				131,750	0	4,467
BETH DARGATIS DIRECTOR OF FINANCE	37 50					X		106,814	0	6,409

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 2,815,280 including grants of $ 908,273) (Revenue $)

HEALTHY FAMILIES AS A LEADER IN THE REGION, NVFS LAUNCHED THE FIRST HEALTHY FAMILIES PROGRAM IN NORTHERN VIRGINIA AND NOW OPERATES IN 4 LOCAL JURISDICTIONS, SERVING 679 FAMILIES FIRST-TIME PARENTS ASSESSED AS HAVING SIGNIFICANT BARRIERS TO SUCCESSFUL PARENTING ARE LINKED PRE-NATALLY WITH A HOME VISITOR THE GOAL IS TO BUILD STRONG PARENTING SKILLS, ENSURE A HEALTHY DELIVERY, MONITOR DEVELOPMENTAL MILESTONES, PREVENT CHILD ABUSE AND NEGLECT, AND TO ENABLE THAT A CHILD ENTERING SCHOOL IS READY TO LEARN AND BE SUCCESSFUL PARENTS ARE GIVEN THE TOOLS TO SUCCEED AS PARENTS AND IN THEIR OWN JOURNEY TOWARDS SELF-SUFFICIENCY, 99% OF THE CHILDREN WERE LINKED WITH A HEALTH CARE PROVIDER AND 95% WERE UP TO DATE ON IMMUNIZATIONS THERE WERE NO FOUNDED CASES OF CHILD ABUSE OR NEGLECT

(Code) (Expenses $ 2,006,002 including grants of $ 100,512) (Revenue $ 293,589)

MULTICULTURAL HUMAN SERVICES LEARNING AND ADJUSTING ARE THE TWO OPERATIVE WORDS THAT DESCRIBE MOST PEOPLE NEW TO THE UNITED STATES WHETHER IMMIGRATING BY CHOICE FOR BETTER OPPORTUNITIES, OR FORCED TO FLEE HERE FROM ANOTHER COUNTRY, THE SAME DIFFICULTIES PRESENT THEMSELVES TO THE NEWCOMER LANGUAGE, CULTURE AND ECONOMICS SOME ARE MORE PREPARED THAN OTHERS MANY, THOUGH, ARE IN NEED OF SERVICES AND SUPPORT THAT ENABLE A BETTER TRANSITION FOR THEMSELVES AND THEIR FAMILIES MHS OPERATES AS A DIVISION OF NORTHERN VIRGINIA FAMILY SERVICE, AND OFFERS A BROAD RANGE OF MENTAL HEALTH, SOCIAL, EDUCATIONAL, HEALTH AND LANGUAGE SERVICES GEARED TO THE UNIQUE VALUES AND CHARACTERISTICS OF INDIVIDUALS AND FAMILIES FROM DIVERSE CULTURES IT IS STAFFED BY MULTI-ETHNIC, MULTILINGUAL SOCIAL WORKERS, COUNSELORS, ART THERAPISTS, PSYCHIATRISTS AND GRADUATE INTERNS FROM LOCAL UNIVERSITIES THE GOAL OF MHS IS TO HELP PEOPLE FROM ETHNICALLY DIVERSE BACKGROUNDS SUCCEED BY PROVIDING COMPREHENSIVE, CULTURALLY SENSITIVE MENTAL HEALTH AND RELATED SERVICES AND BY CONDUCTING RESEARCH AND TRAINING TO MAKE SUCH SERVICES MORE WIDELY AVAILABLE

(Code) (Expenses $ 1,993,902 including grants of $ 669,965) (Revenue $)

HEALTH ACCESS

(Code) (Expenses $ 1,881,060 including grants of $ 1,037,317) (Revenue $ 2,359,073)

FOSTER CARE SPECIAL FOSTER CARE PROVIDES TEMPORARY, QUALITY, FAMILY SETTINGS FOR CHILDREN WITH SPECIAL NEEDS WHO MAY HAVE EXPERIENCED ABUSE AND NEGLECT AS A RESULT, THE CHILDREN ARE GIVEN THE OPPORTUNITY TO DEVELOP TO THEIR FULLEST POTENTIAL THE PROGRAM SERVES CHILDREN FROM BIRTH THROUGH AGE EIGHTEEN WHO HAVE EMOTIONAL, BEHAVIORAL, PHYSICAL OR DEVELOPMENTAL NEEDS THAT CANNOT BE MET IN THEIR OWN HOMES NORTHERN VIRGINIA FAMILY SERVICE SOCIAL WORKERS CAREFULLY MATCH EACH CHILD WITH AN APPROPRIATE, TRAINED FOSTER FAMILY FOSTER PARENTS FROM CULTURALLY DIVERSE BACKGROUNDS ARE RECRUITED AND RECEIVE INTENSIVE SPECIALIZED TRAINING NORTHERN VIRGINIA FAMILY SERVICE FOSTER CARE WORKERS PROVIDE FOSTER FAMILIES, CHILDREN AND BIOLOGICAL FAMILIES MUCH-NEEDED SUPPORT, TRAINING AND ENCOURAGEMENT

(Code) (Expenses $ 623,997 including grants of $) (Revenue $ 931,755)

THRIFT SHOPS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number
54-0791977

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV 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? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	7,500				
b Contributions		7,500			
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,500	7,500			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

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	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		950,472		950,472
b Buildings		6,403,221	1,297,603	5,105,618
c Leasehold improvements		40,662	36,115	4,547
d Equipment		394,467	355,724	38,743
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,099,380

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED RENT	200,804
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	200,804

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,747,255
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,007,061
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	740,194
4	Net unrealized gains (losses) on investments	4	28,965
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	28,965
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	769,159

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

1	Total revenue, gains, and other support per audited financial statements			1	27,540,032
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	28,965		
b	Donated services and use of facilities	2b	1,578,036		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	185,776		
e	Add lines **2a** through **2d**			2e	1,792,777
3	Subtract line **2e** from line **1**			3	25,747,255
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	25,747,255

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

1	Total expenses and losses per audited financial statements			1	26,770,873
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1,578,036		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	185,776		
e	Add lines **2a** through **2d**			2e	1,763,812
3	Subtract line **2e** from line **1**			3	25,007,061
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	25,007,061

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	NVFS IS UNDER AGREEMENT WITH A LOCAL FUNDING SOURCE TO ADMINISTER FUNDS UNDER CERTAIN RESTRICTIONS TO PERSONS WITH TRANSPORTATION NEEDS THE PURPOSE IS TO ASSIST WITH JOB-RELATED TRANSPORTATION NEEDS FUNDS HELD FOR GRANTOR AS OF JUNE 30, 2011, CONSIST OF THE FOLLOWING CITY OF MANASSAS - WAYS TO WORK PROGRAM $3,023
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT WAS FROM LYLE-KEARSLEY SYSTEMS, INC
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT EVALUATED NVFS'S TAX POSITIONS AND CONCLUDED THAT NVFS HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, NVFS IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008 DURING THE YEAR ENDED JUNE 30, 2011, NVFS HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENTS EXPENSE REPORTED ON LINE 8B 185,776
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENTS EXPENSE REPORTED ON LINE 8B 185,776

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number
54-0791977

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 GALA DINNER & AUCTION (event type)	(b) Event #2 CARE AWARDS (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	472,005	42,100	109,327	623,432
	2 Less Charitable contributions	74,375	8,120	45,205	127,700
	3 Gross income (line 1 minus line 2)	397,630	33,980	64,122	495,732
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	57,621			57,621
	6 Rent/facility costs	66,746	11,581		78,327
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	32,602	8,804	8,422	49,828
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				185,776
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				309,956

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

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate 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 operate 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 operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number
54-0791977

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient 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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNITED COMMUNITY MINISTRIES7511 FORDSON ROAD ALEXANDRIA,VA 22306	54-0850780	501(C)(3)	592,039				SUPPORT FOR HEALTHY FAMILIES PROGRAM
(2) RESTON INTERFAITH INC11150 SUNSET HILLS ROAD RESTON,VA 20190	54-1037615	501(C)(3)	288,199				SUPPORT FOR HEALTHY FAMILIES PROGRAM

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 2

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SHELTER	2410	1,886,205			
(2) MENTAL HEALTH	3175	44,240			
(3) MEDICAL	12594	103,443			
(4) DENTAL	1410	622,368			
(5) FOSTER CARE	104	1,037,085			
(6) FOOD	10740	33,179	2,193,220	FMV	FOOD

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTEES SUBMIT DETAILED INVOICES ON A MONTHLY BASIS WHICH ARE REVIEWED IN DETAIL ANNUAL AUDIT REPORTS ARE RECEIVED FROM GRANTEES AND ARE REVIEWED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number
54-0791977

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY AGEE	(i)	195,000	0	0	11,700	0	206,700	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number
54-0791977

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 oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		33,763	SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	949	2,193,220	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▸ (PROGRAM SUPPLIES)	X	651	334,646	FAIR MARKET VALUE
26 Other ▸ (AUCTION ITEMS)	X	175	57,621	FAIR MARKET VALUE
27 Other ▸ ( )				
28 Other ▸ ( )				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number
54-0791977

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE A COPY OF THE 990 PRIOR TO FILING, FOR THEIR REVIEW THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE 990 AT A MEETING HELD PRIOR TO THE BOARD MEETING WHERE REPRESENTATIVES OF THE ORGANIZATION'S THIRD PARTY TAX ADVISORS ARE PRESENT AND AVAILABLE TO RESPOND TO QUESTIONS THE 990 IS THEN PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS AND GIVEN THE OPPORTUNITY TO ASK ANY QUESTIONS THEY MAY HAVE THE 990 IS THEN FILED WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY AND REQUIRES MEMBER CERTIFICATION THE RESPONSES ARE REVIEWED BY THE BOARD'S GOVERNANCE COMMITTEE IN ORDER TO BEST MANAGE ANY POTENTIAL CONFLICTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD DETERMINES COMPENSATION FOR THE CEO ON AN ANNUAL BASIS PERIODICALLY AN INDEPENDENT COMPENSATION CONSULTANT IS RETAINED, THE RESULTS ARE SENT DIRECTLY TO THE BOARD CHAIR AND HUMAN RESOURCES DIRECTOR IN-BETWEEN YEARS THE BOARD CHAIR MAY ELECT TO CONDUCT AN INFORMAL SALARY SURVEY THE CEO RECOMMENDS COMPENSATION FOR THREE CORPORATE OFFICERS, WHICH IS REVIEWED WITH THE BOARD CHAIR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE AGENCY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC BY PROVIDING COPIES ON REQUEST AND BY INSPECTION AT THE AGENCY'S HEADQUARTERS' OFFICE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 28,965

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

Identifier	Return Reference	Explanation
ORGANIZATION OVERVIEW	FORM 990, PART III, LINE 1	WITH MULTIPLE LOCATIONS, 325 EMPLOYEES AND OVER 1,200 VOLUNTEERS, NVFS PROVIDES HELP/HOPE/HERE EVERY DAY TO OVER 33,000 INDIVIDUALS SERVICES ARE PROVIDED IN 5 CORE SERVICE AREAS INCLUDING SAFE & STABLE HOUSING, HEALTH ACCESS, EMERGENCY ASSISTANCE, WORKFORCE DEVELOPMENT AND SERVICES OF CHILDREN AND YOUTH EACH SERVICE AREA REPRESENTS A SET OF PROGRAMS, WHICH RESULT IN POSITIVE OUTCOMES FOR THE CLIENTS AND THE COMMUNITY NVFS COLLABORATES WITH LOCAL GOVERNMENTS, NORTHERN VIRGINIA COMMUNITY COLLEGE, INOVA HEALTH SYSTEMS, FAIRFAX SCHOOLS, LOCAL HEALTH CLINICS AND MORE TO ADDRESS CREATIVELY AND COLLABORATIVELY THE MULTIPLE ISSUES PRESENTING BARRIERS TO FAMILIES SUCCEEDING TOWARDS ECONOMIC INDEPENDENCE OF THE CLIENTS WHO REPORTED INCOME TO THE AGENCY, 90% HAD COMBINED ANNUAL INCOME BELOW $35,000 45% SERVED WERE CHILDREN AND YOUTH UNDER THE AGE OF 18