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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
CENTRAL FAIRFAX SERVICES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6860 COMMERCIAL DRIVE

City or town, state or country, and ZIP + 4
SPRINGFIELD, VA 221514201

D Employer identification number
54-0855731

E Telephone number
(703) 354-0900

G Gross receipts $ 6,910,687

F Name and address of principal officer
JANET SAMUELSON
6295 EDSALL ROAD
ALEXANDRIA, VA 22312

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 SERVICESOURCE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 1972 | M State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE EDUCATIONAL AND VOCATIONAL TRAINING OF PEOPLE WITH SIGNIFICANT DISABILITY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	228
6	Total number of volunteers (estimate if necessary)	6	0
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
Revenue	8	Contributions and grants (Part VIII, line 1h)	136,047	109,373
	9	Program service revenue (Part VIII, line 2g)	6,458,139	6,767,653
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,830	15,596
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,948	18,065
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,625,964	6,910,687
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,142,984	4,995,969
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶16,630		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,687,387	1,907,840
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,830,371	6,903,809
	19	Revenue less expenses Subtract line 18 from line 12	-204,407	6,878

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,658,763	5,383,750
	21	Total liabilities (Part X, line 26)	590,157	2,316,888
	22	Net assets or fund balances Subtract line 21 from line 20	3,068,606	3,066,862

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

****** | 2013-02-12
Signature of officer | Date

DAVID H HODGE EXECUTIVE VP & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ YONG ZHANG CPA	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P01249785
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MCGLADREY LLP 8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 221826205			EIN ▶ 42-0714325 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

SEE SCHEDULE OCENTRAL FAIRFAX SERVICES, INC (DBA "SERVICESOURCE OR "SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES") IS A 501(C) (3) NOT-FOR-PROFIT CORPORATION BASED IN SPRINGFIELD, VA ESTABLISHED IN 1972, THE SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES PROVIDES DEVELOPMENTAL AND VOCATIONAL SERVICES FOR ADULTS WITH INTELLECTUAL AND PHYSICAL DISABILITIES IN NORTHERN VIRGINIA SERVICES ARE BASED ON THE CONCEPT OF PERSON-CENTERED ACTIVITIES, WHICH EMPHASIZES AND RESPECTS THE INTERESTS, SKILLS AND NEEDS OF THE INDIVIDUAL WITH INPUT FROM FAMILY MEMBERS AND ADVOCATES

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 5,774,229 including grants of $) (Revenue $ 6,767,653)

SEE SCHEDULE OTHE SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES IS THE LARGEST PROVIDER OF ITS KIND IN FAIRFAX COUNTY, VA IN FY 2012, THE ORGANIZATION PROVIDED SERVICES TO 228 INDIVIDUALS WITH DISABILITIES MANY OF THE INDIVIDUALS SERVED BY THE ORGANIZATION HAVE MULTIPLE DISABILITIES, AND IN SOME CASES HAVE SEVERE AND SIGNIFICANT MEDICAL AND PHYSICAL DISABILITIES FIVE NURSES ON STAFF PROVIDE COMPREHENSIVE MEDICAL CASE MANAGEMENT FOR INDIVIDUALS WITH SIGNIFICANT HEALTH NEEDS SERVICESOURCE ALSO OFFERS A RANGE OF PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY, AS WELL AS A NUMBER OF "EXPRESSIVE" ACTIVITIES SUCH AS MUSIC AND DANCE THERAPY IN ADDITION TO INTENSIVE, PERSON-CENTERED HABILITATION SERVICES, SERVICESOURCE PROVIDES BOTH CENTER-BASED AND COMMUNITY-BASED EMPLOYMENT OPTIONS FOR PEOPLE WITH DISABILITIES IN FY 2012, 117 INDIVIDUALS PARTICIPATED IN PAID WORK ACTIVITIES INCLUDING MAILING OPERATIONS, DOCUMENT DESTRUCTION AND DISTRIBUTION, CUSTODIAL AND PACKAGING WORK CONSISTENT WITH SERVICESOURCE'S STRATEGIC INITIATIVE TO INCREASE DAY HABILITATION SERVICES TO BETTER MEET COMMUNITY NEEDS, SERVICESOURCE OPENED A NEW PROGRAM IN CHANTILLY, VA IN FY 2012 THIS NEW LOCATION EXPANDS SERVICES FOR PEOPLE WITH DISABILITIES TO WESTERN FAIRFAX COUNTY THE STATE-OF-THE ART, 2,600 SQUARE FOOT FACILITY WAS DESIGNED FOR ACCESSIBILITY, SAFETY AND PRIVACY WITH NEW EQUIPMENT FOR PHYSICAL THERAPY, CREATIVE ACTIVITIES AND CARETAKING ADDITIONALLY, AN INNOVATIVE SENSORY PERCEPTION ROOM ENCOURAGES STIMULATION THROUGH TOUCH, SOUND AND SIGHT MOST OF THE PARTICIPANTS IN SERVICESOURCE'S HABILITATION PROGRAMS ARE FUNDED THROUGH THE MEDICAID WAIVER, WHICH DOES NOT COVER EXPERIENTIAL OR EXPRESSIVE THERAPIES HOWEVER, WITH FUNDING FROM THE SERVICESOURCE FOUNDATION AND A NUMBER OF COMMUNITY PARTNERSHIPS, SERVICESOURCE IS ABLE TO OFFER ITS PARTICIPANTS EXPRESSIVE THERAPIES, INCLUDING ART, DANCE AND MUSIC THERAPY IN FY 2012, FOR THE FIRST TIME, SERVICESOURCE WAS ABLE TO OFFER PARTICIPANTS RIDING LESSONS AT NORTHERN VIRGINIA THERAPEUTIC RIDING PROGRAM IN CLIFTON, VA SEVENTEEN INDIVIDUALS PARTICIPATED IN THE THERAPEUTIC RIDING PROGRAM IN FY 2012 ALSO IN FY 2012, SERVICESOURCE LAUNCHED THE "MEMORY LANE" PROGRAM, WHICH IS DESIGNED TO MEET THE SPECIAL NEEDS OF AGING PARTICIPANTS WHO HAVE AN INTELLECTUAL DISABILITY AND ARE EXPERIENCING DEMENTIA SPECIALLY TRAINED STAFF, IN CONJUNCTION WITH REHABILITATION AND EXPRESSIVE THERAPISTS, PROVIDES MORE THAN 50 PARTICIPANTS A VARIETY OF SERVICES SPECIFICALLY TARGETED TO MEET THEIR NEEDS THE SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES IS ONE OF FIVE NOT-FOR-PROFIT 501(C)(3) ORGANIZATIONS GOVERNED BY A COMMON MEMBER VOLUNTEER BOARD OF DIRECTORS THE FIVE REGIONAL OFFICES REMAIN SEPARATE LEGAL ENTITIES BUT ARE COMMONLY BRANDED AS "SERVICESOURCE " GENERAL CORPORATE AND OVERHEAD EXPENSES AND SALARIES ARE SPREAD ACROSS ALL REGIONAL OFFICES ACCORDING TO APPROPRIATE REVENUE METHODOLOGY BASED ON THE PERCENTAGE OF SUPPORT TO THE SPECIFIC REGIONAL OFFICE GENERAL CORPORATE AND OVERHEAD EXPENSES AND SALARIES ARE SPREAD ACROSS ALL REGIONAL OFFICES ACCORDING TO APPROPRIATE ALLOCATION METHODOLOGY AND BASED ON THE PERCENTAGE OF SUPPORT TO THE SPECIFIC REGIONAL OFFICE THIS STRUCTURE ALLOWS FOR MAINTENANCE OF MUCH LOWER CORPORATE OVERHEAD RATE AS A PERCENTAGE OF REVENUE TO ENSURE THAT ADEQUATE FUNDS ARE DIRECTED SPECIFICALLY TO PROGRAM OPERATIONS IN ADDITION TO THE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES, OTHER OFFICES INCLUDE THE VIRGINIA REGIONAL OFFICE FOR REHABILITATION AND EMPLOYMENT SERVICES IN ALEXANDRIA, VIRGINIA, THE FLORIDA REGIONAL OFFICE IN CLEARWATER, FLORIDA, THE NORTH CAROLINA REGIONAL OFFICE IN FAYETTEVILLE, NORTH CAROLINA, AND THE DELAWARE REGIONAL OFFICE IN WILMINGTON, DELAWARE WITH OPERATIONS IN NINE STATES AND THE DISTRICT OF COLUMBIA, SERVICESOURCE COLLECTIVELY EMPLOYED MORE THAN 1,500 PEOPLE WITH DISABILITIES AND PROVIDED EMPLOYMENT AND OTHER SUPPORT SERVICES TO MORE THAN 14,000 INDIVIDUALS IN FY 2012 ALL FIVE REGIONAL OFFICES SHARE A MISSION OF PROVIDING EXCEPTIONAL SERVICES TO INDIVIDUALS WITH DISABILITIES THROUGH INNOVATIVE AND VALUED EMPLOYMENT, TRAINING, HABILITATION, HOUSING AND SUPPORT SERVICES THE CFS FOUNDATION IS A SEPARATE 501 (C)(3) CORPORATION THAT RAISES MONEY TO SUPPORT UNDER- FUNDED PROGRAMS OF THE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES THE CFS FOUNDATION WAS ESTABLISHED IN 2010 TO SUPPORT PROGRAMS AND PEOPLE SERVED BY CENTRAL FAIRFAX SERVICES, INC (DBA "SERVICESOURCE" OR THE "SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES") THE SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES IS ONE OF FIVE NOT-FOR-PROFIT 501(C)(3) ORGANIZATIONS GOVERNED BY A COMMON MEMBER VOLUNTEER BOARD OF DIRECTORS THE FIVE REGIONAL OFFICES REMAIN SEPARATE LEGAL ENTITIES BUT ARE COMMONLY BRANDED AS "SERVICESOURCE "THE CFS FOUNDATION WAS SET UP TO MAKE CONTRIBUTIONS THAT HELP PARTICIPANTS IN SERVICESOURCE'S HABILITATION PROGRAMS LIVE FULL, ACTIVE AND HEALTHY LIVES IN FY12, THE FOUNDATION RAISED FUNDS TO SUPPORT SEVERAL PROGRAMS INCLUDING ART, DANCE, MUSIC AND HORSEBACK RIDING THERAPIES THE FOUNDATION ALSO FUNDED IN FULL A STATE-OF-THE-ART SENSORY PERCEPTION ROOM AT SERVICESOURCE'S NEW HABILITATION CENTER IN CHANTILLY, VA MORE THAN 300 INDIVIDUALS BENEFIT FROM SERVICESOURCE HABILITATION PROGRAMS

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses** ▶ $ 5,774,229

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 instructions)?	2	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	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		No
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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		No
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		No
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 questions 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 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		No
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
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	9		
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	228		
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 or securities 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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate 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 aggregate 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 12			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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		No
b	Other officers or key employees of the organization	15b		No
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 ▶

THOMAS CHANG
6295 EDSALL ROAD SUITE 175
ALEXANDRIA, VA 22312
(703) 461-6147

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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARILYNN BERSOFF CHAIR	2 00	X		X				0	0	0
(2) GEORGE C NEWSTROM VICE CHAIR	2 00	X		X				0	0	0
(3) MICHELLE S LEE TREASURER	2 00	X		X				0	0	0
(4) JOSEPH J SOROTA JR DIRECTOR - OFFICE OF THE P	2 00	X						0	0	0
(5) JULIAN BOOKER DIRECTOR	2 00	X						0	0	0
(6) WEYHER DAWSON DIRECTOR	2 00	X						0	0	0
(7) CHARLES HARLES DIRECTOR	2 00	X						0	0	0
(8) STEVEN TOTH DIRECTOR	2 00	X						0	0	0
(9) RHONDA S VANLOWE DIRECTOR	2 00	X						0	0	0
(10) JOHN R BRUGGEMAN DIRECTOR	2 00	X						0	0	0
(11) VERDIA L HAYWOOD DIRECTOR	2 00	X						0	0	0
(12) PATRICIA WOOLSEY DIRECTOR	2 00	X						0	0	0
(13) JANET SAMUELSON PRESIDENT & CEO	2 00			X				16,083	305,584	33,948
(14) DAVID HODGE EXECUTIVE VP & CFO	2 00			X				13,742	261,094	10,231
(15) BRUCE PATTERSON EXECUTIVE VP & COO	4 00			X				24,991	224,917	23,205
(16) MARK HALL EXECUTIVE VP CORPORATE DEVELOPMENT	1 00			X				0	233,654	29,782
(17) THOMAS CHANG VP FINANCE	2 00				X			9,537	181,196	15,836

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) LISA WARD EXEC VP COMMUN & COMMUNITY DEV	2 00					X		9,527	181,013	26,387
(19) SCOTT KUEBLER VP RISK MANAGEMENT	4 00					X		11,811	106,299	1,597
(20) LISA LONG VP INFORMATION TECHNOLOGY	2 00					X		6,854	130,223	9,617
(21) PAUL J WEXLER EXECUTIVE DIRECTOR	40 00					X		161,002	0	11,056
(22) DEBORAH BAUER DIVISION MANAGER - OPERATI	40 00					X		119,588	0	15,200

		(D)	(E)	(F)
1b	Sub-Total . . . . ▶			
c	Total from continuation sheets to Part VII, Section A . . . . ▶			
d	Total (add lines 1b and 1c) . . . . ▶	373,135	1,623,980	176,859

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

			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 Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶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 . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d 72,575				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 36,798				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		109,373			
Program Service Revenue			Business Code				
	2a	FEES AND CONTRACTS FRO	900099	4,259,324	4,259,324		
	b	MEDICAID	900099	2,475,322	2,475,322		
	c	INDUSTRIAL CONTRACTS	900099	33,007	33,007		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		6,767,653			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		15,596			15,596
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . ▶					
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from fundraising events . . ▶					
	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				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	18,065			18,065
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶		18,065			
	12	**Total revenue.** See Instructions . . . ▶		6,910,687	6,767,653	0	33,661

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	231,404	198,459	32,460	485
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,700,082	3,167,168	525,069	7,845
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	161,568	142,275	19,009	284
9 Other employee benefits	617,259	543,550	72,624	1,085
10 Payroll taxes	285,656	247,691	37,406	559
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	21,750	11,750	9,853	147
d Lobbying				
e Professional fundraising *See Part IV, line 17* . .				
f Investment management fees				
g Other	154,568	154,568		
12 Advertising and promotion	2,733	2,037	686	10
13 Office expenses	105,953	105,328	615	10
14 Information technology				
15 Royalties . .				
16 Occupancy	752,437	752,437		
17 Travel	4,502	3,184	1,299	19
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,264	9,264		
20 Interest	1,025		1,010	15
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,446	98,446		
23 Insurance	38,361	38,361		
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 OVERHEAD ALLOCATION	412,088		406,021	6,067
b CONTRACT/OTHER SUPPLIES	164,125	163,412	703	10
c SUPPORT SERVICES	78,940	78,940		
d REPAIRS & MAINTENANCE	55,416	55,416		
e				
f All other expenses	8,232	1,943	6,195	94
25 **Total functional expenses.** Add lines 1 through 24f	6,903,809	5,774,229	1,112,950	16,630
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		500	1	500
	2	Savings and temporary cash investments		1,058,840	2	838,998
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		904,884	4	1,265,740
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		108,863	9	94,068
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,072,960			
	b	Less accumulated depreciation	10b 1,009,073	490,358	10c	2,063,887
	11	Investments—publicly traded securities		1,061,814	11	1,069,297
	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		33,504	15	51,260
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,658,763	16	5,383,750
Liabilities	17	Accounts payable and accrued expenses		590,157	17	1,909,032
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	407,856
	26	**Total liabilities.** Add lines 17 through 25		590,157	26	2,316,888
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		3,043,554	27	3,045,612
	28	Temporarily restricted net assets		25,052	28	21,250
	29	Permanently restricted net assets			29	
		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		3,068,606	33	3,066,862
	34	Total liabilities and net assets/fund balances		3,658,763	34	5,383,750

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	6,910,687
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,903,809
3	Revenue less expenses Subtract line 2 from line 1	3	6,878
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,068,606
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-8,622
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	3,066,862

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		No
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		

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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

2011

Open to Public Inspection

Name of the organization
CENTRAL FAIRFAX SERVICES INC

Employer identification number
54-0855731

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 **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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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	No	**(v)** Did you notify the organization in col (i) of your support? Yes	No	**(vi)** Is the organization in col (i) organized in the U S ? Yes	No	**(vii)** Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) | **12** |

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | **14** |

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | **15** |

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493045022603

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL FAIRFAX SERVICES INC

Employer identification number
54-0855731

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	12,887,723	11,825,558			
b Contributions	450,186	500			
c Investment earnings or losses	537,282	1,492,691			
d Grants or scholarships	60,000				
e Other expenditures for facilities and programs	709,086	409,619			
f Administrative expenses	25,026	21,407			
g End of year balance	13,081,079	12,887,723			

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

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

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)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		483,875	319,981	163,894
d Equipment		357,839	242,021	115,818
e Other		2,231,246	447,071	1,784,175
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,063,887

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	
DUE TO AFFILIATE	407,856
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	407,856

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	6,910,687
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,903,809
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,878
4	Net unrealized gains (losses) on investments	4	-3,799
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-4,823
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-8,622
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,744

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	7,000,710
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-3,799		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	93,822		
e	Add lines **2a** through **2d**			2e	90,023
3	Subtract line **2e** from line **1**			3	6,910,687
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	6,910,687

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

1	Total expenses and losses per audited financial statements			1	6,981,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	78,177		
e	Add lines **2a** through **2d**			2e	78,177
3	Subtract line **2e** from line **1**			3	6,903,809
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	6,903,809

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	SERVICESOURCE, INC INCOME FROM THE FUND IS USED TO PAY FOR THE DEFINED CONTRIBUTION RETIREMENT PLAN EXPENSES FOR DIRECT EMPLOYEES WHO ARE NOT OTHERWISE COVERED BY RETIREMENT PLANS, AND TO SUBSIDIZE THE WAGE DIFFERENTIAL BETWEEN COMMENSURATE WAGES (FROM PRODUCTIVITY MEASUREMENT) AND THE PREVAILING/MINIMUM WAGES, AND FOR THE BENEFIT OF EMPLOYEES WITH DISABILITIES OPPORTUNITY CENTER, INC OCI'S ENDOWMENT REPRESENTS BOARD DESIGNATED NET ASSETS, THE INCOME FROM WHICH IS EXPENDED TO SUPPORT OCI'S OPERATIONS OCI'S INVESTMENT OBJECTIVE IS TO EARN A RESPECTABLE, LONG-TERM, RISK-ADJUSTED TOTAL RETURN TO SUPPORT THEIR LONG-TERM PROGRAMS CERTAIN INVESTMENTS ARE SUBJECT TO THE DESIGNATION OF THE BOARD OF DIRECTORS REQUIRING THAT THE ENDOWED PRINCIPAL AND INVESTMENT INCOME BE INVESTED IN A SEPARATE INVESTMENT PORTFOLIO OCI IS PRIMARILY INVESTED IN EQUITY SECURITIES AND MONEY MARKET FUNDS INVESTMENT EARNINGS IN EXCESS OF BOARD-DETERMINED BENCHMARKS CAN BE UTILIZED FOR BOARD SPECIFIED OPERATING PURPOSES THE BOARD HAS DESIGNATED NET ASSETS OF $60,000 TO BE USED ANNUALLY FOR OPERATIONS SERVICESOURCE FOUNDATION BOARD-DESIGNATED NET ASSETS CONSIST OF A RESERVE OF $400,000, WHICH IS AN AMOUNT DESIGNATED BY THE FOUNDATION'S BOARD OF DIRECTORS FOR THE FUTURE FUNDING OF SERVICESOURCE'S CAPITAL CAMPAIGN
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CENTRAL FAIRFAX SERVICES IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IN ADDITION, CENTRAL FAIRFAX SERVICES HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION INCOME, WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES CENTRAL FAIRFAX SERVICES HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2012 MANAGEMENT EVALUATED CENTRAL FAIRFAX SERVICES'S TAX POSITIONS AND CONCLUDED THAT CENTRAL FAIRFAX SERVICES HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, CENTRAL FAIRFAX SERVICES IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2009
PART XII, LINE 2D - OTHER ADJUSTMENTS		CFS FDN REVENUE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS 93,822
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CFS FDN EXPENSES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS 78,177

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL FAIRFAX SERVICES INC

Employer identification number
54-0855731

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	PUBLIC SCHOOLS, DEPT OF SOCIAL SERVICES AND OTHER AGENCIES HAVE A COPY OF OUR NON-DISCRIMINATORY POLICY THE FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD HANDLES OUR ADMISSION

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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

2011

Open to Public Inspection

Name of the organization
CENTRAL FAIRFAX SERVICES INC

Employer identification number
54-0855731

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?	**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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) JANET SAMUELSON	(i)	13,830	1,995	258	0	1,697	17,780	0
	(ii)	262,769	37,905	4,910	0	32,251	337,835	0
(2) DAVID HODGE	(i)	11,849	1,750	143	0	512	14,254	0
	(ii)	225,131	33,250	2,713	0	9,719	270,813	0
(3) BRUCE PATTERSON	(i)	21,626	3,300	65	0	2,321	27,312	0
	(ii)	194,633	29,700	584	0	20,884	245,801	0
(4) MARK HALL	(i)	0	0	0	0	0	0	0
	(ii)	195,686	37,000	968	0	29,782	263,436	0
(5) THOMAS CHANG	(i)	8,566	750	221	0	792	10,329	0
	(ii)	162,756	14,250	4,190	0	15,044	196,240	0
(6) LISA WARD	(i)	8,260	1,250	17	0	1,319	10,846	0
	(ii)	156,942	23,750	321	0	25,068	206,081	0
(7) PAUL J WEXLER	(i)	148,621	12,000	381	0	11,056	172,058	0
	(ii)	0	0	0	0	0	0	0

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

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

2011

Open to Public Inspection

Name of the organization
CENTRAL FAIRFAX SERVICES INC

Employer identification number
54-0855731

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	AFTER THE EXTENSIVE INTERNAL REVIEW, THE RETURNS ARE MADE AVAILABLE TO THE MEMBERS OF THE AUDIT COMMITTEE AND BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS AND REQUEST FOR A FORMAL MEETING PRIOR TO FILING, IF DEEMED NECESSARY THE FINAL 990 TAX RETURN IS POSTED TO THE ORGANIZATION'S WEBSITE FOR INTERNAL USE
	FORM 990, PART VI, SECTION B, LINE 12C	IT IS THE POLICY OF SERVICESOURCE THAT ALL BUSINESS TRANSACTIONS, WHETHER WITHIN THE CORPORATION OR WITH CLIENTS, CUSTOMERS, OR VENDORS, MUST BE CONDUCTED WITH IMPARTIALITY AND INTEGRITY CORPORATION EMPLOYEES, OFFICERS, AND AGENTS SHOULD AVOID BUSINESS OR PERSONAL RELATIONSHIPS THAT MAY COMPROMISE THEIR INTEGRITY AND OBJECTIVITY
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, ORGANIZATIONAL DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	SS ES ABF HFI SSES OCI CFS JANET SAMUELSON 26 2 4 2 2 2 2 DAVID HODGE 16 6 6 2 2 6 2 MARK HALL 16 8 6 2 4 4 1 THOMAS CHANG 24 4 3 1 2 4 2 SCOTT KEUBLER 8 8 6 2 8 4 4 LISA LONG 16 6 4 2 4 6 2 BRUCE PATTERSON 18 6 4 2 2 4 4 LISA WARD 16 6 6 2 2 6 2
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -3,799 PRIOR PERIOD ADJUSTMENTS -4,823 TOTAL TO FORM 990, PART XI, LINE 5 -8,622
	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
COMPENSATION METHODOLOGY	FORM 990, PART VII AND SCHEDULE J	CENTRAL FAIRFAX SERVICES, INC DOES NOT COMPENSATE ANYONE SHOWN IN PART VII OF THE FORM 990 OR SCHEDULE J, PART II THE COMPENSATION SHOWN IN THESE SECTIONS IS PAID BY THE SERVICESOURCE, INC, THE ORGANIZATION'S RELATED ORGANIZATION CENTRAL FAIRFAX SERVICES, INC RELIES ON THE COMPENSATION DETERMINATION METHODOLOGY OF THE SERVICESOURCE, INC THE FOLLOWING IS THE COMPENSATION METHODOLOGY USED BY SERVICESOURCE, INC SERVICESOURCE ENGAGED MERCER CONSULTING IN 2008 TO DO A STUDY AND PROVIDE RECOMMENDATION ON THE EXECUTIVE PAY THE STUDY TOOK ABOUT 6 MONTHS, AND IT INVOLVED IN THE COMPREHENSIVE COMPARISON OF RESPONSIBILITIES OF THE POSITION WITH SIMILAR POSITIONS IN OTHER NON-PROFIT ORGANIZATIONS, AND GOVERNMENT AGENCIES ALSO IT TOOK INTO ACCOUNT OF THE GEOGRAPHIC DISPARITIES DUE OUR DISPERSED OPERATIONS AS RESULT OF THE STUDY, SEVERAL VICE PRESIDENT LEVEL POSITIONS WERE CREATED, AND THERE WERE SOME SALARY ADJUSTMENTS MADE SERVICESOURCE CONDUCTED AN EXECUTIVE PAY SURVEY THROUGH AN OUTSIDE CONSULTANT IN APRIL 2012 AND CONSISTENTLY WILL CONDUCT THE SALARY STUDY EVERY TWO YEARS WITH THE NEXT STUDY DUE IN FEBRUARY 2014

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL FAIRFAX SERVICES INC

Employer identification number
54-0855731

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		No
b	Gift, grant, or capital contribution to related organization(s)	**1b**		No
c	Gift, grant, or capital contribution from related organization(s)	**1c**	Yes	
d	Loans or loan guarantees to or for related organization(s)	**1d**		No
e	Loans or loan guarantees by related organization(s)	**1e**		No
f	Sale of assets to related organization(s)	**1f**		No
g	Purchase of assets from related organization(s)	**1g**		No
h	Exchange of assets with related organization(s)	**1h**		No
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**		No
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**		No
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**		No
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	Yes	
n	Sharing of paid employees with related organization(s)	**1n**	Yes	
o	Reimbursement paid to related organization(s) for expenses	**1o**		No
p	Reimbursement paid by related organization(s) for expenses	**1p**		No
q	Other transfer of cash or property to related organization(s)	**1q**		No
r	Other transfer of cash or property from related organization(s)	**1r**		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) CENTRAL FAIRFAX SERVICES FOUNDATION INC	C	72,575	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	PART II	THE SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES IS ONE OF FIVE NOT-FOR-PROFIT 501(C)(3) ORGANIZATIONS GOVERNED BY A COMMON MEMBER VOLUNTEER BOARD OF DIRECTORS THE FIVE REGIONAL OFFICES REMAIN SEPARATE LEGAL ENTITIES BUT ARE COMMONLY BRANDED AS "SERVICESOURCE " GENERAL CORPORATE AND OVERHEAD EXPENSES AND SALARIES ARE SPREAD ACROSS ALL REGIONAL OFFICES ACCORDING TO APPROPRIATE REVENUE METHODOLOGY BASED ON THE PERCENTAGE OF SUPPORT TO THE SPECIFIC REGIONAL OFFICE GENERAL CORPORATE AND OVERHEAD EXPENSES AND SALARIES ARE SPREAD ACROSS ALL REGIONAL OFFICES ACCORDING TO APPROPRIATE ALLOCATION METHODOLOGY AND BASED ON THE PERCENTAGE OF SUPPORT TO THE SPECIFIC REGIONAL OFFICE THIS STRUCTURE ALLOWS FOR MAINTENANCE OF MUCH LOWER CORPORATE OVERHEAD RATE AS A PERCENTAGE OF REVENUE TO ENSURE THAT ADEQUATE FUNDS ARE DIRECTED SPECIFICALLY TO PROGRAM OPERATIONS IN ADDITION TO THE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES, OTHER OFFICES INCLUDE THE VIRGINIA REGIONAL OFFICE FOR REHABILITATION AND EMPLOYMENT SERVICES IN ALEXANDRIA, VIRGINIA, THE FLORIDA REGIONAL OFFICE IN CLEARWATER, FLORIDA, THE NORTH CAROLINA REGIONAL OFFICE IN FAYETTEVILLE, NORTH CAROLINA, AND THE DELAWARE REGIONAL OFFICE IN WILMINGTON, DELAWARE WITH OPERATIONS IN NINE STATES AND THE DISTRICT OF COLUMBIA, SERVICESOURCE COLLECTIVELY EMPLOYED MORE THAN 1,500 PEOPLE WITH DISABILITIES AND PROVIDED EMPLOYMENT AND OTHER SUPPORT SERVICES TO MORE THAN 14,000 INDIVIDUALS IN FY 2012 ALL FIVE REGIONAL OFFICES SHARE A MISSION OF PROVIDING EXCEPTIONAL SERVICES TO INDIVIDUALS WITH DISABILITIES THROUGH INNOVATIVE AND VALUED EMPLOYMENT, TRAINING, HABILITATION, HOUSING AND SUPPORT SERVICES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 54-0855731
Name: CENTRAL FAIRFAX SERVICES INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
ABILITIES AT BARTONS LANDING INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0614539	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT BRIARCLIFF INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 34-1979530	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT CASABLANCA INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3555080	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT COLLEGE PINES INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 22-3849262	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT CRESTVIEW INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 31-1765941	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT CRESTVIEW II INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 45-4134490	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT CUMBERLAND TOWERS INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 26-1686054	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT EAGLES NEST-LAKE BENTLEY 2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0530353	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT ENGLISH PARK (EAGLES NEST) 2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0530355	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT FOUNTAIN SQUARE INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3317443	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT MORNINGSIDE II INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 27-3201131	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT MORNINGSIDE INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3317445	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT PARKLANE INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3617978	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT SAN JAUN II INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0491999	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT SAN JAUN INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 55-0807511	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT ST ANDREWS COVE INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 22-3849222	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT WINDJAMMER I & II INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3352353	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT WINDOVER INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3555082	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT WOODSIDE INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3352350	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES INC OF FLORIDA 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-0874493	TO SERVE THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
						Yes	No
CENTRAL FAIRFAX SERVICES FOUNDATION INC 6860 COMMERCIAL DRIVE SPRINGFIELD, VA 22151 27-3235569	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 11A, I	CENTRAL FAIRFAX SERVICES INC	Yes	
COMMUNITY THRIFT INC 6295 EDSALL ROAD STE 175 ALEXANDRIA, VA 22312 54-1957154	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESOURCE INC		No
EMPLOYMENT SOURCE INC 600 AMES STREET FAYETTEVILLE, NC 28301 56-2253814	PROVIDE EMPLOYMENT, TRAINING & OTHER SERVICES TO PERSONS WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC		No
HOMES FOR INDEPENDENCE 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3342379	TO SERVE THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 7	SERVICESOURCE INC		No
HOMES FOR INDEPENDENCE INC (NC) 2735 WHITNEY ROAD CLEARWATER, FL 33760 26-2833829	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC		No
HOMES FOR INDEPENDENCE SPACE COAST INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 26-2799386	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
HOMES FOR INDEPENDENCE INC (DELAWARE) 2735 WHITNEY ROAD CLEARWATER, FL 33760 27-4867827	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 9	SERVICESOURCE INC		No
HOMES FOR INDEPENDENCE INC (VIRGINIA) 2735 WHITNEY ROAD CLEARWATER, FL 33760 27-4868301	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESOURCE INC		No
HOMES FOR INDEPENDENCE PROPERTIES INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 26-2775108	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
OPPORTUNITY CENTER INC 3030 BOWERS STREET WILMINGTON, DE 19802 51-0079778	TO SERVE THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 9	SERVICESOURCE INC		No
OPPORTUNITY SOCIETY FOUNDATION 3030 BOWERS STREET WILMINGTON, DE 19802 20-2588808	TO SERVE THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 7	SERVICESOURCE INC		No
SERVICESOURCE EMPLOYMENT SERVICES INC 6295 EDSALL ROAD STE 175 ALEXANDRIA, VA 22312 56-2226062	TO SERVE THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC		No
SERVICESOURCE FOUNDATION INC 6295 EDSALL ROAD STE 175 ALEXANDRIA, VA 22312 20-1438270	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESOURCE INC		No
SERVICESOURCE INC 6295 EDSALL ROAD STE 175 ALEXANDRIA, VA 22312 54-0901256	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	N/A		No

Additional Data

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Form 990, Special Condition Description:

Special Condition Description