

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization NORTHERN VIRGINIA FAMILY SERVICE		D Employer identification number 54-0791977	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	10455 WHITE GRANITE DRIVE	100	(571) 748-2500	
City or town, state or province, country, and ZIP or foreign postal code OAKTON, VA 22124-2764		G Gross receipts \$		49,464,854.
F Name and address of principal officer: STEPHANIE BERKOWITZ SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No		
J Website: WWW.NVFS.ORG		If "No," attach a list. See instructions		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1924		M State of legal domicile: VA
H(c) Group exemption number				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	404
	6 Total number of volunteers (estimate if necessary)	6	1805
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	42,057,017.	34,913,971.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,515,066.	1,431,762.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	276,753.	657,542.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,337,638.	1,119,672.
		45,186,474.	38,122,947.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,032,256.	10,101,827.
	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)	20,141,066.	21,591,483.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,156,786.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,190,062.	5,414,439.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,363,384.	37,107,749.	
19 Revenue less expenses. Subtract line 18 from line 12	3,823,090.	1,015,198.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	22,180,748.	21,056,220.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,919,738.	5,189,504.
	16,261,010.	15,866,716.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	STEPHANIE BERKOWITZ, PRESIDENT & CEO Type or print name and title	<i>Stephanie Berkowitz</i> 3/27/2023			
Paid Preparer Use Only	Print/Type preparer's name AMANDA E. WATERHOUSE	Preparer's signature <i>Amanda E Waterhouse</i>	Date 03/27/23	Check if self-employed <input type="checkbox"/>	PTIN P02014004
	Firm's name RSM US LLP	Firm's EIN 42-0714325	Phone no. 336-272-4551		
Firm's address 230 N ELM ST, STE 1100 GREENSBORO, NC 27401					

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,051,537. including grants of \$ 6,886,472.) (Revenue \$ 117,736.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 6,937,716. including grants of \$ 1,632.) (Revenue \$ 413,056.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 3,433,869. including grants of \$ 431,572.) (Revenue \$ 0.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 8,274,309. including grants of \$ 2,782,151.) (Revenue \$ 1,414,645.)

4e Total program service expenses 30,697,431.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included on line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CLIFFORD YEE - (571) 748-2500
10455 WHITE GRANITE DRIVE, 100, OAKTON, VA 22124-2764

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE ALLOY CHAIR	2.00	X		X				0.	0.	0.
(2) JENNY LINDSEY, MD VICE CHAIR	2.00	X		X				0.	0.	0.
(3) XENIA GAROFALO, JD SECRETARY	2.00	X		X				0.	0.	0.
(4) KEVIN DESANTO TREASURER	2.00	X		X				0.	0.	0.
(5) STEVE GLADIS BOARD MEMBER	2.00	X						0.	0.	0.
(6) LYNDIA BOGGS BOARD MEMBER	2.00	X						0.	0.	0.
(7) EL BROWN, PHD BOARD MEMBER	2.00	X						0.	0.	0.
(8) ANGIE CASPER (ENDING 06/22) BOARD MEMBER	2.00	X						0.	0.	0.
(9) JESSIE CLARK BOARD MEMBER	2.00	X						0.	0.	0.
(10) LUCAS COLLAZO, MD BOARD MEMBER	2.00	X						0.	0.	0.
(11) CARRIE DOOHER, JD BOARD MEMBER	2.00	X						0.	0.	0.
(12) JUAN PABLO GONZALEZ BOARD MEMBER	2.00	X						0.	0.	0.
(13) LUANNE GUTERMUTH BOARD MEMBER	2.00	X						0.	0.	0.
(14) SAM HILL, EDD BOARD MEMBER	2.00	X						0.	0.	0.
(15) MARC KATZ BOARD MEMBER	2.00	X						0.	0.	0.
(16) DEREK LIGEIKIS BOARD MEMBER	2.00	X						0.	0.	0.
(17) KRIS MANNING BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SONIA MCCORMICK BOARD MEMBER	2.00	X						0.	0.	0.
(19) L. ALEXANDER MCDONALD, JD BOARD MEMBER	2.00	X						0.	0.	0.
(20) LAUREN PETERSON BOARD MEMBER	2.00	X						0.	0.	0.
(21) DEBBIE ROSENBERG BOARD MEMBER	2.00	X						0.	0.	0.
(22) JENNIFER SICILIANO BOARD MEMBER	2.00	X						0.	0.	0.
(23) CASEY VEATCH BOARD MEMBER	2.00	X						0.	0.	0.
(24) WAYNE ZELL, ESQ BOARD MEMBER	2.00	X						0.	0.	0.
(25) STEPHANIE BERKOWITZ PRESIDENT & CHIEF EXECUTIVE OFFICER	37.50	X		X				308,129.	0.	34,582.
(26) CLIFFORD YEE EXECUTIVE VP & CFO	37.50			X				203,521.	0.	11,037.
1b Subtotal								511,650.	0.	45,619.
c Total from continuation sheets to Part VII, Section A								1,018,764.	0.	169,370.
d Total (add lines 1b and 1c)								1,530,414.	0.	214,989.

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 10

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NIKKI'S CHRISTIAN DAYCARE & LEARNING CENTER 14900 CLOVERDALE ROAD, WOODBRIDGE, VA 22193	EARLY HEAD START CHILDCARE	241,545.
WONDERFUL VIRGINIA ACADEMY, 13420 MINNIEVILLE ROAD, WOODBRIDGE, VA 22193	EARLY HEAD START CHILDCARE	186,500.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KATHLEEN MCMAHON EXEC. VP OF DEVELOPMENT &	37.50			X				179,317.	0.	9,256.
(28) ANDREA ECK EXECUTIVE VP OF PROGRAMS	37.50			X				138,172.	0.	27,046.
(29) JACQUELINE DENDIEVEL EXECUTIVE VP OF HR	37.50			X				132,936.	0.	35,797.
(30) MALINDA LANGFORD SENIOR VP OF PROGRAMS	37.50					X		116,588.	0.	15,190.
(31) ONDREA MCINTYRE-HALL (ENDING 04 VP OF PROGRAM QUALITY, IMPACT, & INT	37.50					X		115,392.	0.	8,480.
(32) BETH DARGATIS DIRECTOR OF FINANCE	37.50					X		114,484.	0.	34,215.
(33) GLENDA BLAKE VP OF PROGRAMS	37.50					X		112,056.	0.	16,748.
(34) MEREDITH MCKEEN VP OF PROGRAMS	37.50					X		109,819.	0.	22,638.
Total to Part VII, Section A, line 1c								1,018,764.		169,370.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	48,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	27,629,012.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,236,959.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,836,604.				
	h Total. Add lines 1a-1f			34,913,971.			
Program Service Revenue	2 a FAMILY & COMMUNITY SVC	Business Code					
		900099	1,431,762.	1,431,762.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,431,762.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		124,396.			124,396.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	11,604,453.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	11,071,307.				
	c Gain or (loss)	7c	533,146.				
d Net gain or (loss)			533,146.		533,146.		
8 a Gross income from fundraising events (not including \$ 48,000. of contributions reported on line 1c). See Part IV, line 18	8a		859,338.				
b Less: direct expenses	8b	270,600.					
c Net income or (loss) from fundraising events			588,738.		588,738.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		513,675.				
b Less: cost of goods sold	10b	0.					
c Net income or (loss) from sales of inventory			513,675.	513,675.			
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	17,259.			17,259.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			17,259.				
12 Total revenue. See instructions			38,122,947.	1,945,437.	0.	1,263,539.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	398,216.	398,216.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,703,611.	9,703,611.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,530,414.	355,947.	995,150.	179,317.
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	15,422,408.	12,739,591.	2,130,603.	552,214.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	711,785.	542,489.	138,988.	30,308.
9 Other employee benefits	2,676,153.	2,039,640.	522,563.	113,950.
10 Payroll taxes	1,250,723.	953,243.	244,224.	53,256.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	89,725.	19,912.	69,813.	
d Lobbying	33,000.		33,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	997,419.	536,622.	291,282.	169,515.
12 Advertising and promotion	811.	811.		
13 Office expenses	1,001,736.	760,429.	77,810.	163,497.
14 Information technology				
15 Royalties				
16 Occupancy	1,421,346.	1,165,959.	216,019.	39,368.
17 Travel	64,962.	61,613.	2,221.	1,128.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	285,945.	216,538.	66,919.	2,488.
20 Interest	22,170.	22,151.		19.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	287,443.	250,565.	31,906.	4,972.
23 Insurance	290,218.	146,385.	140,952.	2,881.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT REPAIR & MAIN	358,863.	333,462.	25,023.	378.
b FURNITURE & EQUIPMENT	265,147.	103,293.	155,841.	6,013.
c NUTRITION SERVICES	208,699.	208,699.		0.
d FUND. EXP ON LINE 8B	-270,600.			-270,600.
e All other expenses	357,555.	138,255.	111,218.	108,082.
25 Total functional expenses. Add lines 1 through 24e	37,107,749.	30,697,431.	5,253,532.	1,156,786.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,030,413.	1	3,592,424.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	344,737.	3	381,835.
	4 Accounts receivable, net	3,210,584.	4	3,307,790.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	301,362.	8	189,466.
	9 Prepaid expenses and deferred charges	460,767.	9	474,758.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,187,267.		
	b Less: accumulated depreciation	10b 3,859,311.		
		4,541,420.	10c	4,327,956.
	11 Investments - publicly traded securities	9,272,131.	11	8,762,657.
	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	19,334.	15	19,334.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,180,748.	16	21,056,220.	
Liabilities	17 Accounts payable and accrued expenses	2,707,729.	17	2,654,762.
	18 Grants payable		18	
	19 Deferred revenue	576,647.	19	925,670.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,261,274.	23	1,367,947.
	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	374,088.	25	241,125.
	26 Total liabilities. Add lines 17 through 25	5,919,738.	26	5,189,504.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,311,715.	27	12,075,403.
	28 Net assets with donor restrictions	4,949,295.	28	3,791,313.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,261,010.	32	15,866,716.
33 Total liabilities and net assets/fund balances	22,180,748.	33	21,056,220.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,122,947.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,107,749.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,015,198.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,261,010.
5	Net unrealized gains (losses) on investments	5	-1,409,492.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,866,716.

Part XII Financial Statements and Reporting

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

- 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 on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number**
NORTHERN VIRGINIA FAMILY SERVICE 54-0791977

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,933,796.	28,605,717.	31,381,252.	42,057,017.	34,913,971.	166,891,753.
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	29,933,796.	28,605,717.	31,381,252.	42,057,017.	34,913,971.	166,891,753.
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.						166,891,753.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	29,933,796.	28,605,717.	31,381,252.	42,057,017.	34,913,971.	166,891,753.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50,423.	84,717.	121,362.	79,678.	124,396.	460,576.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	701,268.	810,502.	214,909.	892,183.	876,597.	3,495,459.
11 Total support. Add lines 7 through 10						170,847,788.
12 Gross receipts from related activities, etc. (see instructions)					12	13,705,405.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	97.68 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	97.81 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

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

OTHER INCOME FROM EXEMPT ACTIVITIES

2017 AMOUNT: \$ 1,953.

2018 AMOUNT: \$ 6,187.

2019 AMOUNT: \$ 10,056.

2020 AMOUNT: \$ 12,043.

2021 AMOUNT: \$ 17,259.

FUNDRAISING

2017 AMOUNT: \$ 699,315.

2018 AMOUNT: \$ 804,315.

2019 AMOUNT: \$ 204,853.

2020 AMOUNT: \$ 880,140.

2021 AMOUNT: \$ 859,338.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number

54-0791977

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization NORTHERN VIRGINIA FAMILY SERVICE	Employer identification number 54-0791977
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 10,452,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 7,827,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,805,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,079,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,840,122.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 745,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHERN VIRGINIA FAMILY SERVICE	Employer identification number 54-0791977
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,088,893.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHERN VIRGINIA FAMILY SERVICE	Employer identification number 54-0791977
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	STOCKS _____ _____ _____	\$ 1,075,623.	12/15/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization NORTHERN VIRGINIA FAMILY SERVICE	Employer identification number 54-0791977
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of organization <p style="text-align: center;">NORTHERN VIRGINIA FAMILY SERVICE</p>	Employer identification number <p style="text-align: center;">54-0791977</p>
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		8,974.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		33,000.
j Total. Add lines 1c through 1i			48,974.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

VOLUNTEERS ARE BOARD MEMBERS WHO OCCASIONALLY CALL, EMAIL, OR VISIT

LEGISLATORS TO ADVOCATE FOR FUNDING FOR HUMAN SERVICES IN THE AREAS OF

NVFS FOCUS. PAID STAFF CONSISTS OF ONLY OF OUR PRESIDENT & CEO.

MAILINGS CONSIST OF EMAILS AND CONSUMED APPROXIMATELY 50 HOURS IN FY22

OF THE PRESIDENT & CEO'S TIME. AMOUNT REPRESENTS ALLOCATION OF 2% OF

Part IV Supplemental Information (continued)

HER TIME. DIRECT CONTACT CONSISTS OF PHONE CALLS OR VISITS BY PRESIDENT

& CEO AND BOARD MEMBERS. OTHER ACTIVITIES CONSISTS OF PAYMENTS TO

ACCESS POINT (LOBBYING FIRM).

SCHEDULE C, PART II-B

FOR II-B, LINE 1A, VOLUNTEERS ARE BOARD MEMBERS WHO OCCASIONALLY CALL,

EMAIL OR VISIT LEGISLATORS TO ADVOCATE FOR FUNDING FOR HUMAN SERVICES IN

THE AREAS OF NVFS FOCUS.

FOR II-B, LINE 1B, PAID STAFF CONSISTS OF OUR CEO ONLY.

FOR II-B, LINE 1D, MAILINGS CONSIST OF EMAILS, NOT POSTED MAIL AND CONSUME

APPROXIMATELY 80 HOURS IN FY22 OF CEO TIME. AMOUNT ON LINE 1D IS THE

ALLOCATED PORTION OF CEO COMPENSATION EXPENSE FOR 80 HOURS OF HER TIME.

FOR II-B, LINE 1G, DIRECT CONTACT CONSISTS OF PHONE CALLS OR VISITS BY CEO

AND UNPAID BOARD MEMBERS. AMOUNT ON LINE 1G IS ALLOCATED PORTION OF CEO

COMPENSATION EXPENSE FOR 4% OF HER TIME.

FOR II-B, LINE 1I, OTHER ACTIVITIES CONSIST OF ACCESS POINT PUBLIC AFFAIRS

- LOBBYING FIRM.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: NORTHERN VIRGINIA FAMILY SERVICE; Employer identification number: 54-0791977

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

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

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	47,717.	47,717.	46,217.	46,217.	7,500.
b Contributions			1,500.		38,717.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	47,717.	47,717.	47,717.	46,217.	46,217.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		668,441.		668,441.
b Buildings		6,485,218.	3,054,557.	3,430,661.
c Leasehold improvements		562,432.	467,970.	94,462.
d Equipment		334,687.	215,949.	118,738.
e Other		136,489.	120,835.	15,654.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,327,956.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	241,125.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	241,125.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	38,631,570.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,409,492.
b	Donated services and use of facilities	2b	1,647,515.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	270,600.
e	Add lines 2a through 2d	2e	508,623.
3	Subtract line 2e from line 1	3	38,122,947.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	38,122,947.

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

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

1	Total expenses and losses per audited financial statements	1	39,025,864.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,647,515.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	270,600.
e	Add lines 2a through 2d	2e	1,918,115.
3	Subtract line 2e from line 1	3	37,107,749.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,107,749.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THESE FUNDS ARE PERMANENTLY INVESTED AND EARNINGS ARE AVAILABLE FOR PROGRAMS & OPERATIONS.

PART X, LINE 2:

INCOME TAXES: NVFS IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, NVFS QUALIFIES FOR THE CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES.

Part XIII Supplemental Information (continued)

MANAGEMENT EVALUATED NVFS'S TAX POSITIONS AND CONCLUDED THAT NVFS HAS
 TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL
 STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE UNDER THE
 ACCOUNTING TOPIC FOR UNCERTAINTY IN INCOME TAXES. GENERALLY, NVFS IS NO
 LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR
 LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2019.

DURING THE YEAR ENDED JUNE 30, 2022, NVFS HAD NO UNRELATED BUSINESS
 INCOME.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE REPORTED ON LINE 8B	270,600.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE REPORTED ON LINE 8B	270,600.
--	----------

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number

54-0791977

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	HOLIDAY INITIATIVES (event type)	3 (total number)	
Revenue	1 Gross receipts	679,968.	126,575.	100,795.	907,338.
	2 Less: Contributions	48,000.			48,000.
	3 Gross income (line 1 minus line 2)	631,968.	126,575.	100,795.	859,338.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	78,204.	0.		78,204.
	8 Entertainment				
	9 Other direct expenses	86,411.	72,342.	33,643.	192,396.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				270,600.
11 Net income summary. Subtract line 10 from line 3, column (d)				588,738.	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **NORTHERN VIRGINIA FAMILY SERVICE** Employer identification number **54-0791977**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED COMMUNITY MINISTRIES 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501(C)(3)	396,009.	0.			SUPPORT FOR HEALTHY FAMILIES PROGRAM

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

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

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SHELTER	3156	6,874,308.	0.		
FOSTER CARE	49	192,374.	0.		
MEDICAL	1	239.	0.		
MENTAL HEALTH	3983	163,582.	0.		
FOOD	1901	0.	2,473,108.	POUNDS OF FOOD APPLIED TO \$1.79 INDUSTRY AVERAGE OF VALUE PER POUND	FOOD DISTRIBUTED TO CLIENTS AT HUNGER RESOURCE CENTER

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

PART I, LINE 2:

GRANTEES SUBMIT DETAILED INVOICES ON A MONTHLY BASIS WHICH ARE REVIEWED IN

DETAIL. ANNUAL AUDIT REPORTS ARE RECEIVED FROM GRANTEES AND REVIEWED.

**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" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization NORTHERN VIRGINIA FAMILY SERVICE	Employer identification number 54-0791977
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEPHANIE BERKOWITZ PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	308,129.	0.	0.	12,721.	21,861.	342,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLIFFORD YEE EXECUTIVE VP & CFO	(i)	203,521.	0.	0.	9,747.	1,290.	214,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHLEEN MCMAHON EXEC. VP OF DEVELOPMENT &	(i)	179,317.	0.	0.	8,966.	290.	188,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANDREA ECK EXECUTIVE VP OF PROGRAMS	(i)	138,172.	0.	0.	7,133.	19,913.	165,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JACQUELINE DENDIEVEL EXECUTIVE VP OF HR	(i)	132,936.	0.	0.	7,133.	28,664.	168,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **NORTHERN VIRGINIA FAMILY SERVICE**
Employer identification number: **54-0791977**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		81,490.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	1,113,349.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		2,383,108.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PROGRAM SUPPL)	X	778	258,657.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

SCHEDULE M, PART I, COLUMN (B):

USING A COMBINATION OF THE TWO METHODS ABOVE

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number

54-0791977

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

THE MISSION OF NORTHERN VIRGINIA FAMILY SERVICE (NVFS) IS "TO EMPOWER
INDIVIDUALS AND FAMILIES TO IMPROVE THEIR QUALITY OF LIFE, AND TO
PROMOTE COMMUNITY COOPERATION AND SUPPORT IN RESPONDING TO FAMILY
NEEDS."

NVFS WAS ESTABLISHED IN 1924 BY COMMUNITY RESIDENTS RESPONDING TO THEIR
NEIGHBORS' OVERWHELMING NEED FOR FOOD, CLOTHING, AND FUEL. FOR NEARLY
100 YEARS, NVFS HAS CONTINUED TO EVOLVE OUR PROGRAMS AND SERVICES TO
MEET THE CHANGING NEEDS AND CHALLENGES OF THE OVERALL REGION. NVFS
POSITIVELY IMPACTS THE LIVES OF MORE THAN 30,000 INDIVIDUALS EACH YEAR
WHO ARE EXPERIENCING POVERTY IN NORTHERN VIRGINIA THROUGH
TRANSFORMATIVE PROGRAMS AND PARTNERSHIPS THAT ENGAGE A WRAPAROUND
APPROACH TO MEET PEOPLE WHERE THEY ARE ON THEIR PERSONAL JOURNEY TO
ECONOMIC INDEPENDENCE AND WELLBEING.

FORM 990, PART III, LINE 1:

WITH NEARLY 350 EMPLOYEES AND 2,000 VOLUNTEERS, NVFS PROVIDES
COMPREHENSIVE SUPPORT TO HELP INDIVIDUALS AND FAMILIES ADDRESS
INTERCONNECTED BARRIERS AND CONFRONT UNJUST SYSTEMS THAT IMPEDE
SELF-SUFFICIENCY SO THEY CAN ACHIEVE ECONOMIC STABILITY, GOOD HEALTH,
AND WELLBEING; AND CONFIDENTLY REACH THEIR GREATEST POTENTIAL. CORE
SERVICES INCLUDE: ANTI-HUNGER; CHILD PLACEMENT; COMMUNITY HOUSING;
EARLY CHILDHOOD EDUCATION; HEALTH ACCESS; HEALTHY FAMILIES; HOMELESS;
MULTICULTURAL CENTER FOR TRAUMA RECOVERY; YOUTH INITIATIVES; AND
WORKFORCE DEVELOPMENT.

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NVFS PARTNERS WITH GOVERNMENT AGENCIES, EDUCATIONAL INSTITUTIONS, CORPORATIONS AND BUSINESSES, FOUNDATIONS, FAITH-BASED NETWORKS, AND OTHER NON-PROFIT ORGANIZATIONS TO CREATIVELY AND COLLABORATIVELY ADDRESS THE COMPETING CHALLENGES THAT FAMILIES FACE IN ACHIEVING ECONOMIC INDEPENDENCE AND WELLBEING. OF THE CLIENTS WHO REPORTED INCOME TO THE AGENCY IN FY22, 96% HAD GROSS ANNUAL INCOME AT 200% OR LESS OF THE FEDERAL POVERTY LEVEL AND 29% SERVED WERE CHILDREN AND YOUTH UNDER THE AGE OF 18.

FORM 990, PART III, LINE 4A:

HOUSING AND HOMELESS:

COMMUNITY HOUSING - NVFS OFFERS SERVICES TO SUPPORT AND ASSIST INDIVIDUALS AND FAMILIES SEEKING AFFORDABLE HOUSING SOLUTIONS AND STABILITY SUCH AS CASE MANAGEMENT, FINANCIAL ASSISTANCE, RESIDENT SERVICES, CAREER NAVIGATION, AND BENEFITS COUNSELING. REGIONAL PROGRAMS INCLUDE THE HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) AND RYAN WHITE PART B PROGRAMS. WITHIN FAIRFAX COUNTY, NVFS ADMINISTERS THE MOVING TO WORK PROGRAM; RENTAL SUBSIDIES AND SERVICES PROGRAM; AND PREVENTION PROGRAMS. IN FY22, \$6.4 MILLION IN EMERGENCY ASSISTANCE WAS DISBURSED FOR UTILITY, RENT, WATER, AND GAS PAYMENTS THROUGH A VARIETY OF SHORT- AND LONG-TERM HOUSING SUBSIDY AND CASE MANAGEMENT PROGRAMS ACROSS THE REGION. NVFS ALSO OPERATES EIGHT AFFORDABLE RENTAL UNITS IN PRINCE WILLIAM COUNTY. THESE HOMES ARE DESIGNATED FOR FAMILIES LIVING AT 30%, 50% OR 80% OF THE MEDIAN FAMILY INCOME WITH THE GOAL OF PROVIDING AN AFFORDABLE HOUSING OPTION TO FAMILIES WITH LOW-INCOME.

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HOMELESS - THE NVFS 92-BED SERVE FAMILY SHELTER IS LOCATED ON THE NVFS
SERVE CAMPUS IN MANASSAS AND ENCOMPASSES 60.6% OF ALL SHELTER BEDS IN
GREATER PRINCE WILLIAM. IN ADDITION TO EMERGENCY SHELTER, NVFS PROVIDES
SERVICES TO DIVERT AND PREVENT HOMELESSNESS AND RAPIDLY RE-HOUSE THOSE
EXPERIENCING HOMELESSNESS THROUGH THE PROVISION OF CASE MANAGEMENT,
FINANCIAL ASSISTANCE, AND CAREER SERVICES. NVFS IMPLEMENTS THE HOUSING
FIRST MODEL TO MINIMIZE A HOUSEHOLD'S LENGTH OF TIME EXPERIENCING
HOMELESSNESS AND ADVANCE A HOUSEHOLD'S RAPID TRANSITION TO PERMANENT
HOUSING. IN FY22, 72% OF CLIENTS WHO EXPERIENCED HOMELESSNESS EXITED TO
PERMANENT HOUSING.

FORM 990, PART III, LINE 4B:

EARLY CHILDHOOD EDUCATION:

NVFS CURRENTLY SERVES CHILDREN AND THEIR FAMILIES THROUGH THE OPERATION
OF CENTER- AND HOME-BASED EARLY HEAD START PROGRAMS IN ARLINGTON
COUNTY, LOUDOUN COUNTY, AND GREATER PRINCE WILLIAM AND A CENTER-BASED
HEAD START PROGRAM IN ARLINGTON COUNTY. THROUGH A GRANT FROM THE OFFICE
OF HEAD START, NVFS ALSO SUPPORTS TWO COMMUNITY CHILD CARE PARTNERSHIP
SITES IN GREATER PRINCE WILLIAM. THESE PROGRAMS EXPAND EQUITABLE ACCESS
TO QUALITY EDUCATION BY TEACHING A STATE-VETTED CURRICULUM FOR CHILDREN
AGES ZERO TO FIVE; PROVIDING TARGETED PROFESSIONAL DEVELOPMENT AND
MENTOR-COACHING FOR CENTER DIRECTORS AND TEACHERS; PARTICIPATING IN
STATE-LEVEL QUALITY IMPROVEMENT AND CHILD ASSESSMENT INITIATIVES; AND
ENSURING CHILDREN AND THEIR FAMILIES RECEIVE ACCESS TO INTEGRATED
HEALTH, MENTAL HEALTH, CASE MANAGEMENT, AND NUTRITION SERVICES. A
COMBINED TOTAL OF 928 CHILDREN PARTICIPATED IN THESE PROGRAMS IN FY22.

OF THE CHILDREN TRANSITIONING TO KINDERGARTEN, 92.5% WERE READY TO

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ENTER KINDERGARTEN AND DEMONSTRATED SCHOOL READINESS, WERE PROVIDED

WITH A MEDICAL HOME (ELIMINATING THE NEED TO USE EMERGENCY MEDICAL

SERVICES FOR ROUTINE CARE), AND WERE CURRENT ON IMMUNIZATIONS.

FORM 990, PART III, LINE 4C:

HEALTH:

HEALTH ACCESS- NVFS' HEALTH ACCESS PROGRAMS INCREASE ACCESS TO DENTAL

CARE AND PRESCRIPTION MEDICATION FOR CHILDREN AND ADULTS; LINK

UNINSURED CHILDREN WITH PEDIATRIC PRIMARY CARE; AND PROVIDE ASSISTANCE

WITH COMPLETING MEDICAID APPLICATIONS. IN FY22, 495 CHILDREN ACCESSED

REDUCED-FEE MEDICAL CARE AND 109 CHILDREN AND ADULTS RECEIVED

REDUCED-FEE DENTAL CARE. ACCESS TO FREE AND REDUCED COST MEDICATIONS

(VALUED AT OVER \$5 MILLION) WAS PROVIDED TO 615 INDIVIDUALS WHO COULD

OTHERWISE NOT AFFORD THEIR PRESCRIPTIONS.

HEALTHY FAMILIES - NVFS LAUNCHED THE FIRST NORTHERN VIRGINIA HEALTHY

FAMILIES PROGRAM IN ALEXANDRIA MORE THAN 25 YEARS AGO AND NOW OPERATES

PROGRAMS IN THE CITY OF ALEXANDRIA, ARLINGTON COUNTY, FAIRFAX COUNTY,

AND GREATER PRINCE WILLIAM (PRINCE WILLIAM COUNTY AND THE CITIES OF

MANASSAS AND MANASSAS PARK). HEALTHY FAMILIES PROVIDES FREE, VOLUNTARY

HOME-VISITING SERVICES TO EXPECTANT AND NEW PARENTS TO ACHIEVE FOUR

PRIMARY GOALS: PROMOTE POSITIVE, NURTURING, RESPONSIVE PARENTING;

IMPROVE CHILD HEALTH AND DEVELOPMENT; PROMOTE SCHOOL READINESS; AND

PREVENT CHILD ABUSE AND NEGLECT. SERVICES PROVIDED DURING HOME VISITS

INCLUDE PARENTING PSYCHOEDUCATION, PREGNANCY AND MATERNAL HEALTH

EDUCATION, NUTRITION EDUCATION, DEVELOPMENTAL SCREENINGS, PARENT-CHILD

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RELATIONSHIP-BUILDING, SCHOOL READINESS ACTIVITIES, AND REFERRALS TO
 COMMUNITY RESOURCES TO ADDRESS OTHER NEEDS. IN FY22, 97% OF THE
 CHILDREN SERVED MET AGE-APPROPRIATE DEVELOPMENTAL MILESTONES AND WERE
 CURRENT ON THEIR IMMUNIZATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ANTI-HUNGER:

NVFS' HUNGER RESOURCE CENTER (HRC) ENGAGED A COMPREHENSIVE NETWORK OF
 RESOURCES TO PROVIDE SEVERAL MILLION MEALS IN FY22 TO HELP INDIVIDUALS
 AND FAMILIES ADDRESS IMMEDIATE AND LONG-TERM NEEDS RELATED TO FOOD
 INSECURITY, BASIC NEEDS ESSENTIALS, AND HEALTH EDUCATION. THE HRC
 PRIORITIZES EFFECTIVE STRATEGIES THAT ADDRESS THE COMPLEX ISSUES THAT
 PERPETUATE FOOD INSECURITY. NUTRITION EDUCATION IS PROVIDED THROUGH
 PARTNERSHIPS WITH LOCAL HEALTH CLINICS/PROVIDERS. ADDITIONALLY, OVER
 100,000 MEALS AT NVFS' SERVE FAMILY SHELTER ARE SUPPORTED ANNUALLY BY
 THE HRC, WHICH PROVIDES THREE (3) DAILY MEALS TO NVFS' HOMELESS SHELTER
 GUESTS. THE HRC IS LOCATED ON THE NVFS SERVE CAMPUS IN MANASSAS AND IS
 THE LARGEST FOOD DISTRIBUTION CENTER IN GREATER PRINCE WILLIAM.
 EXPENSES \$ 2,949,975. INCLUDING GRANTS OF \$ 2,467,010. REVENUE \$ 0.

INTERVENTION AND PREVENTION:

MULTICULTURAL CENTER FOR TRAUMA RECOVERY - THE MULTICULTURAL CENTER
 IDENTIFIES THE MOST COMMON BARRIERS TO WELLBEING THAT IMMIGRANTS FACE
 IN AMERICAN SOCIETY AND PROVIDES A TRAUMA-INFORMED, CULTURALLY RELEVANT
 RESPONSE (THROUGH CASE MANAGEMENT, MENTAL HEALTH, AND/OR IMMIGRATION

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LEGAL SERVICES) TAILORED TO EACH CLIENT'S UNIQUE NEEDS AND CAPACITY.

THE MULTICULTURAL CENTER HELPS CLIENTS TO MEET THEIR BASIC NEEDS,

IMPROVE THEIR MENTAL HEALTH AND FAMILY RELATIONSHIPS, TRANSITION OUT OF

UNHEALTHY SITUATIONS (SUCH AS DOMESTIC VIOLENCE), AND ATTAIN DURABLE

IMMIGRATION STATUS SO THEY CAN BECOME INDEPENDENT, CONTRIBUTING MEMBERS

OF THEIR NEW COMMUNITY. IN FY22, 372 OF 1,680 SEPARATE LEGAL CASES

RECEIVED DECISIONS, 95% OF WHICH WERE APPROVED; 391 CLIENTS RECEIVED

MENTAL HEALTH SERVICES, 87% OF WHOM SHOWED STABLE OR IMPROVED MENTAL

HEALTH FUNCTIONING AFTER PARTICIPATING IN SERVICES FOR MORE THAN THREE

MONTHS; AND 149 CLIENTS RECEIVED CASE MANAGEMENT SERVICES, WITH 82% OF

HOUSEHOLDS WHO RECEIVED LONG-TERM CASE MANAGEMENT SERVICES SHOWING

STABILITY OR IMPROVEMENT IN THEIR COMMUNITY INTEGRATION AND ECONOMIC

INDEPENDENCE.

YOUTH INITIATIVES - NVFS'S YOUTH INITIATIVES PROGRAMS PROVIDE

THERAPEUTIC CASE MANAGEMENT, TRAUMA-INFORMED MENTAL HEALTH, AND

GROUP-BASED SERVICES THAT REDUCE FAMILY AND COMMUNITY VIOLENCE IN

SPECIFIC HIGH-NEED NEIGHBORHOODS BY INTERVENING WITH AT-RISK YOUTH AND

FAMILIES EXPERIENCING MULTIPLE, COMPLEX NEEDS STEMMING FROM FAMILY

REUNIFICATION AND/OR IMMIGRATION. SERVICES ARE OFFERED TO YOUTH AND

THEIR FAMILIES IN ENGLISH OR SPANISH AND ARE PROVIDED IN THE HOME,

SCHOOL, OR COMMUNITY. PROGRAMMING INCLUDES THE INTERVENTION,

PREVENTION, AND EDUCATION (IPE) PROGRAM; FAMILY REUNIFICATION PROGRAM;

VIOLENCE PREVENTION AND INTERVENTION PROGRAM (VPIP), AND YOUTH

SUBSTANCE ABUSE SUPPORT RESOURCE NAVIGATION SERVICES. IN FY22,

INTENSIVE CASE MANAGEMENT SERVICES WERE PROVIDED TO 1,492 YOUTH AND

THEIR PARENTS TO PROMOTE HEALTHY RELATIONSHIPS. AS A RESULT, 90% OF

YOUTH WITH KNOWN GANG INVOLVEMENT DEMONSTRATED A REDUCTION OR

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ELIMINATION OF GANG PARTICIPATION, 95% OF PARTICIPANTS IN THE GANG

PREVENTION PROGRAM IMPROVED THEIR SCHOOL PERFORMANCE (INCLUDING

IMPROVEMENT IN BEHAVIOR, ATTENDANCE, AND/OR GPA), AND 92.5% OF

PARTICIPANTS IN FAMILY REUNIFICATION INCREASED SCHOOL ENGAGEMENT.

EXPENSES \$ 2,758,555. INCLUDING GRANTS OF \$ 114,809. REVENUE \$ 154,970.

CHILD PLACEMENT:

NVFS' THERAPEUTIC FOSTER CARE PROGRAM RECRUITS, TRAINS, AND SUPPORTS

RESOURCE FAMILIES TO PROVIDE THERAPEUTIC CARE FOR FOSTER CARE CHILDREN

AND YOUTH (AGES BIRTH THROUGH 18) WHO HAVE SIGNIFICANT BEHAVIORAL,

EMOTIONAL, DEVELOPMENTAL, COGNITIVE, AND MEDICAL NEEDS. RESOURCE

FAMILIES PARTICIPATE IN AN INTENSIVE, EVIDENCE-BASED PRE-SERVICE

TRAINING AND NVFS' THERAPEUTIC FOSTER CARE PROGRAM STAFF PROVIDE

RESOURCE FAMILIES WITH ONGOING IN-SERVICE TRAINING OPPORTUNITIES AND

THE PRACTICAL AND EMOTIONAL SUPPORTS/RESOURCES THEY NEED TO MEET THE

SIGNIFICANT PARENTING CHALLENGES THEY FACE DAY IN AND DAY OUT. IN FY22,

FOSTER CARE WAS PROVIDED TO 22 CHILDREN. OF THESE CHILDREN, SIX (6)

WERE REUNIFIED WITH THEIR FAMILIES, SIX (6) WERE ADOPTED, THREE (3) ARE

PENDING ADOPTION AND AN ADDITIONAL SEVEN (7) ARE CURRENTLY IN PROCESS.

EXPENSES \$ 775,485. INCLUDING GRANTS OF \$ 194,006. REVENUE \$ 737,784.

COVID-19 RESPONSE:

SINCE THE START OF THE COVID-19 CRISIS, NVFS HAS ADAPTED AS NEEDED TO

ENSURE SERVICES CONTINUE UNINTERRUPTED. IN FY22, NVFS WAS ABLE TO

PROVIDE OVER \$243,000 IN IMMEDIATE DIRECT ASSISTANCE. ADDITIONALLY, DUE

TO NVFS' CAPACITY AND EXPERIENCE IN RESPONDING TO PAST CRISES, SEVERAL

ADDITIONAL COVID-19-SPECIFIC SPECIAL PROGRAMS OPERATED IN FY22. NVFS

PARTNERED WITH THE STATE AND LOCAL GOVERNMENTS (FAIRFAX COUNTY, LOUDOUN

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COUNTY, PRINCE WILLIAM COUNTY, AND CITY OF ALEXANDRIA) TO HELP PROVIDE
 RENT AND MORTGAGE RELIEF, ADDRESS FOOD INSECURITY, PREVENT THE SPREAD
 OF COVID-19 WITHIN CONGREGATE HOUSING FACILITIES, AND PROVIDE OTHER
 SAFETY-NET RESOURCES TO THE COMMUNITY.

EXPENSES \$ 750,552. INCLUDING GRANTS OF \$ 1,632. REVENUE \$ 0.

WORKFORCE DEVELOPMENT:

TRAINING FUTURES - TRAINING FUTURES TEACHES MARKETABLE JOB SKILLS USING
 A "TRANSFORMATIONAL LEARNING" METHODOLOGY THAT ADDRESSES THE EMOTIONAL
 STATE OF TRAINEES AS THEY ENTER THE PROGRAM AND SYSTEMATICALLY BUILDS
 UP THEIR SENSE OF IDENTITY AND WHAT IS POSSIBLE IN THEIR LIVES.
 TRAINING FUTURES DELIVERS IN-DEMAND JOB SKILLS TRAINING THROUGH AN
 INTENSIVE, COHORT MODEL IN WHICH TRAINEES EXPERIENCE A WORKPLACE
 CULTURE; DEVELOP FOUNDATIONAL DIGITAL SKILLS; PARTICIPATE IN AN
 INTERNSHIP/CAPSTONE PROJECT; ENGAGE IN INDIVIDUALIZED COACHING; AND
 RECEIVE CUSTOMIZED JOB SEARCH, RETENTION, AND ALUMNI SUPPORT. IN FY22,
 22 TRAINEES PARTICIPATED IN TWO (2) TRAINING COHORTS; 84% GRADUATED
 FROM THE PROGRAM AND 62% SECURED TRAINING RELATED EMPLOYMENT.
 INDIVIDUALS WHO GRADUATED FROM THE PROGRAM EXPERIENCED A POST-TRAINING
 WAGE GAIN OF 40%.

VEHICLES FOR CHANGE - THIRTEEN (13) CARS WERE DISTRIBUTED TO FAMILIES
 WITH LOW-INCOME IN FY22, ENSURING THEY HAD RELIABLE TRANSPORTATION TO
 TRAVEL TO THEIR JOBS, ATTEND SCHOOL, MAKE DOCTORS' APPOINTMENTS, AND
 TRANSPORT THEIR CHILDREN TO CHILDCARE.

CAREER NAVIGATION - CAREER NAVIGATION IS AN INDIVIDUALIZED,

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PERSON-TO-PERSON APPROACH THAT SUPPORTS CLIENTS TO INCREASE THEIR ECONOMIC STABILITY. CAREER NAVIGATORS WORK WITH CLIENTS TO IDENTIFY GOALS AND CREATE AN ACTION PLAN TO ACHIEVE CAREER SUCCESS. CAREER NAVIGATORS SUPPORT CLIENTS THROUGH CAREER EXPLORATION AND PLANNING; INTEREST ASSESSMENTS; GOAL-SETTING; IDENTIFYING AND PURSUING CREDENTIALS AND CERTIFICATIONS, WHEN NECESSARY; STARTING SMALL BUSINESSES; IDENTIFYING CHALLENGES AND EXISTING COMMUNITY RESOURCES TO OVERCOME THOSE CHALLENGES; PREPARING TOOLS AND ASSISTING IN THE JOB APPLICATION PROCESS BY HELPING TO TAILOR RESUMES, PRACTICE INTERVIEW SKILLS, UPDATE LINKEDIN PROFILES, ETC.; AND MUCH MORE. CAREER NAVIGATORS MEET CLIENTS IN LOCATIONS CONVENIENT TO THEM SOMETIMES MEETING DURING EVENING AND WEEKEND HOURS.

TEAMUP - EMPLOYERS PARTNER WITH NVFS NAVIGATORS TO TEAMUP AND OFFER ON-SITE WORKFORCE DEVELOPMENT SERVICES DURING WORK HOURS FOR AT-RISK EMPLOYEES WHO EARN LESS THAN A LIVING WAGE. NAVIGATORS WORK WITH EACH EMPLOYEE TO IDENTIFY CHALLENGES AND CREATE A CUSTOMIZED PLAN THAT INCLUDES SETTING GOALS (SUCH AS EARNING A DEGREE, DEVELOPING NEW SKILLS, SAVING MONEY, ETC.) AND LINKING EMPLOYEES TO RESOURCES INCLUDING HOUSING, CHILDCARE, TRANSPORTATION, FINANCIAL PLANNING, AND HEALTHCARE.

EXPENSES \$ 564,654. INCLUDING GRANTS OF \$ 4,694. REVENUE \$ 8,216.

VENTURES:

THRIFT SHOP - NVFS OPERATES A THRIFT SHOP IN FALLS CHURCH, WHICH PROVIDES OPPORTUNITIES FOR INDIVIDUAL, CORPORATE, AND COMMUNITY VOLUNTEERISM WHILE GENERATING FINANCIAL SUPPORT FOR NVFS PROGRAMS THROUGH THE SALE OF DONATED GOODS.

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EXPENSES \$ 475,088. INCLUDING GRANTS OF \$ 0. REVENUE \$ 513,675.

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

THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE 990 PRIOR TO FILING, ASKS ANY QUESTIONS THEY MAY HAVE, AND APPROVES THE 990 FOR FILING. THE 990 IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS, WHO ARE GIVEN THE OPPORTUNITY TO REVIEW AND ASK ANY QUESTIONS THEY MAY HAVE, AND THEN APPROVE FOR FILING. THE 990 IS THEN FILED ELECTRONICALLY WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY AND REQUIRES MEMBER, OFFICER AND KEY EMPLOYEE CERTIFICATION. BOARD MEMBER RESPONSES ARE REVIEWED BY THE BOARD'S GOVERNANCE COMMITTEE, AND OFFICER AND KEY EMPLOYEE RESPONSES ARE REVIEWED BY THE PRESIDENT & CEO AND THE CORPORATE OFFICERS, AND FURTHER REVIEWED, IF NECESSARY, BY THE BOARD CHAIR AND EXECUTIVE COMMITTEE, IN ORDER TO BEST MANAGE ANY POTENTIAL CONFLICTS.

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

THE BOARD OF DIRECTORS DETERMINES COMPENSATION FOR THE PRESIDENT & CEO ON AN ANNUAL BASIS. PERIODICALLY AN INDEPENDENT COMPENSATION CONSULTANT IS RETAINED TO SURVEY THE MARKET FOR THE APPROPRIATE COMPENSATION; THE RESULTS ARE SENT DIRECTLY TO THE BOARD CHAIR AND EXECUTIVE VICE PRESIDENT OF HUMAN RESOURCES. IN-BETWEEN YEARS THE BOARD CHAIR MAY ELECT TO CONDUCT AN INFORMAL SALARY SURVEY. THE PRESIDENT & CEO RECOMMENDS COMPENSATION FOR THE FOUR CORPORATE OFFICERS, BASED ON PERIODICALLY CONDUCTING BENCHMARKING FROM INDUSTRY SOURCES, WHICH IS REVIEWED WITH THE BOARD CHAIR. THE DELIBERATION AND DECISION ARE WELL DOCUMENTED.

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

THE AGENCY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
 FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC BY PROVIDING COPIES ON
 REQUEST AND BY INSPECTION AT THE AGENCY'S HEADQUARTERS' OFFICE AS SET FORTH
 IN SECTION 6104(D).

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.