

Form **990**

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHERN VIRGINIA FAMILY SERVICE		D Employer identification number 54-0791977
	Doing Business As		E Telephone number (571) 748-2500
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 28,896,917.
	10455 WHITE GRANITE DRIVE	100	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 OAKTON, VA 22124		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: MARY B. AGEE SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.NVFS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1924
			M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EMPOWER INDIVIDUALS AND FAMILIES TO IMPROVE THEIR QUALITY OF LIFE AND TO PROMOTE COMMUNITY			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	27	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	26	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	417	
	6	Total number of volunteers (estimate if necessary)	4668	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	21,530,663.	22,209,693.
	9	Program service revenue (Part VIII, line 2g)	2,784,100.	2,828,726.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,510.	-5,432.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,309,982.	1,475,586.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,747,255.	26,508,673.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,799,978.	7,166,764.
	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)	14,124,869.	14,945,651.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	675,647.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,082,214.	4,414,173.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,007,061.	26,526,588.	
19 Revenue less expenses. Subtract line 18 from line 12		740,194.	-17,915.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	14,431,724.	14,039,080.
	21	Total liabilities (Part X, line 26)	6,860,742.	6,474,283.
22 Net assets or fund balances. Subtract line 21 from line 20		7,570,982.	7,564,797.	

Part II Signature Block

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

Sign Here	Signature of officer <i>Mary B. Agee</i>	Date 11/29/12			
	MARY B. AGEE, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature <i>Yong Zhang</i>	Date 11/16/12	Check if self-employed <input type="checkbox"/>	PTIN P01249785
	Firm's name MCGLADREY LLP	Firm's EIN 42-0714325	Firm's address 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205	Phone no. 703-336-6400	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [x]

1 Briefly describe the organization's mission: TO EMPOWER INDIVIDUALS AND FAMILIES TO IMPROVE THEIR QUALITY OF LIFE AND TO PROMOTE COMMUNITY COOPERATION AND SUPPORT IN RESPONDING TO FAMILY NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 \$ 5,480,579. including grants of \$ 9,648.) (Revenue \$) HEAD START/EHS: EARLY HEAD START AND HEAD START PROVIDE CENTER-BASED AND HOME VISITATION SERVICES TO CHILDREN AGES 6 WEEKS THROUGH AGE 5.

4b (Code:) (Expenses \$ 4,568,936. including grants of \$ 2,716,738.) (Revenue \$ 106,600.) SERVE / HOUSING & EMERGENCY SERVICES: SERVE IS THE MANASSAS CAMPUS OF NORTHERN VIRGINIA FAMILY SERVICE, SERVING THE GREATER PRINCE WILLIAM AREA, AND IMPACTING AT-RISK YOUTH AND FAMILIES THROUGHOUT OUR REGION.

- A FULL CONTINUUM OF HOUSING OPTIONS COUPLED WITH COMPREHENSIVE SUPPORTIVE SERVICES: 92-BED EMERGENCY FAMILY SHELTER, 6 UNITS OF TRANSITIONAL HOUSING, 2 UNITS OF PERMANENT SUPPORTIVE HOUSING, AND 7

4c (Code:) (Expenses \$ 3,328,839. including grants of \$ 1,937,765.) (Revenue \$ 118,688.) HOUSING & EMERGENCY SERVICES: NVFS PROVIDES A FULL-RANGE OF SERVICES TO HELP FAMILIES ADDRESS IMMEDIATE NEEDS AND WORK TOWARDS LONG-TERM SELF-SUFFICIENCY.

ADDITIONALLY, NVFS OPERATES TRAINING FUTURES, A 25-WEEK CURRICULUM FOCUSED ON ADMINISTRATIVE/COMPUTER SKILLS ALONG WITH SPECIAL ATTENTION TO PREPARATION FOR HEALTH CARE INDUSTRY ADMINISTRATIVE POSITIONS, THIS

4d Other program services (Describe in Schedule O.) (Expenses \$ 9,310,471. including grants of \$ 2,502,613.) (Revenue \$ 3,695,251.)

4e Total program service expenses 22,688,825.

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> ?	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 Revenue Procedure 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; 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 temporarily restricted endowments, permanent endowments, or 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, XII, and XIII</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, XII, and XIII 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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>		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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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 to any question in this Part V

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question 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; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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?; 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?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [x] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANNA BRENT, CPA - 571-748-2500
10455 WHITE GRANITE DR. STE 100, OAKTON, VA 22124

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HUGO AGUAS CHAIRMAN	2.00	X		X			0.	0.	0.	
(2) ROBERT STURM VICE CHAIR	2.00	X		X			0.	0.	0.	
(3) MISTI MUKHERJEE SECRETARY	2.00	X		X			0.	0.	0.	
(4) WEETIE HILL TREASURER	2.00	X		X			0.	0.	0.	
(5) JOHN ALLEN BOARD MEMBER	2.00	X					0.	0.	0.	
(6) WARRENETTA BAKER BOARD MEMBER	2.00	X					0.	0.	0.	
(7) JAMES EDMOND BOARD MEMBER	2.00	X					0.	0.	0.	
(8) ROBERTA GOSLING BOARD MEMBER	2.00	X					0.	0.	0.	
(9) TONY HAHN BOARD MEMBER	2.00	X					0.	0.	0.	
(10) DEBBIE HANCE BOARD MEMBER	2.00	X					0.	0.	0.	
(11) JOHN HELTZEL BOARD MEMBER	2.00	X					0.	0.	0.	
(12) MELISSA HENDERSON BOARD MEMBER	2.00	X					0.	0.	0.	
(13) MARYANN HIRSCH BOARD MEMBER	2.00	X					0.	0.	0.	
(14) RONALD HODGE BOARD MEMBER	2.00	X					0.	0.	0.	
(15) WILLIAM C. HOOVER BOARD MEMBER	2.00	X					0.	0.	0.	
(16) BRIAN K. JACKSON BOARD MEMBER	2.00	X					0.	0.	0.	
(17) TIMOTHY F. KENNY 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) J. DOUGLAS KOELEMAY BOARD MEMBER	2.00	X						0.	0.	0.
(19) ROSEMARY TRAN LAUER BOARD MEMBER	2.00	X						0.	0.	0.
(20) STEVE NICKELSBURG BOARD MEMBER	2.00	X						0.	0.	0.
(21) MY-CHAU NGUYEN BOARD MEMBER	2.00	X						0.	0.	0.
(22) EMILY ROTHBERG BOARD MEMBER	2.00	X						0.	0.	0.
(23) BARBARA RUDIN BOARD MEMBER	2.00	X						0.	0.	0.
(24) MICHAEL SPRINGMAN BOARD MEMBER	2.00	X						0.	0.	0.
(25) RAUL DANNY VARGAS BOARD MEMBER	2.00	X						0.	0.	0.
(26) JUDY WINE BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								698,268.	0.	50,314.
d Total (add lines 1b and 1c)								698,268.	0.	50,314.

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 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
HOMEAID OF NORTHERN VIRGINIA 3901 CENTERVIEW DRIVE, CHANTILLY, VA 20151	SERVE SHELTER EXPANSION	189,323.

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 1

Part VII Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	79,416.				
	b	Membership dues	1b					
	c	Fundraising events	1c	111,460.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	16,401,127.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,617,690.				
	g	Noncash contributions included in lines 1a-1f: \$		2,860,555.				
	h	Total. Add lines 1a-1f			22,209,693.			
Program Service Revenue	2 a	FAMILY & COMMUNITY SVC	Business Code	900099	2,828,726.	2,828,726.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			2,828,726.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			23,627.		23,627.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	60,274.				
		b	Less: rental expenses	0.				
		c	Rental income or (loss)	60,274.				
		d	Net rental income or (loss)		60,274.			60,274.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1,816,864.				
		b	Less: cost or other basis and sales expenses	1,842,824.	319,076.			
		c	Gain or (loss)	-25,960.	-3,099.			
		d	Net gain or (loss)			-29,059.		-29,059.
	8 a	Gross income from fundraising events (not including \$ 111,460. of contributions reported on line 1c). See Part IV, line 18	a	545,376.				
		b	Less: direct expenses	226,344.				
		c	Net income or (loss) from fundraising events		319,032.			319,032.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses						
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a	1,091,813.					
	b	Less: cost of goods sold	0.					
	c	Net income or (loss) from sales of inventory		1,091,813.	1,091,813.			
Miscellaneous Revenue			Business Code					
11 a	OTHER INCOME	900099		4,567.			4,567.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			4,567.			
12	Total revenue. See instructions.			26,508,673.	3,920,539.	0.	378,441.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	861,233.	861,233.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	6,305,531.	6,305,531.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	625,814.		489,142.	136,672.
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	11,616,464.	10,010,285.	1,362,935.	243,244.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	515,896.	425,096.	74,660.	16,140.
9 Other employee benefits	1,214,257.	1,000,541.	175,728.	37,988.
10 Payroll taxes	973,220.	801,929.	140,843.	30,448.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	82,085.	19,907.	62,178.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	226,666.	110,641.	83,954.	32,071.
12 Advertising and promotion	40.	40.		
13 Office expenses	1,284,290.	787,308.	229,864.	267,118.
14 Information technology				
15 Royalties				
16 Occupancy	1,324,955.	1,047,349.	245,669.	31,937.
17 Travel	225,490.	215,512.	7,746.	2,232.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	171,785.	69,861.	24,459.	77,465.
20 Interest	71,507.	70,346.	620.	541.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	207,082.	197,558.	8,531.	993.
23 Insurance	161,087.	138,386.	21,249.	1,452.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NUTRITION SERVICES	267,408.	267,408.		
b BAD DEBT EXPENSE	207,752.	67,015.	128,355.	12,382.
c EQUIPMENT REPAIR/MAINT	141,906.	134,160.	6,688.	1,058.
d FUNDRAISING EXP ON LINE	-226,344.			-226,344.
e All other expenses	268,464.	158,719.	99,495.	10,250.
25 Total functional expenses. Add lines 1 through 24e	26,526,588.	22,688,825.	3,162,116.	675,647.
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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,175.	1	2,175.
	2	Savings and temporary cash investments	2,082,601.	2	2,709,692.
	3	Pledges and grants receivable, net	499,796.	3	472,364.
	4	Accounts receivable, net	2,676,359.	4	2,097,999.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	493,084.	8	523,656.
	9	Prepaid expenses and deferred charges	153,016.	9	238,081.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,729,704.		
	b	Less: accumulated depreciation	10b 1,829,361.		
	11	Investments - publicly traded securities	2,363,384.	11	2,075,891.
	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	61,929.	15	18,879.
16	Total assets. Add lines 1 through 15 (must equal line 34)	14,431,724.	16	14,039,080.	
Liabilities	17	Accounts payable and accrued expenses	1,733,599.	17	1,988,275.
	18	Grants payable		18	
	19	Deferred revenue	1,860,691.	19	1,242,174.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	3,023.	21	0.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,062,625.	23	3,072,823.
	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	200,804.	25	171,011.
	26	Total liabilities. Add lines 17 through 25	6,860,742.	26	6,474,283.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,344,907.	27	6,378,069.
	28	Temporarily restricted net assets	1,218,575.	28	1,179,228.
	29	Permanently restricted net assets	7,500.	29	7,500.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,570,982.	33	7,564,797.
	34	Total liabilities and net assets/fund balances	14,431,724.	34	14,039,080.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,508,673.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,526,588.
3	Revenue less expenses. Subtract line 2 from line 1	3	-17,915.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,570,982.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	11,730.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,564,797.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		x
b	Were the organization's financial statements audited by an independent accountant?	x	
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 in Schedule O.	x	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	x	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization NORTHERN VIRGINIA FAMILY SERVICE	Employer identification number 54-0791977
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,516,733.	14,524,157.	19,316,731.	21,530,663.	22,239,748.	90,128,032.
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	12,516,733.	14,524,157.	19,316,731.	21,530,663.	22,239,748.	90,128,032.
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.						90,128,032.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	12,516,733.	14,524,157.	19,316,731.	21,530,663.	22,239,748.	90,128,032.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,713.	23,998.	12,928.	69,035.	83,901.	233,575.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	60,472.	16,715.	1,567.	15,093.	4,567.	98,414.
11 Total support. Add lines 7 through 10						90,460,021.
12 Gross receipts from related activities, etc. (see instructions)					12	20,501,962.
13 First five 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 2011 (line 6, column (f) divided by line 11, column (f))	14	99.63	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.66	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. 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 - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,500.	7,500.			
b Contributions			7,500.		
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	7,500.	7,500.	7,500.		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment %

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		821,231.		821,231.
b Buildings		6,498,151.	1,470,470.	5,027,681.
c Leasehold improvements		40,662.	38,610.	2,052.
d Equipment		323,780.	305,839.	17,941.
e Other		45,880.	14,442.	31,438.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,900,343.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	171,011.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	171,011.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,508,673.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,526,588.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-17,915.
4	Net unrealized gains (losses) on investments	4	11,730.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	11,730.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-6,185.

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

1	Total revenue, gains, and other support per audited financial statements	1	28,428,283.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	11,730.
b	Donated services and use of facilities	2b	1,678,437.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	229,443.
e	Add lines 2a through 2d	2e	1,919,610.
3	Subtract line 2e from line 1	3	26,508,673.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,508,673.

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

1	Total expenses and losses per audited financial statements	1	28,434,468.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,678,437.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	229,443.
e	Add lines 2a through 2d	2e	1,907,880.
3	Subtract line 2e from line 1	3	26,526,588.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	26,526,588.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B: NVFS IS UNDER AGREEMENT WITH A LOCAL FUNDING SOURCE TO

ADMINISTER FUNDS UNDER CERTAIN RESTRICTIONS TO PERSONS WITH TRANSPORTATION

NEEDS. THE PURPOSE IS TO ASSIST WITH JOB-RELATED TRANSPORTATION NEEDS.

FUNDS HELD FOR GRANTOR AS OF JUNE 30, 1012, CONSIST OF THE FOLLOWING:

CITY OF MANASSAS- WAYS TO WORK PROGRAMS: \$0

PART V, LINE 4: THE ENDOWMENT WAS FROM LYLE-KEARSLEY SYSTEMS, INC.

Part XIV Supplemental Information (continued)

PART X, LINE 2: MANAGEMENT EVALUATED NVFS'S TAX POSITIONS AND

CONCLUDED THAT NVFS HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

THIS GUIDANCE. GENERALLY, NVFS IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS

BEFORE 2009.

DURING THE YEAR ENDED JUNE 30, 2012, NVFS HAD NO UNRELATED BUSINESS INCOME

FOR THE YEAR.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE REPORTED ON LINE 8B 226,344.

LOSS ON DISPOSAL OF FIXED ASSETS 3,099.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 229,443.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE REPORTED ON LINE 8B 226,344.

LOSS ON DISPOSAL OF FIXED ASSETS 3,099.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 229,443.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	
		GALA DINNER & AUCTION (event type)	CARE AWARDS (event type)	4 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	484,577.	54,270.	117,989.	656,836.
	2	Less: Charitable contributions	71,300.	26,260.	13,900.	111,460.
	3	Gross income (line 1 minus line 2)	413,277.	28,010.	104,089.	545,376.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	101,181.			101,181.
	6	Rent/facility costs			3,750.	3,750.
	7	Food and beverages	64,994.	7,431.		72,425.
	8	Entertainment			200.	200.
	9	Other direct expenses	37,896.	5,441.	5,451.	48,788.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(226,344)
11	Net income summary. Combine line 3, column (d), and line 10				319,032.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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. Combine line 1, column d, and line 7				

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

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

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

2011

Open to Public Inspection

**SCHEDULE I
(Form 990)**
Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

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

Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED COMMUNITY MINISTRIES 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501(C)(3)	549,453.	0.			SUPPORT FOR HEALTHY FAMILIES PROGRAM
RESTON INTERFAITH, INC. 11150 SUNSET HILLS ROAD RESTON, VA 20190	54-1037615	501(C)(3)	311,780.	0.			SUPPORT FOR HEALTHY FAMILIES PROGRAM

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

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

Schedule I (Form 990) (2011) NORTHERN VIRGINIA FAMILY SERVICE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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 non-cash assistance
SHELTER	2061	2,204,765.	0.		
MENTAL HEALTH	2853	23,445.	0.		
MEDICAL	8300	134,858.	0.		
DENTAL	2116	371,289.	0.		
FOSTER CARE	102	1,127,085.	0.		

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

SCHEDULE I, PART I, LINE 2: GRANTEES SUBMIT DETAILED INVOICES ON A MONTHLY

BASIS WHICH ARE REVIEWED IN DETAIL. ANNUAL AUDIT REPORTS ARE RECEIVED FROM

GRANTEES AND ARE REVIEWED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number

54-0791977

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing 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. Explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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) and 501(c)(4) organizations must complete lines 5-9.

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) 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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY AGEE	(i) 204,019.	(ii) 0.	(iii) 0.	12,241.	0.	216,260.	0.
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

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.

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		54,632.	SELLING PRICE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	5,089.	FAIR MARKET VALUE
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		2,444,089.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (PROGRAM SUPPL)	X	685	255,564.	FAIR MARKET VALUE
26	Other ▶ (AUCTION ITEMS)	X	312	101,181.	FAIR MARKET VALUE
27	Other ▶ ()				
28	Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number

54-0791977

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

COOPERATION AND SUPPORT IN RESPONDING TO FAMILY NEEDS,

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

UNITS OF PERMANENT AFFORDABLE HOUSING, WHICH COMBINED SERVED 234

HOUSEHOLDS IN FY12. SERVE'S APPROACH IS TO RAPIDLY HOUSE FAMILIES IN

ORDER TO MINIMIZE THEIR TIME BEING HOMELESS, AND MAXIMIZE THEIR

OPPORTUNITIES FOR STABLE HOUSING. IN FY12, 25% OF HOUSEHOLDS LENGTH OF

STAY IN THE SHELTER WAS 30 DAYS OR LESS, 83% WAS 60 DAYS OR LESS, 77%

MOVED OUT INTO PERMANENT HOUSING, AND 60% WERE EMPLOYED UPON EXIT FROM

THE SHELTER.

- THE PRINCE WILLIAM AREA'S LARGEST FOOD DISTRIBUTION CENTER, WHICH

SERVED 9,989 FAMILIES IN FY12

- EMERGENCY ASSISTANCE FOR UTILITY, RENT, WATER AND GAS PAYMENTS, WHICH

SERVED 803 FAMILIES IN FY12

- HOUSING LOCATION SERVICES, THROUGH WHICH WE HELPED 2,000 LOW-INCOME

HOUSEHOLDS FIND PERMANENT HOUSING IN FY12

- AN ON-SITE EARLY HEAD START CLASSROOM, PLAYGROUND, AND FAMILY

LIBRARY, AND

- ACCESS TO FREE AND REDUCED COST MEDICATIONS, AND TO DENTAL AND

SPECIALTY MEDICAL CARE, WHICH SERVED 2087 PEOPLE IN FY12, AND LEVERAGED

\$1,700,000 WORTH OF FREE MEDICATIONS TO INDIVIDUALS WHO OTHERWISE COULD

NOT AFFORD THEIR PRESCRIPTIONS

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM WAS RECOGNIZED AS 1 OF 6 BEST PRACTICES OF WORKFORCE

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-28-12

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

DEVELOPMENT PROGRAMS IN THE COUNTRY. TRAINING FUTURES PARTNERS WITH
NORTHERN VIRGINIA COMMUNITY COLLEGE SO THAT EACH GRADUATE RECEIVES 18
COLLEGE CREDITS (A FULL SEMESTER). 104 PERSONS PARTICIPATED WITH AN 88%
GRADUATION RATE. 71% SECURED TRAINING-RELATED EMPLOYMENT WITHIN 6
MONTHS. GRADUATES INCREASED THEIR EARNINGS BY 63% OVER THEIR
PRE-TRAINING WAGES.

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

HEALTHY FAMILIES: AS A LEADER IN THE REGION, NVFS LAUNCHED THE FIRST
HEALTHY FAMILIES PROGRAM IN NORTHERN VIRGINIA AND NOW OPERATES IN 4
LOCAL JURISDICTIONS, SERVING 758 CLIENTS ANNUALLY. FIRST-TIME PARENTS
ASSESSED AS HAVING SIGNIFICANT BARRIERS TO SUCCESSFUL PARENTING ARE
LINKED PRE-NATALLY WITH A HOME VISITOR. THE GOAL IS TO BUILD STRONG
PARENTING SKILLS, ENSURE A HEALTHY DELIVERY, MONITOR DEVELOPMENTAL
MILESTONES, PREVENT CHILD ABUSE AND NEGLECT, AND TO ENABLE THAT A CHILD
ENTERING SCHOOL IS READY TO LEARN AND BE SUCCESSFUL. PARENTS ARE GIVEN
THE TOOLS TO SUCCEED AS PARENTS IN THEIR OWN JOURNEY TOWARDS
SELF-SUFFICIENCY, 100% OF THE CHILDREN WERE LINKED WITH A HEALTH CARE
PROVIDER AND 99% WERE UP TO DATE ON IMMUNIZATIONS. 99% OF ENROLLED
FAMILIES HAD NO FOUNDED CASES OF CHILD ABUSE OR NEGLECT.
EXPENSES \$ 2,853,776. INCLUDING GRANTS OF \$ 888,400. REVENUE \$ 0.

MULTICULTURAL HUMAN SERVICES: LEARNING AND ADJUSTING ARE THE TWO
OPERATIVE WORDS THAT DESCRIBE MOST PEOPLE NEW TO THE UNITED STATES.
WHETHER IMMIGRATING BY CHOICE FOR BETTER OPPORTUNITIES, OR FORCED TO
FLEE HERE FROM ANOTHER COUNTRY, THE SAME DIFFICULTIES PRESENT
THEMSELVES TO THE NEWCOMER: LANGUAGE, CULTURE AND ECONOMICS. SOME ARE
MORE PREPARED THAN OTHERS. MANY, THOUGH, ARE IN NEED OF SERVICES AND

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SUPPORT THAT ENABLE A BETTER TRANSITION FOR THEMSELVES AND THEIR FAMILIES.

MHS IS A PROGRAM OF NORTHERN VIRGINIA FAMILY SERVICE, AND OFFERS A BROAD RANGE OF MENTAL HEALTH, SOCIAL, EDUCATIONAL, HEALTH, LANGUAGE AND LEGAL SERVICES GEARED TO THE UNIQUE VALUES AND CHARACTERISTICS OF INDIVIDUALS AND FAMILIES FROM DIVERSE CULTURES.

IT IS STAFFED BY MULTI-ETHNIC, MULTILINGUAL SOCIAL WORKERS, COUNSELORS, LEGAL PROFESSIONALS, PSYCHIATRISTS AND GRADUATE INTERNS FROM LOCAL UNIVERSITIES.

THE GOAL OF MHS IS TO HELP PEOPLE FROM ETHNICALLY DIVERSE BACKGROUNDS SUCCEED BY PROVIDING COMPREHENSIVE, CULTURALLY SENSITIVE MENTAL HEALTH AND RELATED SERVICES AND BY CONDUCTING RESEARCH AND TRAINING TO MAKE SUCH SERVICES MORE WIDELY AVAILABLE.

EXPENSES \$ 1,759,710. INCLUDING GRANTS OF \$ 30,193. REVENUE \$ 249,374.

HEALTH ACCESS.

EXPENSES \$ 1,978,394. INCLUDING GRANTS OF \$ 454,975. REVENUE \$ 7,479.

FOSTER CARE: SPECIAL FOSTER CARE PROVIDES TEMPORARY, QUALITY, FAMILY SETTINGS FOR CHILDREN WITH SPECIAL NEEDS WHO MAY HAVE EXPERIENCED ABUSE AND NEGLECT. AS A RESULT, THE CHILDREN ARE GIVEN THE OPPORTUNITY TO DEVELOP TO THEIR FULLEST POTENTIAL.

THE PROGRAM SERVES CHILDREN FROM BIRTH THROUGH AGE EIGHTEEN WHO HAVE EMOTIONAL, BEHAVIORAL, PHYSICAL OR DEVELOPMENTAL NEEDS THAT CANNOT BE

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MET IN THEIR OWN HOMES. NORTHERN VIRGINIA FAMILY SERVICE SOCIAL WORKERS

CAREFULLY MATCH EACH CHILD WITH AN APPROPRIATE, TRAINED FOSTER FAMILY.

FOSTER PARENTS FROM CULTURALLY DIVERSE BACKGROUNDS ARE RECRUITED AND

RECEIVE INTENSIVE SPECIALIZED TRAINING.

EXPENSES \$ 2,088,520. INCL GRANTS OF \$ 1,129,045. REVENUE \$ 2,346,585.

THRIFT SHOPS

EXPENSES \$ 630,071. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,091,813.

FORM 990, PART VI, SECTION B, LINE 11: ALL MEMBERS OF THE BOARD OF

DIRECTORS RECEIVE A COPY OF THE 990 PRIOR TO FILING, FOR THEIR REVIEW. THE

AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE 990 AT A MEETING HELD

PRIOR TO THE BOARD MEETING WHERE REPRESENTATIVES OF THE ORGANIZATION'S

THIRD PARTY TAX ADVISORS ARE PRESENT AND AVAILABLE TO RESPOND TO QUESTIONS.

THE 990 IS THEN PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S BOARD OF

DIRECTORS AND GIVEN THE OPPORTUNITY TO ASK ANY QUESTIONS THEY MAY HAVE.

THE 990 IS THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD ANNUALLY REVIEWS THE

CONFLICT OF INTEREST POLICY AND REQUIRES MEMBER CERTIFICATION. THE

RESPONSES ARE REVIEWED BY THE BOARD'S GOVERNANCE COMMITTEE IN ORDER TO BEST

MANAGE ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD DETERMINES COMPENSATION

FOR THE CEO ON AN ANNUAL BASIS. PERIODICALLY AN INDEPENDENT COMPENSATION

CONSULTANT IS RETAINED TO SURVEY THE MARKET FOR THE APPROPRIATE

COMPENSATION; THE RESULTS ARE SENT DIRECTLY TO THE BOARD CHAIR AND VICE

PRESIDENT OF HUMAN RESOURCES. IN-BETWEEN YEARS THE BOARD CHAIR MAY ELECT

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TO CONDUCT AN INFORMAL SALARY SURVEY, THE CEO RECOMMENDS COMPENSATION FOR
THREE CORPORATE OFFICERS, WHICH IS REVIEWED WITH THE BOARD CHAIR. ALL THE
DELIBERATION AND DECISION ARE WELL DOCUMENTED AS WELL.

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 11,730.

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.

FORM 990, PART III, LINE 1
ORGANIZATION OVERVIEW
WITH MULTIPLE LOCATIONS, 345 EMPLOYEES AND OVER 4,600 VOLUNTEERS, NVFS
PROVIDES HELP/HOPE/HERE EACH YEAR TO APPROXIMATELY 30,000 INDIVIDUALS.
SERVICES ARE PROVIDED IN 5 CORE SERVICE AREAS: SAFE & STABLE HOUSING,
HEALTH ACCESS, EMERGENCY ASSISTANCE, WORKFORCE DEVELOPMENT AND CHILD
AND FAMILY ENRICHMENT. EACH SERVICE AREA REPRESENTS A SET OF PROGRAMS,
WHICH RESULT IN POSITIVE OUTCOMES FOR THE CLIENTS AND THE COMMUNITY.

NVFS COLLABORATES WITH LOCAL GOVERNMENTS, NORTHERN VIRGINIA COMMUNITY

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COLLEGE, INOVA HEALTH SYSTEMS, FAIRFAX SCHOOLS, LOCAL HEALTH CLINICS

AND MORE TO ADDRESS CREATIVELY AND COLLABORATIVELY THE MULTIPLE ISSUES

PRESENTING BARRIERS TO FAMILIES SUCCEEDING TOWARDS ECONOMIC

INDEPENDENCE. OF THE CLIENTS WHO REPORTED INCOME TO THE AGENCY, 94% HAD

GROSS ANNUAL INCOME AT 200% OR LESS OF THE FEDERAL POVERTY LEVEL, 30%

SERVED WERE CHILDREN AND YOUTH UNDER THE AGE OF 18.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization or other filer, see instructions. NORTHERN VIRGINIA FAMILY SERVICE	Employer identification number (EIN) or <input checked="" type="checkbox"/> 54-0791977
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 10455 WHITE GRANITE DRIVE, NO. 100	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKTON, VA 22124	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANNA BRENT, CPA

- The books are in the care of ▶ **10455 WHITE GRANITE DR, STE 100 - OAKTON, VA 22124**
Telephone No. ▶ **571-748-2500** FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.