**Return of Organization Exempt From Income Tax**

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

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

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

**B Check if applicable**

**C Name of organization**

NORTHERN VIRGINIA FAMILY SERVICE

Doing Business As

**D Employer Identification number**

54-0791977

**E Telephone number**

571-748-2500

**G Gross receipts**

29,611,665.

**H(a) Is this a group return?**

Yes [X] No

**H(b) Are all affiliates included?**

Yes [ ] No [X]

**J Website:** [WWW.NVFS.ORG](http://WWW.NVFS.ORG)

**K Form of organization:** [X] Corporation [ ] Trust [ ] Association [ ] Other [ ]

**L Year of formation:** 1924 [ ] State of legal domicile: VA [ ]

**Part I: Summary**

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 [ ] 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)...

4. Number of independent voting members of the governing body (Part VI, line 1b)...

5. Total number of individuals employed in calendar year 2012 (Part V, line 2a)...

6. Total number of volunteers (estimate if necessary)...

7. a Total unrelated business revenue from Part VIII, column (C), line 12...

   b Net unrelated business taxable income from Form 990-T, line 34...

8. Contributions and grants (Part VIII, line 1h)...

9. Program service revenue (Part VIII, line 2g)...

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)...

11. Other revenue (Part VIII, column (A), lines 5, 6d, 6b, 9c, 10c, and 11e)...

12. Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)...

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)...

14. Benefits paid to or for members (Part IX, column (A), line 4)...

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)...

16a Professional fundraising fees (Part IX, column (A), line 11e)...

17. Other expenses (Part IX, column (A), lines 11a-11d, and 11f-24d)...

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...

19. Revenue less expenses. Subtract line 18 from line 12...

**Revenue**

<table>
<thead>
<tr>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22,209,693</td>
<td>24,668,165</td>
</tr>
<tr>
<td>2,828,726</td>
<td>2,452,240</td>
</tr>
<tr>
<td>-5,432</td>
<td>46,147</td>
</tr>
<tr>
<td>1,475,686</td>
<td>1,664,080</td>
</tr>
<tr>
<td>26,508,673</td>
<td>28,830,632</td>
</tr>
<tr>
<td>7,166,764</td>
<td>8,417,729</td>
</tr>
<tr>
<td>14,945,651</td>
<td>15,218,294</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14,414,173</td>
<td>4,893,850</td>
</tr>
<tr>
<td>26,526,588</td>
<td>28,529,873</td>
</tr>
<tr>
<td>-17,915</td>
<td>300,759</td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>844,365</td>
<td>444,365</td>
</tr>
<tr>
<td>4,414,173</td>
<td>4,893,850</td>
</tr>
<tr>
<td>26,526,588</td>
<td>28,529,873</td>
</tr>
<tr>
<td>-17,915</td>
<td>300,759</td>
</tr>
</tbody>
</table>

**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.

**Signature of officer**

[Signature]

**Date**

12-10-12

**Preparer's signature**

[Signature]

**Date**

11-21-12

**PTIN**

01249785

**Preparer Firm's name**

MCGLADREY LLP

**Preparer Firm's EIN**

42-0714325

**Preparer Firm's address**

8000 TOWERS CRESCENT DR. STE 500

**Preparer Firm's phone number**

703-336-6400

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
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?  No

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

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:  ) (Expenses $9,586,465, including grants of $4,749,990) (Revenue $40,113)
HOUSING SERVICES:

SERVE IS THE MANASSAS CAMPUS OF NORTHERN VIRGINIA FAMILY SERVICE,
SERVING THE GREATER PRINCE WILLIAM AREA, AND IMPACTING AT-RISK FAMILIES
THROUGHOUT OUR REGION. SERVE IS UNIQUE FOR ITS HOLISTIC APPROACH TO
HELPING OUR COMMUNITY’S MOST VULNERABLE INDIVIDUALS AND FAMILIES
ADDRESS A VARIETY OF NEEDS ON THEIR PATH TO SELF-SUFFICIENCY. SERVE PROVIDES:

- A FULL CONTINUUM OF HOUSING OPTIONS: 92-BED EMERGENCY FAMILY SHELTER,
RAPID REHOUSING, HOUSING LOCATION SERVICES, PERMANENT SUPPORTIVE
HOUSING, AND PERMANENT AFFORDABLE HOUSING COUPLED WITH COMPREHENSIVE

4b (Code:  ) (Expenses $4,951,853, including grants of $9,260) (Revenue $462,068)
EARLY CHILDHOOD SERVICE:

EARLY HEAD START AND HEAD START PROVIDE CENTER-BASED AND HOME
VISITATION SERVICES TO CHILDREN AGES 6 WEEKS THROUGH AGE 5. NVFS
OPERATES 3 EHS CENTERS, ONE OF WHICH WAS BUILT THROUGH NVFS FUNDRAISING
EFFORTS, AND A LARGE HEAD START CENTER IN ARLINGTON FOR 204 CHILDREN
AGES 3 TO 5. IN ADDITION TO PROVIDING QUALITY CARE IN A STIMULATING
AND SAFE ENVIRONMENT, NVFS PREPARES CHILDREN TO SUCCEED IN SCHOOL.
TRAINED STAFF MEETS REGULARLY WITH PARENTS TO ENSURE SAFE HOMES, STRONG
PARENTING SKILLS, AND A PLAN FOR THEIR ECONOMIC INDEPENDENCE.
COMBINED, 514 CHILDREN PARTICIPATED IN THESE PROGRAMS. 99% WERE LINKED
WITH A HEALTH CARE PROVIDER AND 97% WERE UP TO DATE ON IMMUNIZATIONS

4c (Code:  ) (Expenses $3,264,366, including grants of $736,467) (Revenue $142,173)
HEALTH SERVICES:

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

MHS OFFERS A BROAD RANGE OF MENTAL HEALTH, SOCIAL, EDUCATIONAL, HEALTH,

4d Other program services (Describe in Schedule O.)

(Expenses $6,763,326, including grants of $2,922,012) (Revenue $2,958,210)

4e Total program service expenses $24,556,010.

SEE SCHEDULE O FOR CONTINUATION(S)
<table>
<thead>
<tr>
<th>Part IV</th>
<th>Checklist of Required Schedules</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?&lt;br&gt;Yes No</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
</tr>
<tr>
<td>4</td>
<td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part II</td>
</tr>
<tr>
<td>5</td>
<td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If &quot;Yes,&quot; complete Schedule C, Part III</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If &quot;Yes,&quot; complete Schedule D, Part I</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
</tr>
<tr>
<td>9</td>
<td>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? If &quot;Yes,&quot; complete Schedule D, Part IV</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
</tr>
<tr>
<td>11</td>
<td>If the organization’s answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.&lt;br&gt;a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
</tr>
<tr>
<td>12</td>
<td>Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VII</td>
</tr>
<tr>
<td>13</td>
<td>Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
</tr>
<tr>
<td>14</td>
<td>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part IX</td>
</tr>
<tr>
<td>15</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
</tr>
<tr>
<td>16</td>
<td>Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)? If &quot;Yes,&quot; complete Schedule D, Part X</td>
</tr>
<tr>
<td>17</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
</tr>
<tr>
<td>18</td>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
</tr>
<tr>
<td>19</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii) and (iii)? If &quot;Yes,&quot; complete Schedule E</td>
</tr>
<tr>
<td>20</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
</tr>
<tr>
<td>21</td>
<td>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
</tr>
<tr>
<td>22</td>
<td>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? If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
</tr>
<tr>
<td>23</td>
<td>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? If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
</tr>
<tr>
<td>24</td>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column A, lines 6 and 11e? If &quot;Yes,&quot; complete Schedule G, Part I</td>
</tr>
<tr>
<td>25</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
</tr>
<tr>
<td>26</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 5a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
</tr>
<tr>
<td>28</td>
<td>b. If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
</tr>
</tbody>
</table>
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.  

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.  

23. Did the organization answer "Yes" to Part VII, Section A, lines 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.  

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.  

24b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  

24c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  

24d. 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.  

25b. 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.  

26. Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  

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.  

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):  

28a. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  

28b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  

28c. 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.  

29. Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M.  

30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  

31. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  

32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  

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.  

34. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.  

35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

35b. 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)? If "Yes," complete Schedule R, Part V, line 2.  


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.  

38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  

Note. All Form 990 filers are required to complete Schedule O.
<table>
<thead>
<tr>
<th>Part V Statements Regarding Other IRS Filings and Tax Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check if Schedule O contains a response to any question in this Part V.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable ........................................... 1a 218</td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable ........................................... 1b 0</td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling winnings to prize winners? .................................................. 1c X</td>
</tr>
<tr>
<td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ...................................... 2a 420</td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b X</td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year? 3a X</td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O 3b</td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X</td>
</tr>
<tr>
<td>4b If &quot;Yes,&quot; enter the name of the foreign country: ▶</td>
</tr>
</tbody>
</table>


| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X |
| 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X |
| 5c If "Yes," to line 5a or 5b, did the organization file Form 8899-T? 5c |
| 6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X |
| 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b |
| 7 Organizations that may receive deductible contributions under section 170(c). |
| a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? 7a X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X |
| d If "Yes," indicate the number of Forms 8282 filed during the year 7d |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 |
| 9 Sponsoring organizations maintaining donor advised funds. |
| a Did the organization make any taxable distributions under section 4958? 9a |
| b Did the organization make a distribution to a donor, donor advisor, or related person? 9b |
| 10 Section 501(c)(7) organizations. Enter: |
| a Initiation fees and capital contributions included on Part VIII, line 12 10a |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b |
| 11 Section 501(c)(12) organizations. Enter: |
| a Gross income from members or shareholders 11a |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. |
| a Is the organization licensed to issue qualified health plans in more than one state? 13a |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b |
| c Enter the amount of reserves on hand 13c |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b |

Form 990 (2012)
Section A. Governing Body and Management

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:

8a The governing body

8b 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)

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  [ ] Other (explain in Schedule O)

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:

LAURIE TARPEY, CPA - 571-748-2500

10455 WHITE GRANITE DR, STE 100, OAKTON, VA 22124

Form 990 (2012)
### 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUGO AGUAS</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIRMAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBERT STURM</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KISTY MUKHERJEE</td>
<td>2.00</td>
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<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>JAMES EDGEMOND</td>
<td>2.00</td>
<td></td>
<td>0.</td>
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<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>WARRENETTA BAKER</td>
<td>2.00</td>
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<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALFREDO CASTA</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>JORGE FORGES</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ROBERTA GOSSLING</td>
<td>2.00</td>
<td></td>
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<td>0.</td>
<td>0.</td>
</tr>
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<td>BOARD MEMBER</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>TONY HAHN</td>
<td>2.00</td>
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<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
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<td></td>
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<tr>
<td>JOHN HELTZL</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MELISSA HENDERSON</td>
<td>2.00</td>
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<td>0.</td>
<td>0.</td>
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<tr>
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</tr>
<tr>
<td>WEBSTY KILL</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MARYANN HIRSCH</td>
<td>2.00</td>
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<td>0.</td>
<td>0.</td>
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<tr>
<td>BOARD MEMBER</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WILLIAM C. HOOVER</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BILLY J. JACKSON</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TIMOTHY F. KENNY</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. DOUGLAS KOELEMAY</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

#### (A) Name and title
- **(18)** ROSEMARY TRAN LAUER
  - **(B) Average hours per week (list any hours for related organizations below line)**: 2.00
  - **(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)**: BOARD MEMBER
  - **(D) Reportable compensation from the organization (W-2/1099-MISC)**: 0.00
  - **(E) Reportable compensation from related organizations (W-2/1099-MISC)**: 0.00
  - **(F) Estimated amount of other compensation from the organization and related organizations**: 0.00
- **(19)** LAWRENCE LUEBBERS
  - **(B) Average hours per week (list any hours for related organizations below line)**: 2.00
  - **(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)**: BOARD MEMBER
  - **(D) Reportable compensation from the organization (W-2/1099-MISC)**: 0.00
  - **(E) Reportable compensation from related organizations (W-2/1099-MISC)**: 0.00
  - **(F) Estimated amount of other compensation from the organization and related organizations**: 0.00
- **(20)** STEVE NICKELSBURG
  - **(B) Average hours per week (list any hours for related organizations below line)**: 2.00
  - **(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)**: BOARD MEMBER
  - **(D) Reportable compensation from the organization (W-2/1099-MISC)**: 0.00
  - **(E) Reportable compensation from related organizations (W-2/1099-MISC)**: 0.00
  - **(F) Estimated amount of other compensation from the organization and related organizations**: 0.00
- **(21)** MY-CHU NGUYEN
  - **(B) Average hours per week (list any hours for related organizations below line)**: 2.00
  - **(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)**: BOARD MEMBER
  - **(D) Reportable compensation from the organization (W-2/1099-MISC)**: 0.00
  - **(E) Reportable compensation from related organizations (W-2/1099-MISC)**: 0.00
  - **(F) Estimated amount of other compensation from the organization and related organizations**: 0.00
- **(22)** SHAWN FORVIS
  - **(B) Average hours per week (list any hours for related organizations below line)**: 2.00
  - **(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)**: BOARD MEMBER
  - **(D) Reportable compensation from the organization (W-2/1099-MISC)**: 0.00
  - **(E) Reportable compensation from related organizations (W-2/1099-MISC)**: 0.00
  - **(F) Estimated amount of other compensation from the organization and related organizations**: 0.00
- **(23)** BARBARA RUDIN
  - **(B) Average hours per week (list any hours for related organizations below line)**: 2.00
  - **(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)**: BOARD MEMBER
  - **(D) Reportable compensation from the organization (W-2/1099-MISC)**: 0.00
  - **(E) Reportable compensation from related organizations (W-2/1099-MISC)**: 0.00
  - **(F) Estimated amount of other compensation from the organization and related organizations**: 0.00
- **(24)** MICHAEL SPRINGMAN
  - **(B) Average hours per week (list any hours for related organizations below line)**: 2.00
  - **(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)**: BOARD MEMBER
  - **(D) Reportable compensation from the organization (W-2/1099-MISC)**: 0.00
  - **(E) Reportable compensation from related organizations (W-2/1099-MISC)**: 0.00
  - **(F) Estimated amount of other compensation from the organization and related organizations**: 0.00
- **(25)** RAUL DANNY VARGAS
  - **(B) Average hours per week (list any hours for related organizations below line)**: 2.00
  - **(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)**: BOARD MEMBER
  - **(D) Reportable compensation from the organization (W-2/1099-MISC)**: 0.00
  - **(E) Reportable compensation from related organizations (W-2/1099-MISC)**: 0.00
  - **(F) Estimated amount of other compensation from the organization and related organizations**: 0.00
- **(26)** DEREK WHITMER
  - **(B) Average hours per week (list any hours for related organizations below line)**: 2.00
  - **(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)**: BOARD MEMBER
  - **(D) Reportable compensation from the organization (W-2/1099-MISC)**: 0.00
  - **(E) Reportable compensation from related organizations (W-2/1099-MISC)**: 0.00
  - **(F) Estimated amount of other compensation from the organization and related organizations**: 0.00

#### 1b Sub-total: 812,850.00
#### 1c Total from continuation sheets to Part VII, Section A: 812,850.00
#### 1d Total (add lines 1b and 1c): 812,850.00

### 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.

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOMEAID OF NORTHERN VIRGINIA, 3684 CENTERVIEW DR., STE 110B, CHANTILLY, VA</td>
<td>SERVE SHELTER</td>
<td>EXPANSION</td>
<td>210,206.00</td>
</tr>
</tbody>
</table>

#### 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
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (check any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) JUDY WINE</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(28) MARY AGEE</td>
<td>37.50</td>
<td>X</td>
<td>207,606.</td>
<td>0.</td>
<td>12,456.</td>
</tr>
<tr>
<td>PRESIDENT &amp; CEO</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(29) ANNA BRENTH</td>
<td>37.50</td>
<td>X</td>
<td>141,304.</td>
<td>0.</td>
<td>7,077.</td>
</tr>
<tr>
<td>CHIEF FINANCIAL OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30) ANN MCNENLY</td>
<td>37.50</td>
<td>X</td>
<td>110,931.</td>
<td>0.</td>
<td>4,076.</td>
</tr>
<tr>
<td>CHIEF DEVELOPMENT OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(31) CHRI VILLA</td>
<td>37.50</td>
<td>X</td>
<td>137,936.</td>
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<td>8,127.</td>
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<tr>
<td>CHIEF OPERATING OFFICER</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>(32) BETH DARGATIS</td>
<td>37.50</td>
<td>X</td>
<td>113,452.</td>
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<td>6,807.</td>
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<tr>
<td>DIRECTOR OF FINANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(33) KAREN ALLEN</td>
<td>37.50</td>
<td>X</td>
<td>101,621.</td>
<td>0.</td>
<td>11,644.</td>
</tr>
<tr>
<td>VP OF EARLY CHILDHOOD DIVISION</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c 812,850. 50,187.
## Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td>1c 73,221</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td>1e 17,625,728</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 6,969,216</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1e &amp; f</td>
<td>1g 3,912,394</td>
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<td></td>
</tr>
<tr>
<td>1 h Total, Add lines 1a-1g</td>
<td>1h 24,668,155</td>
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<td></td>
</tr>
</tbody>
</table>

| 2 a FAMILY & COMMUNITY SVCS  | Business Code | 2,452,240 | 2,452,240 | |
| 2 b                          |               |           |           | |
| 2 c                          |               |           |           | |
| 2 d                          |               |           |           | |
| 2 e                          |               |           |           | |
| 2 f All other program service revenue  | 2f           | 2,452,240 |           | |
| 2 g Total, Add lines 2a-2f  | 2g 2,452,240 |           |           | |

| 3 Investment income (including dividends, interest, and other similar amounts)  | 3 37,614. | 37,614. | |
| 4 Income from investment of tax-exempt bond proceeds  | 4           |           |           | |
| 5 Royalties  | 5           |           |           | |

| 6 a Gross rents  | 6 a 74,274 |                                   | 74,274. |
| 6 b Less: rental expenses  | 6 b 0 |                                   |         |
| 6 c Rental income or (loss)  | 6 c 74,274 |                                   |         |
| 6 d Net rental income or (loss)  | 6 d         | 74,274. | |

| 7 a Gross amount from sales of assets other than inventory  | 7 a 568,613 |                                   | 8,533. |
| 7 b Less: cost or other basis and sales expenses  | 7 b 560,080 |                                   |         |
| 7 c Gain or (loss)  | 7 c 8,533 |                                   |         |
| 7 d Net gain or (loss)  | 7 d 8,533 |                                   |         |

| 8 a Gross income from fundraising events (not including $73,221 of contributions reported on line 1c). See Part IV, line 18  | 8 a 652,413 |                                   | 431,460. |
| 8 b Less: direct expenses  | 8 b 220,953 |                                   |         |
| 8 c Net income or (loss) from fundraising events  | 8 c 431,460 |                                   |         |

| 9 a Gross income from gaming activities. See Part IV, line 19  | 9 a 431,460 |                                   |         |
| 9 b Less: direct expenses  | 9 b 220,953 |                                   |         |
| 9 c Net income or (loss) from gaming activities  | 9 c 431,460 |                                   |         |

| 10 a Gross sales of inventory, less returns and allowances  | 10 a 1,150,324 |                                   | 1,150,324. |
| 10 b Less: cost of goods sold  | 10 b 0 |                                   |         |
| 10 c Net income or (loss) from sales of inventory  | 10 c 1,150,324 |                                   |         |

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Business Code</th>
<th>11 a OTHER INCOME</th>
<th>11 b</th>
<th>11 c</th>
<th>11 d All other revenue</th>
<th>11 e Total, Add lines 11a-11d</th>
<th>12 Total revenue, See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>900099</td>
<td>11 a 8,022.</td>
<td>900099</td>
<td>8,022</td>
<td></td>
<td>8,022</td>
<td>11 e 8,022</td>
</tr>
<tr>
<td>12,10-12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28,830,632</td>
<td>3,602,564</td>
</tr>
<tr>
<td>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
<td>(C) Management and general expenses</td>
<td>(D) Fundraising expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
<td>878,914</td>
<td>878,914</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
<td>7,538,815</td>
<td>7,538,815</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>749,772</td>
<td>634,766</td>
<td>115,006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(h)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>11,712,540</td>
<td>10,123,528</td>
<td>1,273,098</td>
<td>315,914</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Pension plan account contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>528,329</td>
<td>429,178</td>
<td>80,882</td>
<td>18,269</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>1,230,668</td>
<td>999,710</td>
<td>188,404</td>
<td>42,554</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>996,985</td>
<td>809,882</td>
<td>152,629</td>
<td>34,474</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td>68,655</td>
<td>19,075</td>
<td>49,580</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)</td>
<td>349,046</td>
<td>198,500</td>
<td>114,735</td>
<td>35,811</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>480</td>
<td>480</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>903,206</td>
<td>488,506</td>
<td>67,794</td>
<td>346,906</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>1,511,602</td>
<td>1,312,292</td>
<td>162,255</td>
<td>37,055</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>194,478</td>
<td>183,961</td>
<td>9,224</td>
<td>1,293</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>159,982</td>
<td>109,592</td>
<td>44,645</td>
<td>5,745</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td>71,683</td>
<td>69,728</td>
<td>1,693</td>
<td>262</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>238,205</td>
<td>216,728</td>
<td>20,939</td>
<td>538</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>177,612</td>
<td>154,689</td>
<td>21,281</td>
<td>1,642</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Other expenses. (Summarize expenses not covered above.) (If line 24a amount exceeds 10% of line 25, column (A) amount, list line 24a expenses on Schedule G.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a FURNITURE AND EQUIPMENT</td>
<td>744,334</td>
<td>590,171</td>
<td>153,358</td>
<td>805</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b NUTRITION SERVICES</td>
<td>172,542</td>
<td>172,542</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c EQUIPMENT REPAIR/MAINTENANCE</td>
<td>154,291</td>
<td>148,049</td>
<td>5,307</td>
<td>935</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d FUND. EXP. ON LINE 8B</td>
<td>-220,953</td>
<td></td>
<td>-220,953</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>368,687</td>
<td>121,670</td>
<td>138,908</td>
<td>108,109</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>28,529,873</td>
<td>24,566,010</td>
<td>3,119,498</td>
<td>844,365</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Balance Sheet

**Part X**

Check if Schedule O contains a response to any question in this Part X: [ ]

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1,829,964.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>881,903.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>472,364.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>2,097,999.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other 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 instr). Complete Part II of Sch L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>523,656.</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>238,081.</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>8,269,026.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>2,067,566.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>2,075,891.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>18,879.</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets, Add lines 1 through 15 (must equal line 34)</td>
<td>14,039,080.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>1,988,275.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payables to unrelated third parties</td>
<td>3,072,823.</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payables to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on line 17-24). Complete Part X of Schedule D</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities, Add lines 17 through 25</td>
<td>6,474,283.</td>
</tr>
</tbody>
</table>

### Liabilities

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th></th>
<th>Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
</tr>
<tr>
<td></td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.</td>
</tr>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
</tr>
</tbody>
</table>
## Part XI  Reconciliation of Net Assets

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>28,830,632</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>28,529,873</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses, Subtract line 2 from line 1</td>
<td></td>
<td>300,759</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td></td>
<td>7,564,797</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
<td></td>
<td>33,013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7,898,569</td>
</tr>
</tbody>
</table>

## Part XII  Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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?

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

2b 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

2c 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.

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?

If "Yes," the organization underwent 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.
### SCHEDULE A
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

**2012**

**NORTHERN VIRGINIA FAMILY SERVICE**

**Employer identification number**

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status (All organizations must complete this part. See instructions.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)</td>
</tr>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>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.)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
</tr>
<tr>
<td>a</td>
<td>Type I</td>
</tr>
<tr>
<td>b</td>
<td>Type II</td>
</tr>
<tr>
<td>c</td>
<td>Type III - Functionally integrated</td>
</tr>
<tr>
<td>d</td>
<td>Type III - Non-functionally integrated</td>
</tr>
<tr>
<td>e</td>
<td>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).</td>
</tr>
<tr>
<td>f</td>
<td>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</td>
</tr>
</tbody>
</table>

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization? 11g(i)

(ii) A family member of a person described in (i) above? 11g(ii)

(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

#### Provide the following information about the supported organization(s):

<table>
<thead>
<tr>
<th>(i)</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Total**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
<table>
<thead>
<tr>
<th>Section A. Public Support</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>14524157</td>
<td>19316731</td>
<td>21530663</td>
<td>22239748</td>
<td>24668165</td>
<td>102279464</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>14524157</td>
<td>19316731</td>
<td>21530663</td>
<td>22239748</td>
<td>24668165</td>
<td>102279464</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>14524157</td>
<td>19316731</td>
<td>21530663</td>
<td>22239748</td>
<td>24668165</td>
<td>102279464</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>102279464</td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>14524157</td>
<td>19316731</td>
<td>21530663</td>
<td>22239748</td>
<td>24668165</td>
<td>102279464</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>23,998</td>
<td>12,928</td>
<td>69,035</td>
<td>83,901</td>
<td>111,888</td>
<td>301,750</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td>16,715</td>
<td>1,567</td>
<td>15,093</td>
<td>4,567</td>
<td>8,022</td>
<td>45,964</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1022627178</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

| Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.66 |
| Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 99.63 |

16a 33 1/3% support test - 2012. 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.► □

16b 33 1/3% support test - 2011. 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.► □

17a 10% facts-and-circumstances test - 2012. 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.► □

17b 10% facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.► □

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.► □
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Calendar year or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2006</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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 18 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

(Calendar year or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total support. (Add lines 9, 10a, and 11b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2011 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2012 (line 10a, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2011 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a</td>
<td>33 1/3% support tests - 2012. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b</td>
<td>33 1/3% support tests - 2011. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors
▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2012

Name of the organization

NORTHERN VIRGINIA FAMILY SERVICE

Employer identification number

54-0791977

Organization type (check one):

Filers of:

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, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
**NORTHERN VIRGINIA FAMILY SERVICE**

**Part I. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$753,173.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$541,186.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$1,922,789.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$5,992,079.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$1,325,104.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$671,513.</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>$ 534,958.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$ 5,001,792.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
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<td></td>
<td></td>
<td></td>
<td>Person</td>
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<td>Payroll</td>
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<td>Noncash</td>
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<td>Person</td>
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<td>Payroll</td>
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<td>Noncash</td>
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<td>Person</td>
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<td>Payroll</td>
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<td>Noncash</td>
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<td>Person</td>
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<td></td>
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<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>
## NORTHERN VIRGINIA FAMILY SERVICE

### Part II  Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
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<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

*Schedule B (Form 990, 990-EZ, or 990-PF) (2012)*

Page 3

Employer identification number: 54-0791977

*Name of organization*
<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
</tbody>
</table>

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
**Political Campaign and Lobbying Activities**

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.

See separate instructions.

If the organization answered "Yes," to 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)(4) organizations 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," to 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 I-A. Do not complete Part I-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part I-B. Do not complete Part I-A.

If the organization answered "Yes," to Form 990, Part IV, line 6 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTHERN VIRGINIA FAMILY SERVICE</td>
<td>54-0791977</td>
</tr>
</tbody>
</table>

**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 expenditures  
3. Volunteer hours

**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?  
4a. Was a correction made?  
4b. 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?  
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.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds. If none, enter -0-.</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

252041

01-07-13

22
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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.

<table>
<thead>
<tr>
<th>Limits on Lobbying Expenditures</th>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other exempt purpose expenditures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the amount on line 1e, column (a) or (b) is:</td>
<td>The lobbying nontaxable amount is:</td>
<td></td>
</tr>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
<td></td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
<td></td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
<td></td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000.</td>
<td></td>
</tr>
<tr>
<td>g Grassroots nontaxable amount (enter 25% of line 1f)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Subtract line 1g from line 1a. If zero or less, enter 0:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Subtract line 1f from line 1c. If zero or less, enter 0:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Yes □ No □</td>
<td></td>
</tr>
</tbody>
</table>

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 instructions for lines 2a through 2f on page 4.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column (a))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (a))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990-EZ) 2012
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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 to lines 1a through 1l below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Volunteers?</td>
<td>X</td>
</tr>
<tr>
<td>b.</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1l)?</td>
<td>X</td>
</tr>
<tr>
<td>c.</td>
<td>Media advertisements?</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Mailings to members, legislators, or the public?</td>
<td>X</td>
</tr>
<tr>
<td>e.</td>
<td>Publications, or published or broadcast statements?</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td>X</td>
</tr>
<tr>
<td>h.</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Other activities?</td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>Total. Add lines 1c through 1l</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | X |
2b If "Yes," enter the amount of any tax incurred under section 4912 | |
2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | |
2d 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).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Did the organization agree to carry over lobbying and political expenditures from the prior year?</td>
<td>3</td>
</tr>
</tbody>
</table>

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."

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dues, assessments and similar amounts from members</td>
</tr>
<tr>
<td>2.</td>
<td>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 627(f) tax was paid).</td>
</tr>
<tr>
<td>a.</td>
<td>Current year</td>
</tr>
<tr>
<td>b.</td>
<td>Carryover from last year</td>
</tr>
<tr>
<td>c.</td>
<td>Total</td>
</tr>
<tr>
<td>3.</td>
<td>Aggregate amount reported in section 5033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
</tr>
<tr>
<td>4.</td>
<td>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?</td>
</tr>
<tr>
<td>5.</td>
<td>Taxable amount of lobbying and political expenditures (see instructions)</td>
</tr>
</tbody>
</table>

Part IV  Supplemental Information

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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 2-3 HOURS PER YEAR OF CEO TIME. AMOUNT ON LINE 1D IS THE ALLOCATED PORTION OF CEO COMPENSATION EXPENSE FOR 3 HOURS OF HER TIME.

FOR II-B, LINE 1G, DIRECT CONTACT CONSISTS OF PHONE CALLS OR VISITS BY CEO AND, AS MENTIONED ABOVE, BOARD MEMBERS. AMOUNT ON LINE 1G IS ALLOCATED PORTION OF CEO COMPENSATION EXPENSE FOR 2% OF HER TIME, PLUS MILEAGE REIMBURSEMENT FOR 2 TRIPS TO RICHMOND.
**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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?  
   [ ] Yes  [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?  
   [ ] Yes  [ ] No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   [ ] Preservation of land for public use (e.g., recreation or 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.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

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?  
   [ ] Yes  [ ] No

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

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

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

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

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

Complete if the organization answered "Yes" 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 XIII, 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
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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  d  Loan or exchange programs
   b  Scholarly research  e  Other
   c  Preservation for future generations

4  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" 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 XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning balance</td>
<td></td>
</tr>
<tr>
<td>Additions during the year</td>
<td></td>
</tr>
<tr>
<td>Distributions during the year</td>
<td></td>
</tr>
<tr>
<td>Ending balance</td>
<td></td>
</tr>
</tbody>
</table>

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

b  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

1a Beginning of year balance

b Contributions

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

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:

(i) unrelated organizations  Yes  No

(ii) related organizations  Yes  No

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

3b  Yes  No

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

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>821,231</td>
<td></td>
<td>821,231</td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td>7,011,098</td>
<td>1,666,378</td>
<td>5,344,720</td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td>40,662</td>
<td>40,662</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>350,155</td>
<td>333,447</td>
<td>16,708</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td>45,880</td>
<td>27,079</td>
<td>18,801</td>
<td></td>
</tr>
</tbody>
</table>

Total  Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (b), line 10(c).)  ▶ 6,201,460.

Schedule D (Form 990) 2012
### Part VII: Investments - Other Securities
See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

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. **Federal income taxes**
   - (2) **DEFERRED RENT**
     - 293,960.

2. **FIN 48 (ASC 740) Footnote.** 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. [X]
### Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>30,622,421</td>
</tr>
<tr>
<td>2a</td>
<td>Net unrealized gains on investments</td>
<td>33,013</td>
</tr>
<tr>
<td>2b</td>
<td>Donated services and use of facilities</td>
<td>1,537,823</td>
</tr>
<tr>
<td>2c</td>
<td>Recoveries of prior year grants</td>
<td>220,953</td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td>1,791,789</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>28,830,632</td>
</tr>
<tr>
<td>4a</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>28,830,632</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>30,288,649</td>
</tr>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
<td>1,537,823</td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
<td>220,953</td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td>1,758,776</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>28,529,873</td>
</tr>
<tr>
<td>4a</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16)</td>
<td>28,529,873</td>
</tr>
</tbody>
</table>

### Part XIII: 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

---

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 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 2010.
DURING THE YEAR ENDED JUNE 30, 2013, NVFS HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENTS EXPENSE REPORTED ON LINE 8B 220,953.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENTS EXPENSE REPORTED ON LINE 8B 220,953.
**SCHEDULE G**
(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

**Name of the organization**: NORTHERN VIRGINIA FAMILY SERVICE

**Employer identification number**: 54-0791977

---

**Part I** Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2. 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

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

---

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(III) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

---

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2012
### 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 6a. List events with gross receipts greater than $5,000.

#### Revenue

<table>
<thead>
<tr>
<th>Event Type</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>GALA DINNER &amp; AUCTION</td>
<td>582,388.</td>
<td>41,240.</td>
<td>102,006.</td>
<td>725,634.</td>
</tr>
<tr>
<td>CARE AWARDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less: Contributions</td>
<td>66,250.</td>
<td>1,092.</td>
<td>5,879.</td>
<td>73,221.</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>516,138.</td>
<td>40,148.</td>
<td>96,127.</td>
<td>652,413.</td>
</tr>
</tbody>
</table>

#### Direct Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash prizes</td>
<td>96,551.</td>
</tr>
<tr>
<td>Noncash prizes</td>
<td>96,551.</td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td>5,380.</td>
</tr>
<tr>
<td>Food and beverages</td>
<td>63,732.</td>
</tr>
<tr>
<td>Entertainment</td>
<td>8,794.</td>
</tr>
<tr>
<td>Other direct expenses</td>
<td>33,795.</td>
</tr>
<tr>
<td>Direct expense summary</td>
<td>8,420.</td>
</tr>
<tr>
<td>Net income summary</td>
<td>6,281.</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Direct expense summary</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Net gaming income summary</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Notes

- **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 □
  - If "No," explain:

- **10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
  - Yes □, No □
  - If "Yes," explain:
Schedule G (Form 990 or 990-EZ) 2012  NORTHERN VIRGINIA FAMILY SERVICE  54-0791977  Page 3

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  □ %
   b An outside facility  □ %

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, 16b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
**NORTHERN VIRGINIA FAMILY SERVICE**

### 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

<table>
<thead>
<tr>
<th>1(a) Name and address of organization or government</th>
<th>1(b) EIN</th>
<th>1(c) IRC section if applicable</th>
<th>1(d) Amount of cash grant</th>
<th>1(e) Amount of non-cash assistance</th>
<th>1(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>1(g) Description of non-cash assistance</th>
<th>1(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED COMMUNITY MINISTRIES</td>
<td>54-0850780</td>
<td>501(c)(3)</td>
<td>570,318</td>
<td></td>
<td></td>
<td>SUPPORT FOR HEALTHY FAMILIES PROGRAM</td>
<td></td>
</tr>
<tr>
<td>ALEXANDRIA, VA 22306</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORNERSTONES</td>
<td>54-1037615</td>
<td>501(c)(3)</td>
<td>306,596</td>
<td></td>
<td></td>
<td>SUPPORT FOR HEALTHY FAMILIES PROGRAM</td>
<td></td>
</tr>
<tr>
<td>11150 SUNSET HILLS ROAD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESTON, VA 20190</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Schedule I (Form 990) (2012)
### 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHELTER</td>
<td>4639</td>
<td>3,376,771</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td>2268</td>
<td>38,322</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL</td>
<td>9134</td>
<td>234,865</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DENTAL</td>
<td>2243</td>
<td>479,284</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOSTER CARE</td>
<td>200</td>
<td>679,484</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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.**
<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD</td>
<td>8,988</td>
<td>0</td>
<td>2,730,089, FMV</td>
<td>FOOD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Schedule I (Form 990)</th>
</tr>
</thead>
<tbody>
<tr>
<td>252247 05-01-12</td>
</tr>
<tr>
<td>36</td>
</tr>
</tbody>
</table>
## Compensation Information

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.

### 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.

- [ ] First-class or charter travel
- [ ] Housing allowance or residence for personal use
- [ ] Travel for companions
- [ ] Payments for business use of personal residence
- [ ] Tax indemnification and gross-up payments
- [ ] Health or social club dues or initiation fees
- [ ] Discretionary spending account
- [ ] Personal services (e.g., maid, chauffeur, chef)

b. If any of the boxes 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.

- Yes
- No

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?

- Yes
- No

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, but explain in Part III.

- [ ] Compensation committee
- [ ] Written employment contract
- [ ] Independent compensation consultant
- [ ] Compensation survey or study
- [ ] Form 990 of other organizations
- [ ] Approval by the board or compensation committee

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

   a. Receive a severance payment or change-of-control payment?

   - Yes
   - No

   b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?

   - Yes
   - No

   c. Participate in, or receive payment from, an equity-based compensation arrangement?

   - Yes
   - No

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?

   - Yes
   - No

   b. Any related organization?

   - Yes
   - No

   If "Yes" to line 5a or 5b, describe in Part III.

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

   a. The organization?

   - Yes
   - No

   b. Any related organization?

   - Yes
   - No

   If "Yes" to line 6a or 6b, describe in Part III.

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

- Yes
- No

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 53.4956-4(a)(3)? If "Yes," describe in Part III.

- Yes
- No

9. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4956-6(c)?

- Yes
- No

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

Schedule J (Form 990) 2012
### NORTHERN VIRGINIA FAMILY SERVICE

**54-0791977**

#### 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 VI.

**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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MARY AGER</td>
<td>(i) 207,606.00</td>
<td>(ii) 0.00</td>
<td>(iii) 0.00</td>
<td>12,456.00</td>
<td>220,062.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SCHEDULE M (Form 990)

**Noncash Contributions**

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

### Part I: Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td>X 120,242. SELLING PRICE</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td>X 5,507. FAIR MARKET VALUE</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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<td>Real estate - Commercial</td>
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<td>18</td>
<td>Collectibles</td>
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<td>Drugs and medical supplies</td>
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<td>Taxidermy</td>
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<td>22</td>
<td>Historical artifacts</td>
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<td>23</td>
<td>Scientific specimens</td>
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<td>Archeological artifacts</td>
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<td>Other ▶ (FURNITURE &amp; E)</td>
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<td>Other ▶ (PROGRAM SUPPL)</td>
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<td>Other ▶ ( )</td>
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### 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

<table>
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<tr>
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**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?

<table>
<thead>
<tr>
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**b** If 'Yes," describe the arrangement in Part II.

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<tbody>
<tr>
<td>31</td>
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</tbody>
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**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

<table>
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<tbody>
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**b** If 'Yes," describe in Part II.

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</thead>
<tbody>
<tr>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>32a</td>
<td></td>
<td>X</td>
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</tbody>
</table>
Part II Supplemental Information. Complete this part to 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHERN VIRGINIA FAMILY SERVICE

Employer Identification number
54-0791977

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.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COOPERATION AND SUPPORT IN RESPONDING TO FAMILY NEEDS.

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

SUPPORT SERVICES. THESE PROGRAMS COMBINED SERVED 217 HOUSEHOLDS IN FY13. SERVE'S APPROACH IS TO RAPIDLY HOUSE FAMILIES IN ORDER TO MINIMIZE THEIR TIME BEING HOMELESS AND MAXIMIZE THEIR OPPORTUNITIES FOR STABLE HOUSING. IN FY13, 85% OF SINGLES EXITED THE SHELTER IN 30 DAYS OR LESS, 64% OF FAMILIES EXITED WITHIN 60 DAYS. 20% MOVED OUT INTO MORE STABLE TRANSITIONAL HOUSING AND 61% MOVED OUT INTO PERMANENT HOUSING.

- THE PRINCE WILLIAM AREA'S LARGEST FOOD DISTRIBUTION CENTER, WHICH SERVED 8,986 INDIVIDUALS IN FY13.

- EMERGENCY ASSISTANCE FOR UTILITY, RENT, WATER AND GAS PAYMENTS, WHICH SERVED 623 FAMILIES IN FY13.

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

HOUSING & EMERGENCY SERVICES: NVFS PROVIDES A FULL-RANGE OF SERVICES TO HELP FAMILIES ADDRESS IMMEDIATE NEEDS AND WORK TOWARDS LONG-TERM SELF-SUFFICIENCY. MEETING EMERGENCY NEEDS, SUCH AS FOOD, SHELTER AND DIRECT ASSISTANCE FOR RENT AND UTILITIES, SUPPORTS FAMILIES THROUGH CRISIS. HOUSING PROGRAMS, SUCH AS TRANSITIONAL AND AFFORDABLE HOUSING HELP THEM ACHIEVE LONG-TERM STABLE HOUSING GOALS. MORE THAN 16,500 INDIVIDUALS RECEIVED SERVICES THROUGH THESE CORE AREAS. 81% OF CLIENTS OBTAINED MORE STABLE HOUSING UPON THEIR EXIT FROM THE PROGRAM.

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

Schedule O (Form 990 or 990-EZ) (2012)

2012
Open to Public Inspection

2012-0646-0047

01-04-10

42
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AND LANGUAGE SERVICES GEARED TO THE UNIQUE VALUES AND CHARACTERISTICS
OF INDIVIDUALS AND FAMILIES FROM DIVERSE CULTURES.

IT IS STAFFED BY MULTI-ETHNIC, MULTILINGUAL SOCIAL WORKERS, COUNSELORS,
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.

ACCESS TO FREE AND REDUCED COST MEDICATIONS, AND TO DENTAL AND
SPECIALTY MEDICAL CARE PROGRAMS, WHICH OVERALL SERVED MORE THAN 11,000
PEOPLE IN FY13, AND LEVERAGED $13.9 MILLION WORTH OF FREE MEDICATIONS
TO INDIVIDUALS WHO OTHERWISE COULD NOT AFFORD THEIR PRESCRIPTIONS.

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

INTERVENTION & PREVENTION 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 665 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. 98% OF THE CHILDREN WERE LINKED WITH A HEALTH CARE PROVIDER AND 97% WERE UP TO DATE ON IMMUNIZATIONS. 99% OF ENROLLED FAMILIES HAD NO FOUNDEN CASES OF CHILD ABUSE OR NEGLECT.
EXPENSES $2,980,120. INCLUDING GRANTS OF $894,519. REVENUE $0.

CHILD PLACEMENT SERVICES:

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

THE PROGRAM SERVES CHILDREN FROM BIRTH THROUGH AGE EIGHTEEN WHO HAVE EMOTIONAL, BEHAVIORAL, PHYSICAL OR DEVELOPMENTAL NEEDS THAT CANNOT BE MET IN THEIR OWN HOMES. NORTHERN VIRGINIA FAMILY SERVICE SOCIAL WORKERS CAREFULLY MATCH EACH CHILD WITH AN APPROPRIATE, TRAINED FOSTER FAMILY. FOSTER PARENTS FROM CULTURALLY DIVERSE BACKGROUNDS ARE RECRUITED AND RECEIVE INTENSIVE SPECIALIZED TRAINING.
EXPENSES $1,584,741. INCL GRANTS OF $688,034. REVENUE $1,633,387.

THRIFT SHOPS
EXPENSES $722,551. INCLUDING GRANTS OF $0. REVENUE $1,150,324.

WORKFORCE DEVELOPMENT SERVICES:

NVFS OPERATES TRAINING FUTURES, A 25-WEEK CURRICULUM FOCUSED ON ADMINISTRATIVE/COMPUTER SKILLS ALONG WITH SPECIAL ATTENTION TO
PREPARATION FOR HEALTH CARE INDUSTRY ADMINISTRATIVE POSITIONS. THIS PROGRAM WAS RECOGNIZED AS 1 OF 5 BEST PRACTICES OF WORKFORCE DEVELOPMENT PROGRAMS IN THE COUNTRY. TRAINING FUTURES PARTNERS WITH NORTHERN VIRGINIA COMMUNITY COLLEGE SO THAT EACH GRADUATE RECEIVES 18-21 COLLEGE CREDITS (A FULL SEMESTER). 116 PERSONS PARTICIPATED WITH A 91% GRADUATION RATE. 76% SECURED TRAINING-RELATED EMPLOYMENT WITHIN 6 MONTHS. GRADUATES INCREASED THEIR EARNINGS BY 54% OVER THEIR PRE-TRAINING WAGES.

EXPENSES $1,232,445. INCL GRANTS OF $1,339,459. REVENUE $105,203.

LEGAL SERVICES

EXPENSES $243,469. INCLUDING GRANTS OF $0. REVENUE $69,296.

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 PRIOR TO THE BOARD MEETING. 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
NORTHERN VIRGINIA FAMILY SERVICE

COMPENSATION: THE RESULTS ARE SENT DIRECTLY TO THE BOARD CHAIR AND VICE PRESIDENT OF HUMAN RESOURCES. IN-BETWEEN YEARS THE BOARD CHAIR MAY ELECT TO CONDUCT AN INFORMAL SALARY SURVEY. THE CEO RECOMMENDS COMPENSATION FOR THREE CORPORATE OFFICERS, WHICH IS REVIEWED WITH THE BOARD CHAIR. THE DELIBERATION AND DECISION ARE WELL DOCUMENTED.

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 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, 350 EMPLOYEES AND OVER 3,800 VOLUNTEERS, NVFS PROVIDES HELP/HOPE/HERE EACH YEAR TO NEARLY 37,000 INDIVIDUALS.

SERVICES ARE PROVIDED IN 7 CORE SERVICE AREAS: HEALTH, HOUSING, LEGAL, WORKFORCE DEVELOPMENT, CHILD PLACEMENT, EARLY CHILDHOOD, AND INTERVENTION & PREVENTION. 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
NORTHERN VIRGINIA FAMILY SERVICE

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

AND MORE TO ADDRESS CREATIVELY AND COLLABORATIVELY THE MULTIPLE ISSUES

PRESENTING BARRIERS TO FAMILIES SUCCEEDING TOWARDS ECONOMIC

INDEPENDENCE. OF THE CLIENTS WHO REPORTED INCOME TO THE AGENCY, 90% HAD

GROSS ANNUAL INCOME AT 200% OR LESS OF THE FEDERAL POVERTY LEVEL. 26%

SERVED WERE CHILDREN AND YOUTH UNDER THE AGE OF 18.
### 2012 DEPRECIATION AND AMORTIZATION REPORT

**FORM 990 PAGE 10**

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<th>Method</th>
<th>Life</th>
<th>CCA No</th>
<th>Unadjusted Cost Or Basis</th>
<th>Bus % Excl</th>
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<th>Reduction In Basis</th>
<th>Basis For Depreciation</th>
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Application for Extension of Time To File an Exempt Organization Return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. 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 returns 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 3-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

54-0791977

Social security number (SSN)

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

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 or Form 990-EZ

01

Form 990-T (corporation)

07

Form 990-BL

02

Form 1041-A

08

Form 4720 (individual)

03

Form 4720

09

Form 990-PF

04

Form 6227

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

Telephone No. 571-748-2500

Fax No. 571-748-2500

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, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

3a calendar year __________ or

3b tax year beginning JUL 1, 2012 , and ending JUN 30, 2013

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 6039, enter the tentative tax, less any nonrefundable credits. See instructions.

b If this application is for Form 990-PF, 990-T, 4720, or 6039, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

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.

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.

L1A For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)