

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHERN VIRGINIA FAMILY SERVICES, INC.		D Employer identification number 54-0791977	
	Doing business as		E Telephone number (571) 748-2500	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	3110 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042		STE500	G Gross receipts \$ 50,088,635.
	F Name and address of principal officer: STEPHANIE BERKOWITZ SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
J Website: WWW.NVFS.ORG		H(c) Group exemption number		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1924	M State of legal domicile: VA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	405
	6 Total number of volunteers (estimate if necessary)	6	2000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	37,796,190.	40,428,320.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,720,041.	1,151,676.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	657,016.	865,638.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	453,366.	595,439.
		40,626,613.	43,041,073.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,626,129.	7,908,030.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,953,839.	28,463,519.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,941,352.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,337,956.	6,454,532.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,917,924.	42,826,081.	
19 Revenue less expenses. Subtract line 18 from line 12	-291,311.	214,992.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	29,938,558.	29,755,070.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,342,834.	13,947,534.
	15,595,724.	15,807,536.	

Part II Signature Block

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

Sign Here	Signature of officer STEPHANIE BERKOWITZ, PRESIDENT & CEO <i>Stephanie Berkowitz</i>		Date 3/12/2026		
	Type or print name and title				
Paid Preparer Use Only	Preparer's name SUE ROBISON	Preparer's signature SUE ROBISON	Date 03/09/26	Check if self-employed <input type="checkbox"/>	PTIN P00560072
	Firm's name RSM US LLP	Firm's EIN 42-0714325	Phone no. 206-281-4444		
Firm's address 920 5TH AVENUE, SUITE 2800 SEATTLE, WA 98104					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 10,278,417. including grants of \$ 4,226,572.) (Revenue \$) HOUSING AND HOMELESS SERVICES - SEE SCHEDULE O.

4b (Code:) (Expenses \$ 8,362,460. including grants of \$ 3,818.) (Revenue \$ 828,047.) EARLY CHILDHOOD EDUCATION SERVICES - SEE SCHEDULE O.

4c (Code:) (Expenses \$ 5,000,602. including grants of \$ 61,917.) (Revenue \$ 187,087.) INTERVENTION AND PREVENTION SERVICES - SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,947,832. including grants of \$ 3,615,723.) (Revenue \$ 833,785.)

4e Total program service expenses 33,589,311.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through I).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 main columns: Question, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, annual gross receipts, deductible contributions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 27; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CLIFFORD YEE - (571) 748-2500
3110 FAIRVIEW PARK DRIVE, STE500, FALLS CHURCH, VA 22042

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHANIE BERKOWITZ PRESIDENT & CHIEF EXECUTIVE OFFICER	37.50	X		X			380,874.	0.	62,000.	
(2) CLIFFORD YEE EXECUTIVE VP & CFO	37.50			X			220,853.	0.	37,483.	
(3) KENDRA DUNBAR VP OF MISSION INTEGRATION	37.50					X	182,020.	0.	51,714.	
(4) JAMES LIVERMAN VP OF TECH & WORKPLACE SOLUTIONS	37.50					X	181,860.	0.	41,594.	
(5) KATHLEEN MCMAHON EXECUTIVE VP OF DEVELOPMENT & COMMS	37.50			X			202,189.	0.	12,111.	
(6) JACQUELINE DENDIEVEL EXECUTIVE VP OF HUMAN RESOURCES	37.50			X			152,115.	0.	60,890.	
(7) ANDREA ECK EXECUTIVE VP OF PROGRAMS	37.50			X			155,020.	0.	42,522.	
(8) MEREDITH MCKEEN VP PROGRAMS	37.50					X	136,672.	0.	39,803.	
(9) MALINDA LANGFORD SENIOR VP OF PROGRAMS	37.50					X	142,476.	0.	22,320.	
(10) SARA K KREITZER VP DEVELOPMENT	37.50					X	124,805.	0.	7,872.	
(11) JENNY LINDSEY, MD CHAIR	2.00	X		X			0.	0.	0.	
(12) XENIA GAROFALO, JD VICE CHAIR	2.00	X		X			0.	0.	0.	
(13) LUANNE GUTERMUTH SECRETARY	2.00	X		X			0.	0.	0.	
(14) KEVIN DESANTO TREASURER	2.00	X		X			0.	0.	0.	
(15) PHILLIP QUINTANA BOARD MEMBER	2.00	X					0.	0.	0.	
(16) L. ALEXANDER MCDONALD, JD BOARD MEMBER	2.00	X					0.	0.	0.	
(17) KATIE JOYCE BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROSEBELLA ODENYO BOARD MEMBER	2.00	X					0.	0.	0.	
(19) MITCH BASHUR BOARD MEMBER	2.00	X					0.	0.	0.	
(20) MARJIE ALLOY BOARD MEMBER	2.00	X					0.	0.	0.	
(21) MAHSA DORNAJAFI BOARD MEMBER	2.00	X					0.	0.	0.	
(22) VANDANA SINHA BOARD MEMBER	2.00	X					0.	0.	0.	
(23) KRIS MANNING BOARD MEMBER	2.00	X					0.	0.	0.	
(24) BARBARA RUDIN, PHD BOARD MEMBER	2.00	X					0.	0.	0.	
(25) RICHMOND HILL, EDD BOARD MEMBER	2.00	X					0.	0.	0.	
(26) LAUREN PETERSON BOARD MEMBER	2.00	X					0.	0.	0.	
1b Subtotal							1,878,884.	0.	378,309.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,878,884.	0.	378,309.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 19

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NIKKI'S CHRISTIAN DAYCARE & LEARNING CENTER 14900 CLOVERDALE ROAD, WOODBRIDGE, VA 22193	EARLY HEAD START CENTER	217,731.
WONDERFUL VIRGINIA ACADEMY, 13420 MINNIEVILLE ROAD, WOODBRIDGE, VA 22193	EARLY HEAD START CENTER	212,924.
JR COMMUNICATIONS 1050 30TH ST NW, WASHINGTON, DC 20007	COMMUNICATIONS SERVICES	145,775.

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 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	615,537.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	31,571,330.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,241,453.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,081,257.				
	h	Total. Add lines 1a-1f		40,428,320.				
	Program Service Revenue	2 a	FAMILY & COMMUNITY SVC	Business Code	900099	1,151,676.	1,151,676.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			1,151,676.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		277,979.			277,979.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					7,465,582.			
	b	Less: cost or other basis and sales expenses	7b	6,877,923.				
c	Gain or (loss)	7c	587,659.					
d	Net gain or (loss)			587,659.		587,659.		
8 a	Gross income from fundraising events (not including \$ 615,537. of contributions reported on line 1c). See Part IV, line 18	8a		53,525.				
b	Less: direct expenses	8b	169,639.					
c	Net income or (loss) from fundraising events			-116,114.		-116,114.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a		697,243.				
b	Less: cost of goods sold	10b	0.					
c	Net income or (loss) from sales of inventory			697,243.	697,243.			
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	14,310.		14,310.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			14,310.			
12	Total revenue. See instructions			43,041,073.	1,848,919.	0.	763,834.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	446,571.	446,571.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,461,459.	7,461,459.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,322,816.		1,120,627.	202,189.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,588,715.	16,401,994.	3,318,419.	868,302.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	937,817.	681,155.	212,227.	44,435.
9 Other employee benefits	4,013,186.	2,914,857.	908,179.	190,150.
10 Payroll taxes	1,600,985.	1,162,827.	362,301.	75,857.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	114,291.	34,206.	80,085.	
d Lobbying	38,913.		38,913.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,370,496.	670,504.	410,392.	289,600.
12 Advertising and promotion	9,109.			9,109.
13 Office expenses	942,188.	635,986.	113,082.	193,120.
14 Information technology				
15 Royalties				
16 Occupancy	1,618,201.	1,320,249.	244,762.	53,190.
17 Travel	172,334.	162,915.	8,248.	1,171.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	247,928.	226,175.	17,677.	4,076.
20 Interest	22,728.		22,728.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	478,307.	405,333.	60,930.	12,044.
23 Insurance	293,208.	185,431.	105,520.	2,257.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT REPAIR & MAIN	364,609.	330,803.	30,230.	3,576.
b FURNITURE & EQUIPMENT	297,055.	109,157.	180,636.	7,262.
c NUTRITION SERVICES	295,876.	295,876.		
d FUND EXP ON LINE 8B	-169,639.			-169,639.
e All other expenses	358,928.	143,813.	60,462.	154,653.
25 Total functional expenses. Add lines 1 through 24e	42,826,081.	33,589,311.	7,295,418.	1,941,352.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,384,793.	1	2,858,286.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,309,740.	3	1,616,247.
	4 Accounts receivable, net	4,486,490.	4	3,394,462.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	118,192.	8	112,188.
	9 Prepaid expenses and deferred charges	421,922.	9	480,177.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,639,272.		
	b Less: accumulated depreciation	10b 3,931,444.	7,507,537.	10c 7,707,828.
	11 Investments - publicly traded securities	8,252,194.	11	7,067,665.
	12 Investments - other securities. See Part IV, line 11		12	1,608,894.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,457,690.	15	4,909,323.
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,938,558.	16	29,755,070.	
Liabilities	17 Accounts payable and accrued expenses	3,460,972.	17	3,580,234.
	18 Grants payable		18	
	19 Deferred revenue	1,576,606.	19	877,734.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,143,657.	23	1,143,657.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,161,599.	25	8,345,909.
	26 Total liabilities. Add lines 17 through 25	14,342,834.	26	13,947,534.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,220,457.	27	10,053,631.
	28 Net assets with donor restrictions	4,375,267.	28	5,753,905.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,595,724.	32	15,807,536.
33 Total liabilities and net assets/fund balances	29,938,558.	33	29,755,070.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,041,073.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,826,081.
3	Revenue less expenses. Subtract line 2 from line 1	3	214,992.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,595,724.
5	Net unrealized gains (losses) on investments	5	-3,180.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,807,536.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,057,017.	34,913,971.	34,857,973.	37,796,190.	40,428,320.	190,053,471.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	42,057,017.	34,913,971.	34,857,973.	37,796,190.	40,428,320.	190,053,471.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						190,053,471.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	42,057,017.	34,913,971.	34,857,973.	37,796,190.	40,428,320.	190,053,471.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	79,678.	124,396.	248,777.	277,455.	277,979.	1,008,285.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	892,183.	876,597.	851,984.	51,451.	67,835.	2,740,050.
11 Total support. Add lines 7 through 10						193,801,806.
12 Gross receipts from related activities, etc. (see instructions)					12	9,947,623.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	98.07 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.98 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

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

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

OTHER INCOME FROM EXEMPT ACTIVITIES

2020 AMOUNT: \$	12,043.
2021 AMOUNT: \$	17,259.
2022 AMOUNT: \$	17,764.
2023 AMOUNT: \$	17,130.
2024 AMOUNT: \$	14,310.

FUNDRAISING

2020 AMOUNT: \$	880,140.
2021 AMOUNT: \$	859,338.
2022 AMOUNT: \$	834,220.
2023 AMOUNT: \$	34,321.
2024 AMOUNT: \$	53,525.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

NORTHERN VIRGINIA FAMILY SERVICES, INC.

Employer identification number

54-0791977

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 11,184,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 9,435,507.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 4,683,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,764,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,336,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,308,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHERN VIRGINIA FAMILY SERVICES, INC.	Employer identification number 54-0791977
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization NORTHERN VIRGINIA FAMILY SERVICES, INC.	Employer identification number 54-0791977
---	--

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <p style="text-align: center;">NORTHERN VIRGINIA FAMILY SERVICES, INC.</p>	Employer identification number (EIN) <p style="text-align: center;">54-0791977</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</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> </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> </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> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		8,075.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		9,982.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		38,913.
j Total. Add lines 1c through 1i			56,970.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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 WERE PRIMARILY EMAIL COMMUNICATIONS, WHICH CONSUMED APPROXIMATELY 40 HOURS (2%) OF THE PRESIDENT & CEO'S TIME IN FY25. AMOUNT ON LINE 1D IS THE ALLOCATED PORTION OF 2% OF HER SALARY.

FOR II-B, LINE 1G, DIRECT CONTACT CONSISTED OF PHONE CALLS AND MEETINGS

Part IV Supplemental Information *(continued)*

BY THE PRESIDENT & CEO AND VOLUNTEER BOARD MEMBERS. AMOUNT ON LINE 1G
IS THE ALLOCATED PORTION OF THE PRESIDENT & CEO'S FY25 SALARY FOR 2% OF
HER TIME.

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NORTHERN VIRGINIA FAMILY SERVICES, INC.

Employer identification number

54-0791977

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	48,000.	48,000.	47,717.	47,717.	47,717.
b Contributions					
c Net investment earnings, gains, and losses			283.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	48,000.	48,000.	48,000.	47,717.	47,717.

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		454,257.		454,257.
b Buildings		8,100,267.	3,273,182.	4,827,085.
c Leasehold improvements		1,553,040.	195,773.	1,357,267.
d Equipment		845,517.	328,477.	517,040.
e Other		686,191.	134,012.	552,179.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,707,828.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ISHARES CORE S&P TOTAL US STOCK		
(B) MARKET ETF	1,608,894.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,608,894.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) DEPOSITS	56,577.
(2) RIGHT-OF-USE OPERATING LEASE ASSETS	4,852,746.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,909,323.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	6,845,909.
(3) LINE OF CREDIT	1,500,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,345,909.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	44,610,596.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,180.
b	Donated services and use of facilities	2b	1,403,064.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	169,639.
e	Add lines 2a through 2d	2e	1,569,523.
3	Subtract line 2e from line 1	3	43,041,073.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	43,041,073.

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

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

1	Total expenses and losses per audited financial statements	1	44,398,784.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,403,064.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	169,639.
e	Add lines 2a through 2d	2e	1,572,703.
3	Subtract line 2e from line 1	3	42,826,081.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	42,826,081.

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE REPORTED ON PART VIII LINE 8B 169,639.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE REPORTED ON PART VIII LINE 8B 169,639.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CELEBRATION OF SERVICE (event type)	CARE AWARDS (event type)	NONE (total number)	
Revenue	1	Gross receipts	642,262.	26,800.	669,062.
	2	Less: Contributions	599,137.	16,400.	615,537.
	3	Gross income (line 1 minus line 2)	43,125.	10,400.	53,525.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	16,627.		16,627.
	6	Rent/facility costs			
	7	Food and beverages	81,098.	7,800.	88,898.
	8	Entertainment			
	9	Other direct expenses	57,750.	6,364.	64,114.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			169,639.
11	Net income summary. Subtract line 10 from line 3, column (d)			-116,114.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **NORTHERN VIRGINIA FAMILY SERVICES, INC.** Employer identification number **54-0791977**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED COMMUNITY 7511 FORDSON ROAD ALEXANDRIA, NV 22306	54-0850780	501(C)(3)	446,571.	0.			SUPPORT FOR HEALTHY FAMILIES PROGRAM

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SHELTER	1242	4,322,933.	0.		
MENTAL HEALTH	4228	383,668.	0.		
FOOD	933	0.	2,754,858.	POUNDS OF FOOD APPLIED TO \$1.97 INDUSTRY AVERAGE OF VALUE PER POUND	FOOD DISTRIBUTED TO CLIENTS AT HUNGER RESOURCE CENTER

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

PART I, LINE 2:

GRANTEES SUBMIT DETAILED INVOICES ON A MONTHLY BASIS WHICH ARE REVIEWED IN
DETAIL. ANNUAL AUDIT REPORTS ARE RECEIVED FROM GRANTEES AND REVIEWED.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization NORTHERN VIRGINIA FAMILY SERVICES, INC.	Employer identification number 54-0791977
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Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEPHANIE BERKOWITZ PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	380,874.	0.	0.	17,238.	44,762.	442,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLIFFORD YEE EXECUTIVE VP & CFO	(i)	220,853.	0.	0.	8,193.	29,290.	258,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KENDRA DUNBAR VP OF MISSION INTEGRATION	(i)	182,020.	0.	0.	9,595.	42,119.	233,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES LIVERMAN VP OF TECH & WORKPLACE SOLUTIONS	(i)	181,860.	0.	0.	9,636.	31,958.	223,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHLEEN MCMAHON EXECUTIVE VP OF DEVELOPMENT & COMMS	(i)	202,189.	0.	0.	10,110.	2,001.	214,300.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JACQUELINE DENDIEVEL EXECUTIVE VP OF HUMAN RESOURCES	(i)	152,115.	0.	0.	7,853.	53,037.	213,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANDREA ECK EXECUTIVE VP OF PROGRAMS	(i)	155,020.	0.	0.	8,171.	34,351.	197,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MEREDITH MCKEEN VP PROGRAMS	(i)	136,672.	0.	0.	6,960.	32,843.	176,475.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MALINDA LANGFORD SENIOR VP OF PROGRAMS	(i)	142,476.	0.	0.	7,227.	15,093.	164,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **NORTHERN VIRGINIA FAMILY SERVICES, INC.**
Employer identification number: **54-0791977**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		93,241.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	77,585.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		2,732,816.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PROGRAM SUPPLIE)	X	345	177,615.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization NORTHERN VIRGINIA FAMILY SERVICES, INC.	Employer identification number 54-0791977
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 THE MISSION OF NORTHERN VIRGINIA FAMILY SERVICE (NVFS) IS "TO EMPOWER
 INDIVIDUALS AND FAMILIES TO IMPROVE THEIR QUALITY OF LIFE, AND TO
 PROMOTE COMMUNITY COOPERATION AND SUPPORT IN RESPONDING TO FAMILY
 NEEDS." NVFS WAS ESTABLISHED IN 1924 BY COMMUNITY RESIDENTS RESPONDING
 TO THEIR NEIGHBORS' OVERWHELMING NEED FOR FOOD, CLOTHING, AND FUEL.
 OVER THE PAST CENTURY, NVFS HAS CONTINUED TO EVOLVE OUR PROGRAMS AND
 SERVICES TO MEET THE CHANGING NEEDS AND CHALLENGES OF THE OVERALL
 REGION. NVFS EMPOWERS OVER 30,000 INDIVIDUALS EACH YEAR, HELPING THEM
 TAP INTO THEIR OWN INHERENT RESILIENCE AND ADDRESS THE ROOT CAUSES OF
 THE PROBLEMS THEY FACE SO THEY CAN TRANSFORM THEIR LIVES. THROUGH
 COMPREHENSIVE AND TRANSFORMATIVE PROGRAMS AND PARTNERSHIPS, NVFS
 ENGAGES AN INTEGRATED SERVICE DELIVERY MODEL THAT ENSURES EVERY PERSON
 HAS THE ACCESS, SUPPORT, AND RESOURCES THEY NEED TO REACH THEIR FULL
 POTENTIAL.

FORM 990, PART III, LINE 1:
 WITH THE SUPPORT OF MORE THAN 350 EMPLOYEES AND OVER 2,500 VOLUNTEERS,
 NVFS PROVIDES COMPREHENSIVE SUPPORT TO HELP INDIVIDUALS AND FAMILIES
 ADDRESS INTERCONNECTED BARRIERS THAT IMPEDE SELF-SUFFICIENCY SO THEY
 CAN ACHIEVE ECONOMIC STABILITY, GOOD HEALTH, AND OVERALL WELL-BEING. IN
 FY25 (JULY 1, 2024 - JUNE 30, 2025), CORE SERVICES INCLUDED
 ANTI-HUNGER; CHILD AND FAMILY WELLBEING, COMMUNITY HEALTH; COMMUNITY
 HOUSING; EARLY CHILDHOOD EDUCATION; HEALTHY FAMILIES; HOMELESS
 SERVICES; THE MULTICULTURAL CENTER; WORKFORCE DEVELOPMENT; AND YOUTH
 INITIATIVES.

NVFS PARTNERS WITH GOVERNMENT AGENCIES, EDUCATIONAL INSTITUTIONS,
 CORPORATIONS AND BUSINESSES, FOUNDATIONS, FAITH-BASED NETWORKS, AND
 OTHER NON-PROFIT ORGANIZATIONS TO CREATIVELY AND COLLABORATIVELY
 ADDRESS THE COMPETING CHALLENGES THAT FAMILIES FACE IN ACHIEVING
 ECONOMIC INDEPENDENCE AND WELLBEING. OF THE CLIENTS WHO REPORTED INCOME
 TO THE AGENCY IN FY25, 93% HAD GROSS ANNUAL INCOME AT 200% OR LESS OF
 THE FEDERAL POVERTY LEVEL AND 27% SERVED WERE CHILDREN AND YOUTH UNDER
 THE AGE OF 18.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
 THE CHILD & FAMILY WELLBEING PROGRAM SERVICE AREA WAS NEW TO NVFS IN
 FY25 AS A RESULT OF THE FORWARD MERGER WITH SCAN EFFECTIVE 1/1/25.

FORM 990, PART III, LINE 4A:
 HOUSING AND HOMELESS:

COMMUNITY HOUSING - NVFS OFFERS SERVICES TO SUPPORT AND ASSIST
 INDIVIDUALS AND FAMILIES SEEKING AFFORDABLE HOUSING SOLUTIONS AND
 STABILITY SUCH AS CASE MANAGEMENT, CRISIS INTERVENTION, FINANCIAL
 ASSISTANCE, RESIDENT SERVICES, CAREER NAVIGATION, AND BENEFITS
 COUNSELING. REGIONAL PROGRAMS INCLUDE THE HOUSING OPPORTUNITIES FOR
 PERSONS WITH AIDS (HOPWA) AND RYAN WHITE PART B (ENDED APRIL 2025)
 PROGRAMS. WITHIN FAIRFAX COUNTY, NVFS ADMINISTERS THE MOVING TO WORK
 PROGRAM; RENTAL SUBSIDIES AND SERVICES PROGRAM; PREVENTION; AND STEP

Name of the organization NORTHERN VIRGINIA FAMILY SERVICES, INC.	Employer identification number 54-0791977
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AHEAD 2.0 PROGRAMS. IN FY25, \$3.8 MILLION IN EMERGENCY ASSISTANCE WAS DISBURSED FOR UTILITY, RENT, WATER, AND GAS PAYMENTS THROUGH A VARIETY OF SHORT- AND LONG-TERM HOUSING SUBSIDY AND CASE MANAGEMENT PROGRAMS ACROSS THE REGION.

HOMELESS SERVICES - THE NVFS 90-BED SERVE FAMILY SHELTER IS LOCATED ON THE NVFS SERVE CAMPUS IN MANASSAS AND ENCOMPASSES 62% OF ALL SHELTER BEDS IN GREATER PRINCE WILLIAM. IN ADDITION TO EMERGENCY SHELTER, NVFS PROVIDES SERVICES TO DIVERT AND PREVENT HOMELESSNESS AND RAPIDLY RE-HOUSE THOSE EXPERIENCING HOMELESSNESS THROUGH THE PROVISION OF CASE MANAGEMENT AND FINANCIAL ASSISTANCE. NVFS IMPLEMENTS THE HOUSING FIRST MODEL TO MINIMIZE A HOUSEHOLD'S LENGTH OF TIME EXPERIENCING HOMELESSNESS AND ADVANCE A HOUSEHOLD'S RAPID TRANSITION TO PERMANENT HOUSING. IN FY25, 85% OF CLIENTS WHO EXPERIENCED HOMELESSNESS EXITED SHELTER TO POSITIVE OUTCOMES.

FORM 990, PART III, LINE 4B:
EARLY CHILDHOOD EDUCATION:

NVFS CURRENTLY SERVES CHILDREN AND THEIR FAMILIES THROUGH THE OPERATION OF CENTER- AND HOME-BASED EARLY HEAD START PROGRAMS IN ARLINGTON COUNTY, LOUDOUN COUNTY, AND GREATER PRINCE WILLIAM AND CENTER-BASED HEAD START PROGRAMS IN ARLINGTON COUNTY AND GREATER PRINCE WILLIAM. THROUGH A GRANT FROM THE OFFICE OF HEAD START, NVFS ALSO SUPPORTS TWO COMMUNITY CHILD CARE PARTNERSHIP SITES IN PRINCE WILLIAM COUNTY. NVFS ALSO OFFERS EARLY CHILDHOOD EDUCATION THROUGH MIXED DELIVERY AND TO FAMILIES WHO PAY MARKET RATE. THESE PROGRAMS EXPAND EQUITABLE ACCESS TO QUALITY EDUCATION BY TEACHING A STATE-VETTED CURRICULUM FOR CHILDREN AGES ZERO TO FIVE; PROVIDING TARGETED PROFESSIONAL DEVELOPMENT AND MENTOR-COACHING FOR CENTER DIRECTORS AND TEACHERS; PARTICIPATING IN STATE-LEVEL QUALITY IMPROVEMENT AND CHILD ASSESSMENT INITIATIVES; AND ENSURING CHILDREN AND THEIR FAMILIES RECEIVE ACCESS TO INTEGRATED HEALTH, MENTAL HEALTH, CASE MANAGEMENT, AND NUTRITION SERVICES. A COMBINED TOTAL OF 432 PARTICIPATED IN THESE PROGRAMS IN FY25. OF THE CHILDREN TRANSITIONING TO KINDERGARTEN, 84% MET OR EXCEEDED READINESS IN LITERACY AND LANGUAGE AND 80% MET OR EXCEEDED READINESS IN MATHEMATICS.

FORM 990, PART III, LINE 4C:
INTERVENTION & PREVENTION SERVICES:

MULTICULTURAL CENTER FOR TRAUMA RECOVERY - THE MULTICULTURAL CENTER IDENTIFIES THE MOST COMMON BARRIERS TO WELLBEING THAT IMMIGRANTS FACE IN AMERICAN SOCIETY AND PROVIDES A TRAUMA-INFORMED, CULTURALLY RELEVANT RESPONSE (THROUGH CASE MANAGEMENT, MENTAL HEALTH, AND/OR IMMIGRATION LEGAL SERVICES) TAILORED TO EACH CLIENT'S UNIQUE NEEDS AND CAPACITY. THE MULTICULTURAL CENTER HELPS CLIENTS TO MEET THEIR BASIC NEEDS, IMPROVE THEIR MENTAL HEALTH AND FAMILY RELATIONSHIPS, TRANSITION OUT OF UNHEALTHY SITUATIONS (SUCH AS DOMESTIC VIOLENCE), AND ATTAIN DURABLE IMMIGRATION STATUS SO THEY CAN BECOME INDEPENDENT, CONTRIBUTING MEMBERS OF THEIR NEW COMMUNITY. IN FY25, 270 CLIENTS RECEIVED INDIVIDUAL MENTAL HEALTH SERVICES, 90% OF WHOM SHOWED STABLE OR IMPROVED MENTAL HEALTH FUNCTIONING AFTER PARTICIPATING IN SERVICES FOR MORE THAN THREE MONTHS; AND 91 CLIENTS RECEIVED CASE MANAGEMENT SERVICES, WITH 81% OF

Name of the organization NORTHERN VIRGINIA FAMILY SERVICES, INC.	Employer identification number 54-0791977
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HOUSEHOLDS WHO RECEIVED LONG-TERM CASE MANAGEMENT SERVICES SHOWING STABILITY OR IMPROVEMENT IN THEIR COMMUNITY INTEGRATION AND ECONOMIC INDEPENDENCE.

YOUTH INITIATIVES - NVFS'S YOUTH INITIATIVES PROGRAMS PROVIDE THERAPEUTIC CASE MANAGEMENT, TRAUMA-INFORMED MENTAL HEALTH, AND GROUP-BASED SERVICES THAT REDUCE FAMILY AND COMMUNITY VIOLENCE IN SPECIFIC HIGH-NEED NEIGHBORHOODS BY INTERVENING WITH AT-RISK YOUTH AND FAMILIES EXPERIENCING MULTIPLE, COMPLEX NEEDS STEMMING FROM FAMILY REUNIFICATION AND/OR IMMIGRATION. SERVICES ARE OFFERED TO YOUTH AND THEIR FAMILIES IN ENGLISH OR SPANISH AND ARE PROVIDED IN THE HOME, SCHOOL, OR COMMUNITY. PROGRAMMING INCLUDES CSA CASE SUPPORT; THE INTERVENTION, PREVENTION, AND EDUCATION (IPE) PROGRAM; FAMILY REUNIFICATION PROGRAM; TRAFFICKING VICTIMS ASSISTANCE PROGRAM AND ASPIRE; VIOLENCE PREVENTION AND INTERVENTION PROGRAM (VPI); AND MENTAL HEALTH AND SUBSTANCE USE TREATMENT NAVIGATION SERVICES. IN FY25, INTENSIVE CASE MANAGEMENT AND GROUP SERVICES WERE PROVIDED TO 540 YOUTH AND THEIR PARENTS TO PROMOTE HEALTHY RELATIONSHIPS. AS A RESULT, 70% OF YOUTH WITH KNOWN GANG INVOLVEMENT DEMONSTRATED A REDUCTION OR ELIMINATION OF GANG PARTICIPATION, 94% OF PARTICIPANTS IN THE GANG PREVENTION PROGRAM IMPROVED THEIR SCHOOL PERFORMANCE (INCLUDING IMPROVEMENT IN BEHAVIOR, ATTENDANCE, AND/OR GPA), AND 100% OF YOUTH PARTICIPANTS IN FAMILY REUNIFICATION GROUP SERVICES BECAME MORE RESILIENT AND LESS LIKELY TO ENGAGE IN RISKY BEHAVIOR SUCH AS INVOLVEMENT IN GANGS, HUMAN TRAFFICKING, AND/OR IN OTHER UNHEALTHY RELATIONSHIPS.

CHILD AND FAMILY WELLBEING - IN JANUARY, NVFS MERGED WITH SCAN OF NORTHERN VIRGINIA, WHICH EXPANDED NVFS' FAMILY STRENGTHENING AND CHILD ABUSE PREVENTION WORK THROUGH THE COURT APPOINTED SPECIAL ADVOCATE (CASA) PROGRAM AND FAMILY PROGRAMS. CASA PAIRS TRAINED ADVOCATE VOLUNTEERS WITH CHILDREN WHO HAVE EXPERIENCED ABUSE AND NEGLECT TO ENSURE CHILDREN RECEIVE NECESSARY SERVICES AND ACHIEVE PERMANENCY IN A SAFE, STABLE HOME - WHETHER THROUGH FAMILY REUNIFICATION OR ALTERNATIVE LONG-TERM CARE. FAMILY PROGRAMS EQUIP CAREGIVERS WITH THE TOOLS NECESSARY TO FOSTER HEALTHY, SUPPORTIVE RELATIONSHIPS. FAMILY PROGRAMS PROVIDE TRAUMA-INFORMED PARENTING RESOURCES THROUGH PARENT EDUCATION, ONE-ON-ONE COACHING, AND COMMUNITY-BASED ONE-TIME WORKSHOPS, DELIVERED AT EASILY ACCESSIBLE LOCATIONS IDENTIFIED IN PARTNERSHIP WITH LOCAL STAKEHOLDERS. OFFERING A VARIETY OF MODALITIES AND ACCESSIBLE PROGRAMS, FAMILY PROGRAMS FOSTERS A NETWORK OF TRUSTED RELATIONSHIPS AMONG CAREGIVERS, STAFF, AND NVFS, BUILDING LONG-TERM COMMUNITY CAPACITY.

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

COMMUNITY HEALTH - NVFS' COMMUNITY HEALTH PROGRAMS PROVIDE ACCESS TO HEALTH SERVICES AND HEALTH COVERAGE OPTIONS FOR INDIVIDUALS AND FAMILIES WHO HAVE LOW-INCOMES AND NO OR INSUFFICIENT HEALTH INSURANCE, PARTICULARLY SUPPORTING ACCESS TO PREVENTIVE AND ONGOING SERVICES/BENEFITS. IN FY25, 401 CHILDREN ACCESSED REDUCED-FEE MEDICAL CARE, AND 66 CLIENTS WERE PROVIDED WITH ENROLLMENT ASSISTANCE TO GAIN NEW HEALTH COVERAGE OR RETAIN EXISTING COVERAGE. ACCESS TO FREE AND REDUCED COST MEDICATIONS (VALUED AT NEARLY \$10 MILLION) WAS PROVIDED TO 652 INDIVIDUALS WHO COULD OTHERWISE NOT AFFORD THEIR PRESCRIPTIONS.

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HEALTHY FAMILIES - NVFS LAUNCHED THE FIRST NORTHERN VIRGINIA HEALTHY FAMILIES PROGRAM IN ALEXANDRIA MORE THAN 30 YEARS AGO AND NOW OPERATES PROGRAMS IN THE CITY OF ALEXANDRIA, ARLINGTON COUNTY, FAIRFAX COUNTY, GREATER PRINCE WILLIAM (PRINCE WILLIAM COUNTY AND THE CITIES OF MANASSAS AND MANASSAS PARK), AND LOUDOUN COUNTY. HEALTHY FAMILIES PROVIDES FREE, VOLUNTARY HOME-VISITING SERVICES TO EXPECTANT AND NEW PARENTS TO ACHIEVE FOUR PRIMARY GOALS: PROMOTE POSITIVE, NURTURING, RESPONSIVE PARENTING; IMPROVE CHILD HEALTH AND DEVELOPMENT; PROMOTE SCHOOL READINESS; AND PREVENT CHILD ABUSE AND NEGLECT. SERVICES PROVIDED DURING HOME VISITS INCLUDE PARENTING PSYCHOEDUCATION, PREGNANCY AND MATERNAL HEALTH EDUCATION, NUTRITION EDUCATION, DEVELOPMENTAL SCREENINGS, PARENT-CHILD RELATIONSHIP-BUILDING, SCHOOL READINESS ACTIVITIES, AND REFERRALS TO COMMUNITY RESOURCES TO ADDRESS OTHER NEEDS. IN FY25, 92% OF CHILDREN WERE SCREENED FOR DEVELOPMENT DELAYS; 100% OF CHILDREN WITH SUSPECTED DEVELOPMENTAL DELAYS WERE REFERRED (WITH PARENTAL CONSENT) TO APPROPRIATE SERVICES FOR ASSESSMENT TO DETERMINE NEED FOR THERAPEUTIC SERVICES.
EXPENSES \$ 4,521,429. INCLUDING GRANTS OF \$ 541,671. REVENUE \$ 0.

ANTI-HUNGER SERVICES:

ANTI-HUNGER - NVFS' HUNGER RESOURCE CENTER (HRC) ENGAGED A COMPREHENSIVE NETWORK OF RESOURCES TO PROVIDE EMERGENCY FOOD TO MORE THAN 3200 INDIVIDUALS IN FY25. DURING THE YEAR NVFS WORKED TO ADDRESS FOOD INSECURITY BY HOSTING SEVERAL MOBILE FOOD PANTRY "POP UPS". IN ADDITION TO BASIC FOOD ITEMS, COMMUNITY MEMBERS WERE ABLE TO CONNECT WITH A VARIETY OF OTHER NVFS AND SAFETY NET RESOURCES. ADDITIONALLY, OVER 100,000 MEALS AT NVFS' SERVE FAMILY SHELTER ARE SUPPLIED ANNUALLY BY THE HRC, WHICH PROVIDES THREE (3) DAILY MEALS TO NVFS' HOMELESS SHELTER GUESTS. THE HRC IS LOCATED ON THE NVFS SERVE CAMPUS IN MANASSAS AND IS THE LARGEST FOOD DISTRIBUTION CENTER IN GREATER PRINCE WILLIAM.
EXPENSES \$ 3,256,292. INCLUDING GRANTS OF \$ 2,758,036. REVENUE \$ 0.

SPECIAL INITIATIVES SERVICES:

NVFS IS OPERATING ARPA-FUNDED PROGRAMS IN LOUDOUN COUNTY THROUGH PROVISION OF CASE MANAGEMENT TO CLIENTS AT-RISK OF EVICTION (IN PARTNERSHIP WITH LOUDOUN CARES) SO THEY CAN MAINTAIN HOUSING [CASE MANAGEMENT SERVICES FOR RENTAL AND EVICTION ASSISTANCE] AND ADMINISTRATION OF A SUPPLEMENTARY REIMBURSEMENT PROGRAM TO SUPPORT A 50% TUITION REDUCTION AT A LICENSED OR REGISTERED CHILD CARE CENTER/HOME CARE PROVIDER SO THAT FAMILIES CAN AFFORD QUALITY CHILDCARE FOR THEIR CHILDREN, ALLOWING PARENTS TO WORK AND/OR PARTICIPATE IN EDUCATIONAL OPPORTUNITIES [CHILD CARE FEE REDUCTION PROGRAM]. IN ADDITION, NVFS OPERATES SIX AFFORDABLE RENTAL UNITS IN PRINCE WILLIAM COUNTY. THESE HOMES ARE DESIGNATED FOR FAMILIES LIVING AT 50% OR 80% OF THE MEDIAN FAMILY INCOME WITH THE GOAL OF PROVIDING AN AFFORDABLE HOUSING OPTION TO FAMILIES WITH LOW-INCOME. NVFS LAUNCHED ITS FIRST RESIDENT SERVICES CONTRACT IN 2024 IN LOUDOUN COUNTY WITH A GREATER FOCUS ON THE RESIDENTS IN AFFORDABLE HOUSING, INSTEAD OF THE DEVELOPMENT AND/OR MANAGEMENT OF PHYSICAL AFFORDABLE RENTAL UNITS.

COMMUNITY IN REACH - NVFS' COMMUNITY IN-REACH TEAM PARTNERS WITH NORTHERN VIRGINIA COMMUNITIES TO DISTRIBUTE INFORMATION, DEEPEN ENGAGEMENT, AND HELP RESIDENTS NAVIGATE NVFS AND COMMUNITY SERVICES AS

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THEY WORK TOWARD SELF-SUFFICIENCY; IT ALSO COLLABORATES WITH LOCAL AGENCIES, NONPROFITS, AND BUSINESSES TO STRENGTHEN COMMUNITY RESILIENCY AND ADDRESS EMERGING NEEDS. THE TEAM CONDUCTS MONTHLY COMMUNITY CONVERSATIONS WITHIN COMMUNITIES TO ENGAGE RESIDENTS IN DESCRIBING THE BROADER ECONOMIC AND SOCIAL CONCERNS WITHIN THEIR COMMUNITIES AND TO MAKE DECISIONS THAT BUILD UPON THEIR STRENGTHS AND RESILIENCY TO SHAPE RECOVERY. COMMUNITY IN REACH ALSO PROVIDES TRAINING AND TECHNICAL ASSISTANCE SESSIONS THROUGH THE COMMUNITY INFLUENCERS ACADEMY (CISA), A QUARTERLY, SIX SESSION COHORT PROGRAM THAT SUPPORTS THE DEVELOPMENT OF SELF OR COMMUNITY-IDENTIFIED LEADERS WORKING TO BUILD CAPACITY FOR A RANGE OF COMMUNITY-IDENTIFIED NEEDS. THESE LEADERS THEN BECOME COMMUNITY INFLUENCERS TO IMPROVE THEIR NEIGHBORHOOD'S LIVABLE CONDITIONS.
EXPENSES \$ 885,662. INCLUDING GRANTS OF \$ 299,670. REVENUE \$ 122,319.

WORKFORCE DEVELOPMENT SERVICES:

ESCALA - ESCALA SERVES AS A CAPACITY BUILDING TECHNICAL ASSISTANCE PARTNER TO ENTREPRENEURS WHO HAVE TRADITIONALLY BEEN UNDERSERVED. ESCALA PROVIDES TECHNICAL ASSISTANCE THROUGH INDIVIDUALIZED CONSULTING AND TRAINING WORKSHOPS IN BOTH ENGLISH AND SPANISH TO HELP ENTREPRENEURS DEVELOP THE KNOWLEDGE, SKILLS, AND SOCIAL AND ECONOMIC CAPITAL INTEGRAL TO ACHIEVE THEIR INTENDED OUTCOME OF LAUNCHING A SUSTAINABLE SMALL BUSINESS.

TRAINING FUTURES - TRAINING FUTURES TEACHES MARKETABLE JOB SKILLS USING A "TRANSFORMATIONAL LEARNING" METHODOLOGY THAT ADDRESSES THE EMOTIONAL STATE OF TRAINEES AS THEY ENTER THE PROGRAM AND SYSTEMATICALLY BUILDS UP THEIR SENSE OF IDENTITY AND WHAT IS POSSIBLE IN THEIR LIVES. TRAINING FUTURES DELIVERS IN-DEMAND JOB SKILLS TRAINING THROUGH AN INTENSIVE, COHORT MODEL IN WHICH TRAINEES EXPERIENCE A WORKPLACE CULTURE; DEVELOP FOUNDATIONAL DIGITAL SKILLS AND DIGITAL LITERACY; PARTICIPATE IN AN INTERNSHIP/CAPSTONE PROJECT; ENGAGE IN INDIVIDUALIZED COACHING; AND RECEIVE CUSTOMIZED JOB SEARCH, RETENTION, AND EMPLOYMENT SERVICES SUPPORT. IN FY25, 70 TRAINEES PARTICIPATED IN THREE (3) TRAINING COHORTS; 95% OF GRADUATES DEMONSTRATED IMPROVED DIGITAL LITERACY AND GRADUATED FROM THE PROGRAM AND 48% HAD IMPROVED EMPLOYMENT OUTCOMES.

CAREER NAVIGATION - CAREER NAVIGATION IS AN INDIVIDUALIZED, PERSON-TO-PERSON APPROACH THAT SUPPORTS CLIENTS TO INCREASE THEIR ECONOMIC STABILITY. CAREER NAVIGATORS WORK WITH CLIENTS TO IDENTIFY GOALS AND CREATE AN ACTION PLAN TO ACHIEVE CAREER SUCCESS. CAREER NAVIGATORS SUPPORT CLIENTS THROUGH CAREER EXPLORATION AND PLANNING; INTEREST ASSESSMENTS; GOAL-SETTING; IDENTIFYING AND PURSUING CREDENTIALS AND CERTIFICATIONS, WHEN NECESSARY; STARTING SMALL BUSINESSES; IDENTIFYING CHALLENGES AND EXISTING COMMUNITY RESOURCES TO OVERCOME THOSE CHALLENGES; PREPARING TOOLS AND ASSISTING IN THE JOB APPLICATION PROCESS BY HELPING TO TAILOR RESUMES, PRACTICE INTERVIEW SKILLS, UPDATE LINKEDIN PROFILES, ETC.; AND MUCH MORE. CAREER NAVIGATORS MEET CLIENTS IN LOCATIONS CONVENIENT TO THEM - SOMETIMES MEETING DURING EVENING AND WEEKEND HOURS.
EXPENSES \$ 690,012. INCLUDING GRANTS OF \$ 16,346. REVENUE \$ 17,863.

VENTURES:

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THRIFT SHOP - NVFS OPERATES A THRIFT SHOP IN FALLS CHURCH, WHICH PROVIDES OPPORTUNITIES FOR INDIVIDUAL, CORPORATE, AND COMMUNITY VOLUNTEERISM WHILE GENERATING FINANCIAL SUPPORT FOR NVFS PROGRAMS THROUGH THE SALE OF DONATED GOODS. EXPENSES \$ 594,437. INCLUDING GRANTS OF \$ 0. REVENUE \$ 693,603.	

FORM 990, PART VI, SECTION A, LINE 4:
THE NAME OF THE ORGANIZATION WAS CHANGED FROM NORTHERN VIRGINIA FAMILY SERVICE, INC. TO NORTHERN VIRGINIA FAMILY SERVICES, INC.

FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE 990 PRIOR TO FILING, ASKS ANY QUESTIONS THEY MAY HAVE, AND APPROVES THE 990 FOR FILING. THE 990 IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS, WHO ARE GIVEN THE OPPORTUNITY TO REVIEW AND ASK ANY QUESTIONS THEY MAY HAVE, AND THEN APPROVE FOR FILING. THE 990 IS THEN FILED ELECTRONICALLY WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY AND REQUIRES MEMBERS AND OFFICERS CERTIFICATION. BOARD MEMBER RESPONSES ARE REVIEWED BY THE PRESIDENT & CEO AND GOVERNANCE COMMITTEE CHAIR, AND FURTHER REVIEWED, IF NECESSARY, BY THE BOARD CHAIR AND/OR GOVERNANCE COMMITTEE, IN ORDER TO BEST MANAGE ANY POTENTIAL CONFLICTS. THE PRESIDENT & CEO AND THE GOVERNANCE COMMITTEE CHAIR WILL MAKE A DETERMINATION AND REPORT THIS TO THE INTERESTED DIRECTOR IN WRITING, PROVIDING GUIDANCE ON A POSSIBLE CONFLICT AND IMPLICATIONS FOR THE DIRECTOR'S PARTICIPATION.

FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS DETERMINES COMPENSATION FOR THE PRESIDENT & CEO ON AN ANNUAL BASIS. PERIODICALLY AN INDEPENDENT COMPENSATION CONSULTANT IS RETAINED TO SURVEY THE MARKET FOR THE APPROPRIATE COMPENSATION; THE RESULTS ARE SENT TO THE BOARD CHAIR AND EXECUTIVE VICE PRESIDENT OF HUMAN RESOURCES. THIS PROCESS WAS LAST UNDERTAKEN IN FY24. IN-BETWEEN YEARS, THE BOARD CHAIR MAY ELECT TO CONDUCT AN INFORMAL SALARY SURVEY. THE PRESIDENT & CEO DETERMINES COMPENSATION FOR THE FOUR CORPORATE OFFICERS, BASED ON PERIODICALLY CONDUCTING BENCHMARKING FROM INDUSTRY SOURCES. THE DELIBERATIONS AND DECISIONS 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 AS SET FORTH IN SECTION 6104(D).