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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning

July 1, 2010, and ending June 30, 2011

B Check if applicable

- ☐ Address change
☐ Name change
☒ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

NVA DASH INC.

Number and street (or P.O. box, if mail is not delivered to street address)

12328 Fairfax Station Road

City or town, state or country, and ZIP + 4

Clifton, Va. 20124

D Employer identification number

521394891

E Telephone number

703-8301433

F Group Exemption Number ►**G Accounting Method:** ☐ Cash ☒ Accrual Other (specify) ►**I Website:** ►

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	Schedule A	1	17,521
	2	Program service revenue including government fees and contracts		2	-0-
	3	Membership dues and assessments		3	39,032
	4	Investment income		4	8,420
	5a	Gross amount from sale of assets other than inventory	5a 166,000		
	5b	Less: cost or other basis and sales expenses	5b 166,000		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	-0-
	6	Gaming and fundraising events			
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a -0-		
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 39,406			
6c	Less: direct expenses from gaming and fundraising events	6c 17,345			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	22,121	
7a	Gross sales of inventory, less returns and allowances	7a -			
7b	Less: cost of goods sold	7b -			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-0-	
8	Other revenue (describe in Schedule O)		8	-0-	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	87,094	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	30,000
	11	Benefits paid to or for members		11	-0-
	12	Salaries, other compensation, and employee benefits		12	-0-
	13	Professional fees and other payments to independent contractors		13	-0-
	14	Occupancy, rent, utilities, and maintenance		14	-0-
	15	Printing, publications, postage, and shipping		15	599
	16	Other expenses (describe in Schedule O)		16	1,804
	17	Total expenses. Add lines 10 through 16		17	32,403
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	54,691
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	398,477
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-0-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	453,168

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form 990-EZ (2010)

SCANNED NOV 29 2011

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Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. None		
42a The organization's books are in care of Bill Jackson Telephone no. 703-230-1433 Located at 112328 FAIRFAX STATION RD CHANTON VA ZIP + 4 20124-1630		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: None		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: None		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 None		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>

- | | Yes | No |
|-----|-----|-------------------------------------|
| 45 | | <input checked="" type="checkbox"/> |
| 45a | | <input checked="" type="checkbox"/> |
| 46 | | <input checked="" type="checkbox"/> |
- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- | | Yes | No |
|-----|-----|-------------------------------------|
| 47 | | <input checked="" type="checkbox"/> |
| 48 | | <input checked="" type="checkbox"/> |
| 49a | | <input checked="" type="checkbox"/> |
| 49b | | <input checked="" type="checkbox"/> |
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

- f Total number of other employees paid over \$100,000 **None**
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

- d Total number of other independent contractors each receiving over \$100,000 **None**
- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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 **William E. Jackson** Date **10/15/2011**

Type or print name and title **William E. Jackson**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			

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



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

NVAD ACA

Employer identification number

82-139 4891

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
 - (ii) A family member of a person described in (i) above? ☐
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
 - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			N/A			
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on			N/A			
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. 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 type="checkbox"/>
b 33 1/3% support test—2009. 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—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26975	28544	13248	15568	17521	101,856
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	49815	47819	45424	46062	40466	229,586
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	76790	76363	58672	61630	57987	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)	76790	76363	58672	61630	57987	350,942

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	76790	76363	58672	61630	57987	350,942
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	76790	76363	58672	61630	57987	350,942
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	100	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	100	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	21	%

- 19a 33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).



Schedule C - Part 1, Line 4

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Charity Non-Profit 2150-6908

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Show Dividends & Interest Symbol (Optional) Select Date Range Last 12 Months Search

Dividends & Interest Transactions From 10/07/2010 To 10/07/2011 Up to 24 Months (beyond 24 months)

Date	Action	Qty	Symbol	Description	Price	Amount	Fees & Comm
Specified Transactions							
08/16/2011 as of 08/15/2011		0.0400	SWMXX	SCHWAB MONEY MARKET FUND type ORD DIV			
07/29/2011			PTTDX	PIMCO TOTAL RETURN FUND CL D type ORD DIV - CASH		\$126.10	
07/18/2011	Buy	2.9915	FDO	FAMILY DOLLAR STORES INC type REINVEST DIVIDEND Details	\$52.53600	-\$157.16	
07/15/2011			FDO	FAMILY DOLLAR STORES INC type QUALIFIED DIV		\$157.16	
06/30/2011			PTTDX	PIMCO TOTAL RETURN FUND CL D type ORD INC DIV REINV		\$167.75	
06/30/2011	Buy	15.2640	PTTDX	PIMCO TOTAL RETURN FUND CL D type REINVEST DIVIDEND Details	\$10.99000	-\$167.75	
05/31/2011			PTTDX	PIMCO TOTAL RETURN FUND CL D type ORD INC DIV REINV		\$175.90	
05/31/2011	Buy	15.9040	PTTDX	PIMCO TOTAL RETURN FUND CL D type REINVEST DIVIDEND Details	\$11.06000	-\$175.90	
04/29/2011			PTTDX	PIMCO TOTAL RETURN FUND CL D type ORD INC DIV REINV		\$173.95	
04/29/2011	Buy	15.7710	PTTDX	PIMCO TOTAL RETURN FUND CL D type REINVEST DIVIDEND Details	\$11.03000	-\$173.95	
04/18/2011	Buy	3.0284	FDO	FAMILY DOLLAR STORES INC type REINVEST DIVIDEND Details	\$51.72200	-\$156.62	
04/15/2011			FDO	FAMILY DOLLAR STORES INC type QUALIFIED DIV		\$156.62	
03/31/2011			PTTDX	PIMCO TOTAL RETURN FUND CL D type ORD INC DIV REINV		\$171.90	
03/31/2011	Buy	15.8000	PTTDX	PIMCO TOTAL RETURN FUND CL D type REINVEST DIVIDEND Details	\$10.88000	-\$171.90	

Let's talk.
A little conversation
can go a long way.

Visit your local branch
or call 1-800-4SCHWAB ➔

Funds Available

To Trade	\$2,407.20
To Withdraw	\$2,407.20
Cash On Hold	\$0.00
Settled Funds	\$2,407.20

Schwab Brokerage Rates

CDs (FDIC-insured Banks)
10-18 month CDs
Rates up to .060% APY

[Buy](#)

CD rates as of 10/07/2011 9:17 AM
EDT and money fund yields as of
10/06/2011. Yields quoted are past
performance and no guarantee of future
results.



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02/28/2011		PTTDX	PIMCO TOTAL RETURN FUND CL D type ORD INC DIV REINV	\$166.24
02/28/2011	Buy	15 2790 PTTDX	PIMCO TOTAL RETURN FUND CL D type REINVEST DIVIDEND Details	\$10.88000 \$166.24
01/31/2011		PTTDX	PIMCO TOTAL RETURN FUND CL D type ORD INC DIV REINV	\$158.96
01/31/2011	Buy	14 6510 PTTDX	PIMCO TOTAL RETURN FUND CL D type REINVEST DIVIDEND Details	\$10.85000 \$158.96
01/18/2011	Buy	3 1053 FDO	FAMILY DOLLAR STORES INC type REINVEST DIVIDEND Details	\$43.27888 \$134.39
01/14/2011		FDO	FAMILY DOLLAR STORES INC type QUALIFIED DIV	\$134.39
12/31/2010		PTTDX	PIMCO TOTAL RETURN FUND CL D type ORD INC DIV REINV	\$193.03
12/31/2010	Buy	17 7910 PTTDX	PIMCO TOTAL RETURN FUND CL D type REINVEST DIVIDEND Details	\$10.85000 \$193.03
12/30/2010		YACKX	YACKTMAN FUND type ST CAP GAIN REINV	\$42.29
12/30/2010		YACKX	YACKTMAN FUND type CASH DIVIDEND	\$386.81
12/30/2010		YACKX	YACKTMAN FUND type LT CAP GAIN REIN	\$1,102.14
12/30/2010	Buy	23 4000 YACKX	YACKTMAN FUND type REINVEST DIVIDEND Details	\$16.53000 \$386.81
12/30/2010	Buy	66 6750 YACKX	YACKTMAN FUND type REINVEST DIVIDEND Details	\$16.53000 \$1,102.14
12/30/2010	Buy	2 5580 YACKX	YACKTMAN FUND type REINVEST DIVIDEND Details	\$16.53000 \$42.29
12/21/2010		VEIEX	VANGUARD EMERGING MKTS STOCK INDEX FUND type CASH DIVIDEND	\$692.22
12/21/2010	Buy	23 3780 VEIEX	VANGUARD EMERGING MKTS STOCK INDEX FUND type REINVEST DIVIDEND Details	\$29.61000 \$692.22
12/09/2010		MCHFX	MATTHEWS CHINA FUND type LT CAP GAIN REIN	\$33.90
12/09/2010		MCHFX	MATTHEWS CHINA FUND type CASH DIVIDEND	\$234.99
12/09/2010	Buy	1 1250 MCHFX	MATTHEWS CHINA FUND type REINVEST DIVIDEND	\$30.12000 \$33.90

Quote [Show Indices](#) [Symbol Lookup](#) [DJIA](#) 11,123.33 0 (0.00%) [NASDAQ](#) 2,508.82 0 (0.00%) [S&P 500](#) 1,164.97 0 (0.00%) [Russell 2000](#) 673.80 0 (0.00%) Time (ET) 9:24:58 AM [Refresh](#)

			<u>Details</u>	
12/09/2010 Buy	7 8020 MCHFX	MATTHEWS CHINA FUND type REINVEST DIVIDEND	\$30-12000	-\$234.99
			<u>Details</u>	
12/08/2010	PTTDX	PIMCO TOTAL RETURN FUND CL D type LT CAP GAIN REIN		\$971.88
12/08/2010	PTTDX	PIMCO TOTAL RETURN FUND CL D type ST CAP GAIN REIN		\$2,125.49
12/08/2010 Buy	89 9890 PTTDX	PIMCO TOTAL RETURN FUND CL D type REINVEST DIVIDEND	\$10-80000	-\$971.88
			<u>Details</u>	
12/08/2010 Buy	196 8050 PTTDX	PIMCO TOTAL RETURN FUND CL D type REINVEST DIVIDEND	\$10-80000	-\$2,125.49
			<u>Details</u>	
11/30/2010	PTTDX	PIMCO TOTAL RETURN FUND CL D type ORD INC DIV REIN		\$168.82
11/30/2010 Buy	14 6930 PTTDX	PIMCO TOTAL RETURN FUND CL D type REINVEST DIVIDEND	\$14-49000	-\$168.82
			<u>Details</u>	
11/16/2010 as of 11/15/2010	0 1400 SWMXX	SCHWAB MONEY MARKET FUND type ORD DIV		
10/29/2010	6337402	GEORGIA B & T NA 1 5XXX**MATURED** DUE 10/29/10		\$82.60
10/22/2010	5333479	BANK OF AMERICA 1 7XXX**MATURED** DUE 10/22/10		\$138.33

Date	Action	Qty	Symbol	Description	Price	Amount	Fees & Comm
Specified Transactions							
09/29/2010		6337402		GEORGIA B & T NA 1 5%10CD FDIC INS DUE 10/29/10		\$85.36	
09/22/2010		5333479		BANK OF AMERICA 1 7%10CD FDIC INS DUE 10/22/10		\$142.94	
08/30/2010 as of 08/29/2010		6337402		GEORGIA B & T NA 1 5%10CD FDIC INS DUE 10/29/10		\$85.36	
08/23/2010 as of 08/22/2010		5333479		BANK OF AMERICA 1 7%10CD FDIC INS DUE 10/22/10		\$142.94	
08/17/2010 as of 08/16/2010		0 0400 SWMXX		SCHWAB MONEY MARKET FUND type ORD DIV			
07/29/2010		6337402		GEORGIA B & T NA 1 5%10CD FDIC INS DUE 10/29/10		\$82.60	
07/22/2010		5333479		BANK OF AMERICA 1 7%10CD FDIC INS DUE 10/22/10		\$138.33	

(0007-7604)

7,820
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To Withdraw	\$2,407.20
Cash On Hold	\$0.00
Settled Funds	\$2,407.20

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10/06/2011. Yields quoted are past
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Account 2150-6908
Today's Date 10/07/11 11:05 AM EDT

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Charity Non-Profit 2150-6908

[Quick Links](#)To change your cost basis method for an eligible transaction, please go to [Order Status](#). To change your default cost basis method, go to the [Cost Basis Method Tab](#).[Transactions](#) | [Statements & Reports](#) | **Realized Gain / Loss**

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From

To

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07/01/2010

06/30/2011

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Reporting Period: 01 Jul, 2010 to 30 Jun, 2011

Charity Non-Profit 2150-6908	Proceeds	Cost Basis	Total Gain/Loss (\$ %)	Long Term Gain/Loss (\$ %)	Short Term Gain/Loss (\$ %)
Total	\$166,000.00	\$166,000.00	+\$0.00	+\$0.00	+\$0.00

Symbol	Name (Full Short)	Closed Date	Quantity	Proceeds	Cost Basis	Total Gain/Loss (\$ %)	Long Term Gain/Loss (\$ %)	Short Term Gain/Loss (\$ %)
06051VCT1	BANK OF AMERICA 17XXX**MATURED DUE 10/22/10	10/22/2010	99,000	\$99,000.00	\$99,000.00	+\$0.00	+\$0.00	-
373128CG0	GEORGIA B & T NA 15XXX**MATURED DUE 10/29/10	10/29/2010	67,000	\$67,000.00	\$67,000.00	+\$0.00	+\$0.00	-

\$166,000

☐ Total includes missing cost basis values for one or more lots. You can update missing cost basis values by using the Edit functionality—clicking on the Missing hyperlinks until reaching the Edit page.

☐ Data for this holding has been edited.

☐ Wash Sale activity has adjusted this cost. For additional information, [click here](#).

☒ The total Realized Gain/Loss for this account includes values for Short Positions held in the account. For more information on summary totals when there are Short Positions, please see the Help Section.

N/A: Not Available

Values for fixed income securities have been adjusted for amortization/accretion, with the exception of variable rate and mortgage backed securities or for accounts with this preference turned off.

Total Cash represents income and expenses as they occur; it may be inconsistent with values shown elsewhere on Schwab.com and on your monthly account statement.

The Realized Gain/Loss page provides summary information of closed transactions. Not all closed transactions appear on this page.

The information on this page is for estimating portfolio performance only; it is not intended as tax or legal advice and should not be used for tax purposes. Schwab is not responsible for the accuracy or completeness of the information you supply. Please check your records carefully before supplying any information.

Please note that gains and losses realized in retirement accounts are not recognized for tax purposes. Rather, income may be recognized when you receive a cash distribution from these accounts. Please contact your tax advisor for further information.

The total Realized Gain/Loss for this account includes values for Short Positions held in the account. For more information on summary totals when there are Short Positions, please see the Help Section.

(0611-3926)

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 Account: 2150-6908
 Today's Date: 10/08/11 09:21 AM EDT

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Charles SCHWAB

Schwab One® Account of
NADACA INC

Account Number
~~2450-0008~~
June 1-30, 2011

Change in Account Value

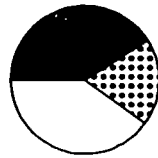
	This Period	Year to Date	Account Value (\$)
Starting Value	\$ 372,889.52	\$ 347,543.48	
Cash Value of Purchases & Sales	(167.75)	(1,305.71)	
Investments Purchased/Sold	167.75	1,305.71	
Deposits & Withdrawals	0.00	0.00	
Dividends & Interest	167.75	1,305.71	
Fees & Charges	0.00	0.00	
Transfers	0.00	0.00	
Income Reinvested	(167.75)	(1,305.71)	
Change in Value of Investments	(9,906.29)	15,439.75	
Ending Value on 06/30/2011	\$ 362,983.23	\$ 362,983.23	
Total Change in Account Value	\$ (9,906.29)	\$ 15,439.75	
Totals Include Deposits & Withdrawals	(2.66)%	4.44%	

Add 90,185 Cash in AFEM
Total Assets \$ 453,168 Credit Union

Asset Composition

	Market Value	% of Account Assets
Money Market Funds [Sweep]	\$ 1,873.89	<1%
Equities	149,268.02	41%
Bond Funds	67,491.82	19%
Equity Funds	144,349.50	40%
Total Assets Long	\$ 362,983.23	
Total Account Value	\$ 362,983.23	100%

Overview



Gain or (Loss) Summary

Realized Gain or (Loss) This Period	Unrealized Gain or (Loss)
Short Term \$0.00	All Investments \$37,773.60
Long Term \$0.00	Values may not reflect all of your gains/losses.

nr Ad consolidated
NW 432,622

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.