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Short Form  
Return of Organization Exempt From Income TaxUnder 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.

OMB No. 1545-1150

2011

Open to Public  
Inspection

## A For the 2011 calendar year, or tax year beginning

July 1st, 2011, and ending

June 30, 2012

## B Check if applicable:

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

## C Name of organization

N VAD A C A Inc.

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

5707 Cedar Mountain Court

Room/suite

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

Fresno, California 93704

## D Employer identification number

52 139 4891

## E Telephone number

540-898-6878

F Group Exemption  
Number ►G Accounting Method:  Cash  Accrual Other (specify) ►

## I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 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. 

|    |  |            |         |         |
|----|--|------------|---------|---------|
| 1  | Contributions, gifts, grants, and similar amounts received   | Schedule A | 1       | 22 545  |
| 2  | Program service revenue including government fees and contracts  |            | 2       | 0       |
| 3  | Membership dues and assessments  |            | 3       | 38 104  |
| 4  | Investment income  |            | 4       | 14 771  |
| 5a | Gross amount from sale of assets other than inventory  | 5a         | 314 760 |         |
| b  | Less: cost or other basis and sales expenses   | Schedule D | 5b      | 305-708 |
| c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  |            | 5c      | 9 052   |
| 6  | Gaming and fundraising events  |            | 6d      | 26 637  |
| a  | Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a         | 0       |         |
| b  | 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         | 40 793  |         |
| c  | Less: direct expenses from gaming and fundraising events   | 6c         | 26 1037 |         |
| d  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   |            |         |         |
| 7a | Gross sales of inventory, less returns and allowances  | 7a         | 0       |         |
| b  | Less: cost of goods sold   | 7b         | 0       |         |
| c  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   |            |         |         |
| 8  | Other revenue (describe in Schedule O)   |            | 7c      | 0       |
| 9  | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   |            | 8       | 0       |
| 10 | Grants and similar amounts paid (list in Schedule O)   |            | 9       | 111,111 |
| 11 | Benefits paid to or for members  |            | 10      | 30,850  |
| 12 | Salaries, other compensation, and employee benefits  |            | 11      | 0       |
| 13 | Professional fees and other payments to independent contractors  |            | 12      | 0       |
| 14 | Occupancy, rent, utilities, and maintenance  |            | 13      | 0       |
| 15 | Printing, publications, postage, and shipping  |            | 14      | 0       |
| 16 | Other expenses (describe in Schedule O)  |            | 15      | 659 00  |
| 17 | Total expenses. Add lines 10 through 16  |            | 16      | 23,59   |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9)  |            | 17      | 33 868  |
| 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)   |            | 18      | 77 253  |
| 20 | Other changes in net assets or fund balances (explain in Schedule O)   |            | 19      | 453 168 |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20  |            | 20      | 0       |
|    |  |            | 21      | 530-421 |

22G9

**Part II Balance Sheets. (see the instructions for Part II.)**

**Check if the organization used Schedule O to respond to any question in this Part II**

|   | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| <b>22 Cash, savings, and investments</b>  | <b>22</b>             |                 |
| <b>23 Land and buildings</b>  | <b>23</b>             |                 |
| <b>24 Other assets (describe in Schedule O)</b>                                       | <b>24</b>             |                 |
| <b>25 Total assets</b>  | <b>25</b>             |                 |
| <b>26 Total liabilities (describe in Schedule O)</b>                                  | <b>26</b>             |                 |
| <b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b> | <b>27</b>             |                 |

**Part III Statement of Program Service Accomplishments (see the instructions for Part III.)**

Check if the organization used Schedule O to respond to any question in this Part II.

What is the organization's primary exempt purpose? Provide Scholarship Money for High School

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

|    |   |   |     |               |
|----|---|---|-----|---------------|
| 28 | For <u>Teen \$2,000 Dollars Scholarship Were Awarded.</u><br><u>ADLS \$850 Dollars Was Spent To Honor Scholarship</u><br><u>receivers. Certificates Pictures etc. Were presented.</u><br>(Grants \$ <u>30,000</u> ) | If this amount includes foreign grants, check here . . . . . <input type="checkbox"/> | 28a | <u>30,850</u> |
| 29 |   |   |     |               |
| 30 |   |   |     |               |
| 31 | Other program services (describe in Schedule O) . . . . .   |   |     |               |
| 32 | (Grants \$ ) If this amount includes foreign grants, check here . . . . .   | <input type="checkbox"/>  | 31a |               |
|    | Total program service expenses (add lines 28a through 31a) . . . . .  | <input type="checkbox"/>  | 32  | <u>30,850</u> |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and address   | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| Doug Mc Gruire MOUNTAIN<br>8328 Gaithers ST 22033                    | President 10   | 0  | 0   | 0  |
| Mary Ann SCHWAB 22032<br>4012 IVA LANE FAIRFAX VA                    | Sec. 10  | 0  | 0   | 0  |
| WILLIAM E JACKSON<br>5702 Cedar MTN CT. - Fredericksburg<br>VA 22407 | Treasurer 12   | 0  | 0   | 0  |
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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . . 33

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) . . . . . 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . . 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .

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 . . . . . 36

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? . . . . .

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? . . . . . 38a

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 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . . 39a

39b . . . . . 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► . . . . . ; section 4912 ► . . . . . ; 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 . . . . .

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 . . . . . 40b

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .

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 . . . . . 40e

41 List the states with which a copy of this return is filed. ► None - Not Required

42a The organization's books are in care of ► Willie E. Jackson Telephone no. ► 540-898-6878  
Located at ► 5702 Cedar Mountain Ct. Fredericksburg, VA ZIP + 4 ► 22407 42b

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)? If "Yes," enter the name of the foreign country: ► . . . . . 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 the U.S.? . . . . . If "Yes," enter the name of the foreign country: ► . . . . . 42c

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 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 . . . . . 44a

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 . . . . . 44b

c Did the organization receive any payments for indoor tanning services during the year? . . . . . 44c

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 . . . . . 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

45b 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) . . . . . 45b

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 . . . . .  Yes  No 46

**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 or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| 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 | ► <u>William E. Jackson</u>           | Date <u>10-30-2012</u> |
|           | Signature of officer                  |                        |
|           | ► <u>WILLIAM E. JACKSON TREASURER</u> |                        |
|           | Type or print name and title          |                        |

|                        |                            |                      |      |   |      |
|------------------------|----------------------------|----------------------|------|---|------|
| 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

# 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.

2010

Open to Public  
Inspection

Name of the organization

NVADA CA

Employer identification number

52-139-4891

**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"/> | <input type="checkbox"/> |
| 11g(ii)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11g(iii) | <input checked="" type="checkbox"/> | <input 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)                                |          |   | None  |    |  |    |   |    |                         |
| (D)                                |          |   |   |    |  |    |   |    |                         |
| (E)                                |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

**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 . . . . .   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| 4 <b>Total.</b> 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 <b>Public support.</b> 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 . . . . .   |          |          |          |          |          |                            |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .   |          |          |          |          |          |                            |
| 11 <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                            |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | 12       |                            |
| 13 <b>First five years.</b> 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 <b>stop here</b> |          |          |          |          |          | ► <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 <b>33<math>\frac{1}{3}</math>% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 $\frac{1}{3}$ % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .  | ►  | <input type="checkbox"/> |
| b <b>33<math>\frac{1}{3}</math>% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 $\frac{1}{3}$ % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .   | ►  | <input type="checkbox"/> |
| 17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . 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 <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . 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 <b>Private foundation.</b> 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) ►**

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .

3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .

5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .

6 **Total.** Add lines 1 through 5 . . . . .

7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .

c Add lines 7a and 7b . . . . .

8 **Public support** (Subtract line 7c from line 6.) . . . . .

|          | 7        | 8        | 9        | 10       | 11     | (f) Total |
|----------|----------|----------|----------|----------|--------|-----------|
| (a) 2008 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 |        |           |
| 28544    | 13248    | 15568    | 17521    | 22545    | 97426  |           |
| 47819    | 45424    | 46002    | 40466    | 40106    | 220504 |           |
| 0        | 0        | 0        | 0        | 0        | 0      |           |
| 0        | 0        | 0        | 0        | 0        | 0      |           |
| 0        | 0        | 0        | 0        | 0        | 0      |           |
| 76363    | 58672    | 61630    | 59487    | 63338    | 319470 |           |
| 0        | 0        | 0        | 0        | 0        | 0      |           |
| 0        | 0        | 0        | 0        | 0        | 0      |           |
| 0        | 0        | 0        | 0        | 0        | 0      |           |
|          |          |          |          |          |        | 319470    |

**Section B. Total Support****Calendar year (or fiscal year beginning in) ►**

9 Amounts from line 6 . . . . .

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .

c Add lines 10a and 10b . . . . .

11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .

13 **Total support.** (Add lines 9, 10c, 11, and 12.) . . . . .

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

|          | 7        | 8        | 9        | 10       | 11     | (f) Total |
|----------|----------|----------|----------|----------|--------|-----------|
| (a) 2008 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 |        |           |
| 76363    | 58672    | 61630    | 59487    | 63338    | 319470 |           |
| 0        | 0        | 0        | 0        | 0        | 0      |           |
| 0        | 0        | 0        | 0        | 0        | 0      |           |
| 0        | 0        | 0        | 0        | 0        | 0      |           |
| 0        | 0        | 0        | 0        | 0        | 0      |           |
| 0        | 0        | 0        | 0        | 0        | 0      |           |
| 76363    | 58672    | 61630    | 59487    | 63338    | 319470 |           |

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . . 15 %

16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . . 16 %

**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 %

19a **33 $\frac{1}{3}$ % support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 $\frac{1}{3}$ %, and line 17 is not more than 33 $\frac{1}{3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization ►

b **33 $\frac{1}{3}$ % support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 $\frac{1}{3}$ %, and line 18 is not more than 33 $\frac{1}{3}$ %, 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).

None

# NVADACA SCHOLARSHIP BREAKFAST

June 5, 2012

Welcome – Doug McGuire, President

Pledge of Allegiance

Breakfast

Remarks – Randy Blanchetti

Awards Ceremony

Presentation of Winners – Fran Kibler & Maryann Schwab

---

**Mary O. Ambler Scholarship**

*Mary Ambler Trust Fund*

**Patricia A. Bergan Memorial Scholarship**

**Elizabeth S. Brooks Memorial Scholarship**

*Brooks Family*

**Ralph E. Buckley Memorial Scholarship**

*Apple Credit Union Education Foundation*

**Patrick Cunningham Memorial Scholarship**

**George Felton Scholarship**

**John R. Grinnell Memorial Scholarship**

**Virgil C. Harris, Jr. Memorial Scholarship**

*Apple Credit Union Education Foundation*

**Tommy Lyles Memorial Scholarship**

**Jimmie Miller Memorial Scholarship**

**Rachael E. Peters Memorial Scholarship**

**Thomas H. Porter, Jr. Memorial Scholarship**

*Porter Family & Friends*

**Charles L. Price Scholarship**

**John C. Youngblood Memorial Scholarship**

**Robert Clark Memorial Scholarship**

*Clark Family & Friends*

**Shannon Parker**

*Fairfax HS*

**Shannon Klein**

*Lake Braddock SS*

**An Truong**

*Yorktown HS*

**Mason Snider**

*Hayfield SS*

**Matthew Pisarcik**

*Westfield HS*

**Isabel Zaru-Rogue**

*West Springfield HS*

**Brooks Martino**

*Robinson SS*

**Sarah Underwood**

*West Potomac HS*

**Theodore Aronson**

*Yorktown HS*

**Joe Fitzsimmons**

*Yorktown HS*

**Lauren Hicks**

*Westfield HS*

**Jessica Hotter**

*Annandale HS*

**Adrianna Gorsky**

*Washington & Lee HS*

**Kelly Plesco**

*Lake Braddock SS*

**Isaac Vargas-Stevez**

*Wakefield HS*

Accounts | Trade Research Products Guidance Service

Summary Balances Positions **History** Portfolio Analysis Transfers & Payments Message Center**Charity Non-Profit 2150-6908**

Page last updated 11:55 AM ET, 10/22/2012 Refresh

Select an Account: **Charity Non-Profit**

2150-6908

Export Print

Schedule D - Part 1 - Lines 5 a, b, c

Some recent fixed income transactions are not displaying on the Realized Gain/Loss page. This is a known issue that we are working to resolve.

Cost Basis Calculator

Close

Transactions Statements &amp; Reports Realized Gain / Loss

The tool calculates the complete cost basis and realized gain/loss reports for any stock or mutual fund and includes automatically applying all corporate actions affecting the original trade lots to determine the shares and cost basis on the specific holding dates. Trans. made today will not appear until tomorrow.

Cost Basis Calculator

Rules &amp; Assumptions

View Unrealized Gain/Loss

Select Date Range

Custom Date Range

From  
07/01/2011To  
06/30/2012

Search

Fiscal Year 2012

Reporting Period 01 Jul, 2011 to 30 Jun, 2012

| Charity Non-Profit 2150-6908 | Proceeds     | Cost Basis   | Total Gain/Loss<br>(\$  % ) | Long Term<br>Gain/Loss<br>(\$  % ) | Short Term<br>Gain/Loss<br>(\$  % ) |
|------------------------------|--------------|--------------|-----------------------------|------------------------------------|-------------------------------------|
| Total                        | \$314,760.66 | \$305,708.21 | +\$9,052.45                 | -\$1,865.81                        | +\$10,918.26                        |

| Symbol | Name<br>( Full   Short) | Closed Date | Quantity  | Proceeds    | Cost Basis  | Total Gain/Loss<br>(\$  % ) | Long Term<br>Gain/Loss<br>(\$  % ) | Short Term<br>Gain/Loss<br>(\$  % ) |
|--------|-------------------------|-------------|-----------|-------------|-------------|-----------------------------|------------------------------------|-------------------------------------|
| ENDP   | ENDO PHARM H            | 07/25/2011  | 544       | \$21,167.46 | \$20,198.18 | +\$969.28                   | —                                  | +\$969.28                           |
| ENDP   | ENDO PHARM H            | 07/25/2011  | 200       | \$7,782.15  | \$7,425.80  | +\$356.35                   | —                                  | +\$356.35                           |
| ENDP   | ENDO PHARM H            | 07/25/2011  | 100       | \$3,891.12  | \$3,712.90  | +\$178.22                   | —                                  | +\$178.22                           |
| ENDP   | ENDO PHARM H            | 07/25/2011  | 100       | \$3,891.05  | \$3,712.90  | +\$178.15                   | —                                  | +\$178.15                           |
| MCHFX  | MATTHEWS CHI            | 01/03/2012  | 2,062.361 | \$45,186.33 | \$53,630.47 | -\$8,444.14                 | -\$6,658.23                        | -\$1,785.91                         |
| PTTDX  | PIMCO TOTAL             | 07/25/2011  | 6,141.203 | \$67,860.29 | \$71,473.92 | -\$3,613.63                 | —                                  | -\$3,613.63                         |
| TRCR   | TRANSCEND SE            | 03/30/2012  | 800       | \$23,495.47 | \$18,588.10 | +\$4,907.37                 | —                                  | +\$4,907.37                         |
| TRCR   | TRANSCEND SE            | 03/30/2012  | 500       | \$14,884.67 | \$11,598.39 | +\$3,086.28                 | —                                  | +\$3,086.28                         |
| TRCR   | TRANSCEND SE            | 03/30/2012  | 400       | \$11,747.74 | \$9,297.26  | +\$2,450.48                 | —                                  | +\$2,450.48                         |
| TRCR   | TRANSCEND SE            | 03/30/2012  | 300       | \$8,810.80  | \$6,942.24  | +\$1,868.56                 | —                                  | +\$1,868.56                         |
| TRCR   | TRANSCEND SE.           | 03/30/2012  | 147       | \$4,317.29  | \$3,403.42  | +\$913.87                   | —                                  | +\$913.87                           |
| TRCR   | TRANSCEND SE.           | 03/30/2012  | 23        | \$675.49    | \$534.59    | +\$140.90                   | —                                  | +\$140.90                           |
| VEIEX  | VANGUARD EMR            | 01/04/2012  | 1,819.357 | \$44,807.62 | \$48,402.18 | -\$3,594.56                 | -\$3,195.82                        | -\$398.74                           |
| YACKX  | YACKTMAN FUN            | 01/03/2012  | 3,178.107 | \$56,443.18 | \$46,787.86 | +\$9,655.32                 | +\$7,988.24                        | +\$1,667.08                         |

 Total includes missing cost basis values for one or more lots 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 Data for this holding has been edited

N/A Not Available

 Wash Sale activity has adjusted this cost. For additional information, click here

Values for fixed income securities have been adjusted for amortization/accrual 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.

Please view the Cost Basis Disclosure Statement for additional information on cost basis methods choices and how Schwab reports adjusted cost basis information to the IRS.

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)

**NVADACA, INC. ENDOWMENT FY 2012 CONTRIBUTORS**

Contributions Received Since March 1, 2011

Schedule A, Part I - Line 1

**Corporate & Trusts**

Apple Federal Credit Union  
Apple Credit Union  
Educational Foundation  
Charles Schwab  
Mary O. Ambler Trust  
Master Print - Newington

Don Riviere

Jim Ross  
Frank Ruth  
Maryann Schwab  
Robert Schindler, Sr.  
Dr. John Schreck  
Bill Shadle  
Mike Skinner

**IN MEMORY OF WILMA**

**W. SCHMIDT**

Fran Kibler  
Maryann Schwab

**Individual**

Dexter and Jacqui Benson  
Woodruff Bently  
Randall Blanchetti  
R. C. and Ruth Bosley  
Dr. Roy Brooks  
Jack Burkholder  
Larry Byers  
Nell Campbell  
Bob Carson  
Joanne Chuey  
Mike Chuey  
Roger Cole  
Francis Dall  
John Dent  
Rhonda Dumont  
Robert J. Eavenson  
Mike Engley  
Sue Evans  
Cathy Crocker  
George Felton  
Richard and Joey Graves  
Gloria Green  
Frank Haddock  
Thomas K. Hall, Jr.  
Virgil B. and Diane S. Harris  
Nicholas J. Hilgert, Jr.  
Gordon Hill  
Paul Jansen  
Bill Jackson  
Jean Johnson  
Howard Jones  
James Jullien  
Fran Kibler  
Lynne Lilly  
David Lloyd  
Zion McKinney  
Bob Mennonna  
David Morgan  
Betty Nester  
Dr. Charles Ostlund  
Milton Papke  
Wayne Parker  
John Porter  
C. Wayne Powell  
Ted Ringelheim

Betsy G. Smith  
Leland W. Smith, Jr.  
Thomas Smolinski  
Jerome Staska  
Rita Stone  
Barney Strutton  
George Tankard  
Donald Tomb  
William E Trussell, Jr.  
A. Francis Vitt, Jr.  
Ray Watson  
Roger Webb  
Tom Weber  
Al Wells  
Major Wells  
Ed Wilson  
Jeff Wilson  
Carl Zaleski  
Jim Wyckoff

This list will be published in  
2012 Boys and Girls  
Basketball Playoff Programs.

**JACK E. DENT, Jr.**  
Ralph Stone

**IN MEMORY OF BETTY**  
**LOU DUNN**  
Cricket Call  
Lindy Hatch  
Jean Johnson  
Joline Kickliter

**IN MEMORY OF BARRY**  
**GRIMM**  
Fran Kibler  
Maryann Schwab

**IN MEMORY OF ALEC**  
**McCULLOCK**  
Al and Alice McCulloch and  
family

**IN MEMORY OF**  
**GEORGE RANDALL**  
Dianne Geiger  
Herb and Maurelle Holt  
Florence and Lou Priebe  
Wayne and Ginny Taylor

22 545

**NORTHERN VIRGINIA ATHLETIC DIRECTORS, ADMINISTRATORS  
AND COACHES ASSOCIATION, INC.**

**SUPPPORTING SCHEDULE FOR IRS FORM 990 EZ SCHEDULE A  
PART IV-A, LINE 27**

**Officers, Directors, and Chairman of the Scholarship Endowment  
Fund for FY Ending 6/30/2011**

| <b>Name</b>    | <b>Dues</b>         | <b>Gifts</b>         | <b>Total</b>         |
|----------------|---------------------|----------------------|----------------------|
| Jim Wyckoff    | \$20                | \$ 20                | \$ 40                |
| George Keim    | 20                  | 75                   | 95                   |
| Bill Jackson   | 20                  | 50                   | 70                   |
| Fran Kibler    | 20                  | 50                   | 70                   |
| Herb Holt      | 20                  | 25                   | 45                   |
| Mike Engley    | 20                  | 100                  | 120                  |
| Frank Ruth     | 20                  | 20                   | 40                   |
| Jeff Wilson    | 20                  | 50                   | 70                   |
| Doug McGuire   | 20                  | 70                   | 90                   |
| Maryann Schwab | 20                  | 100                  | 120                  |
| Jim Ross       | 20                  | 70                   | 90                   |
| Jerry Staska   | 20                  | 100                  | 120                  |
| <b>TOTALS</b>  | <b><u>\$240</u></b> | <b><u>\$ 660</u></b> | <b><u>\$ 900</u></b> |