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

OMB No 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under 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 2012 calendar year, or tax year beginning

JULY 1st, 2012, and ending

JUNE 30, 2013

B Check if applicable

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

C Name of organization

NVADACA INC.

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

5702 Cedar MTN. Court

Room/suite

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

Fredericksburg VA 22407

D Employer identification number

521394891

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 ☐ 527

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 ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	Schedule A	1	15609
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	32810
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	Schedule D	5a	191287
	b	Less: cost or other basis and sales expenses		5b	262549
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	(71268)
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a	0
	b	Gross income from fundraising events (not including \$ 0 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	34551
c	Less: direct expenses from gaming and fundraising events		6c	23744	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	23744	
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)		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	10,009	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	34,999
	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	420
	16	Other expenses (describe in Schedule O)		16	3438
	17	Total expenses. Add lines 10 through 16		17	38857
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	28857
	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	530421
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	501564

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

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

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

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

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	Fifteen 2,000 Dollar Scholarships Were Awarded Plus 4,999.00 Dollars Were Spent To Honor Scholarships Winners. Certificates And Pictures	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	34,999
29		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32	34,999

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

[illegible]

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 ☐

	Yes	No
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	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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 type="checkbox"/>	<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		
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed <input type="checkbox"/> <u>NONE Not Required</u>		
42a The organization's books are in care of <u>William E. Jackson</u> Telephone no. <u>540-898-6878</u> Located at <input type="checkbox"/> ZIP + 4 <u>22407</u>		
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: <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the U.S.? <input type="checkbox"/> If "Yes," enter the name of the foreign country: <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

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

	Yes	No
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		<input checked="" type="checkbox"/>

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 title of each employee paid more than \$100,000	(b) 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 William E. Jackson Signature of officer 10/22/2013 Date
William E. Jackson - Treasurer Type of print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ 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)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NVADACA

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)(vii). (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?

	Yes	No
11g(i)		X
	Yes	No
11g(ii)		X
	Yes	No
11g(iii)		X
- h Provide the following information about the supported organization(s).

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

NONE

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 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						
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) 2004	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	132,483	155,483	175,211	225,455	150,000	844,911
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	45,424	46,002	40,466	40,106	34,551	206,549
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	177,907	201,485	215,677	265,561	184,551	1,045,171
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	58,672	61,630	59,487	63,338	50,160	291,040
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.)						291,040

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	25,483	58,483	61,211	59,455	50,000	314,911
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,672	61,630	59,487	63,338	50,160	291,040
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.)	58,672	61,630	59,487	63,338	50,160	291,040
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 checked="" 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	%
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 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).

NONE



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Charity Non-Profit

Schedule D - Part 1 - Lines 5, 6, 8

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View Unrealized Gain/Loss

 Trades made today will not appear until tomorrow
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Select Date Range

From

To

Custom Date Range

07/01/2012

06/30/2013

Search

Reporting Period: 07/01/2012 to 06/30/2013

Proceeds **\$191,281.27** Cost Basis **\$262,549.42** Total Gain/Loss **-71,268.15 (-27.14%)** Long Term Gain/Loss **\$0.00 (N/A)** Short Term Gain/Loss **-71,268.15 (-27.14%)**

Symbol	Name (Full Short)	Closed Date	Quantity	Proceeds	Cost Basis	Total	Gain/Loss (\$ %)	
							Long Term	Short Term
BIDU	BAIDU INC ADR F SPONSORE	07/19/2012	117	\$12,840.78	\$19,274.25	\$6,433.47		\$6,433.47
BIDU	BAIDU INC ADR F SPONSORE	07/19/2012	100	\$10,975.93	\$16,473.72	-\$5,497.79		-\$5,497.79
BIDU	BAIDU INC ADR F SPONSORE	07/19/2012	100	\$10,975.03	\$16,473.72	-\$5,498.69		-\$5,498.69
FHCO	FEMALE HEALTH COMPANY	04/03/2013	3,750	\$28,640.41	\$29,854.95	-\$1,214.54		-\$1,214.54
FOSL	FOSSIL INC	07/11/2012	397	\$25,959.83	\$51,983.40	-\$26,023.57		-\$26,023.57
LULU	LULULEMON ATHLETICA INC	04/03/2013	314	\$19,854.25	\$21,992.09	-\$2,137.84		-\$2,137.84
QCOR	QUESTCOR PHARMACEUTICALS	09/20/2012	1,400	\$41,602.49	\$57,146.29	-\$15,543.80		-\$15,543.80
QCOR	QUESTCOR PHARMACEUTICALS	09/20/2012	295	\$8,766.24	\$11,612.53	-\$2,846.29		-\$2,846.29
QCOR	QUESTCOR PHARMACEUTICALS	09/20/2012	150	\$4,457.26	\$5,904.70	-\$1,447.44		-\$1,447.44
QCOR	QUESTCOR PHARMACEUTICALS	09/20/2012	100	\$2,971.50	\$3,936.55	-\$965.05		-\$965.05
QCOR	QUESTCOR PHARMACEUTICALS	09/20/2012	100	\$2,973.13	\$3,935.99	-\$962.86		-\$962.86
QCOR	QUESTCOR PHARMACEUTICALS	09/20/2012	50	\$1,485.81	\$1,968.28	-\$482.47		-\$482.47
ULTA	ULTA SALON COSM & FRAG	04/03/2013	240	\$19,778.61	\$21,992.95	-\$2,214.34		-\$2,214.34

Name of the organization

Employer identification number

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

		(a) Event #1 <i>Program Sales</i> <i>C. A. Redhead</i> (event type)	(b) Event #2 <i>Program Sales Foot Ball</i> (event type)	(c) Other events <i>Basketball</i> <i>GOLF</i> ② (event number)	(d) Total events (add col (a) through col (c)) <i>4</i>
Revenue	1 Gross receipts	<i>8178.34</i>	<i>9218.33</i>	<i>BB 10,964</i> <i>GOLF 14,034</i>	<i>42,394</i>
	2 Less: Contributions	<i>3361.00</i>	<i>3699.00</i>	<i>BB 4,533</i> <i>GOLF 8,814</i>	<i>20,367</i>
	3 Gross income (line 1 minus line 2)	<i>4817.34</i>	<i>9,218.33</i>	<i>14,034</i>	<i>23,743</i>
Direct Expenses	4 Cash prizes	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	5 Noncash prizes	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	6 Rent/facility costs	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	7 Food and beverages	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	8 Entertainment	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	9 Other direct expenses	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶	<i>(0)</i>			
11 Net income summary. Combine line 3, column (d), and line 10 ▶	<i>23743</i>				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes		<i>N/A</i>		
	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) ▶					<i>()</i>
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶					

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

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

b If "No," explain: *N/A*

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

b If "Yes," explain:

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming special events books and records:

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

This organization does not participate in Gaming Activities. Our source of income is From producing and selling program at PLAY OFF Games. All money is included for Scholarship Funds.

Schedule G (Form 990 or 990-EZ) 2012



NVADACA, INC. ENDOWMENT FY 2012 CONTRIBUTORS

Contributions Received Since March 1, ~~2011~~ 2012

Schedule A, Part 7 - Line 1

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

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

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

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

IN MEMORY OF WILMA
 W. SCHMIDT
 Fran Kibler
 Maryann Schwab

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

~~2011~~
 GIFT TO Endowment
 14,552 - 2012
 1057 - 2012

Schedule A 15,609
 Line One
 2012

**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 6/30/2012**

<u>Name</u>	<u>Dues</u>	<u>Gifts</u>	<u>Total</u>
Jim Wyckoff	\$20	\$ 50	\$ 70
George Keim	20	75	45
Bill Jackson	20	25	70
Del Wilson	20	100	120
Hal Shoun	20	100	120
R. C. Bosley	20	150	170
Mike Engley	20	100	120
Frank Ruth	20	00	20
Jeff Wilson	20	50	70
Doug McGuire	20	25	45
Jim Ross	20	70	90
Jerry Staska	<u>20</u>	<u>100</u>	<u>120</u>
TOTALS	<u>\$240</u>	<u>\$ 825</u>	<u>\$1,057</u>