

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 16

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending									
<b>B</b> c	heck if pplicable	C Name of organization		D Employer identific	cation number				
	Addres	NADA FOUNDATION	_						
X	Name change				008060				
E	]Initial return ]Final return/	Number and street (or P.O. box if mail is not delivered to street address)  8400 WESTPARK DRIVE	'suite	E Telephone number 703-	821-7000				
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,169,509.				
<u> </u>	اروطreturn Applic	1150N5, VA 22102		H(a) Is this a group re					
	⊥tiòn pendir	SAME AS C ABOVE		for subordinates <b>H(b)</b> Are all subordinates in					
		empt status X 501(c)(3) 501(c) ( )	527	If "No," attach a	list (see instructions)				
J Website: ► N/A  H(c) Group exemption number									
			Year	of formation: 19/5  N	State of legal domicile: DC				
LPE	ert I	Summary	<del>-</del> -	VCI HCTVET V	₽/D				
Activities & Governance		Briefly describe the organization's mission or most significant activities. OPERATE CHARITABLE AND EDUCATIONAL PURPOSES.	<u> </u>	ACDOSIVEDI	FOR				
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	more	than 25% of its net as					
Š		Number of voting members of the governing body (Part VI, line 1a)		3	13				
ಳ		Number of independent voting members of the governing body (Part VI, line 1b)		4	13				
ies	J	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0				
Ĭ		Total number of volunteers (estimate if necessary)		6	0.				
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
	<u>Б</u>	Net unrelated business taxable income from Form 990-T, line 34	Τ-	7b Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)	-	1,074,808.	3,245,500.				
		Program service revenue (Part VIII, line 2g)	-	0.	0.				
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		285,603.	117,989.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)= line (42)		= 1,360,411.	3,363,489.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 13)		738,784.	1,062,732.				
			Ų.	0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-40) 2017	19		48,417.				
Expenses	16a		18	0.	0.				
×	ь	Total fundraising expenses (Part IX, column (A), line 11e) OGQ 5 N6 95.		200 001	0.00				
ш	I	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		392,991.	273,149.				
	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	$\vdash$	1,231,425. 128,986.	1,384,298. 1,979,191.				
_ 0	19	Revenue less expenses Subtract line 18 from line 12	+-						
ance	20	Total accets (Part Y line 16)	15	eginning of Current Year 9,810,703.	End of Year 12,641,266.				
Asse	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	-	25,387.	63,889.				
Net Asse Fund Bal	22	Net assets or fund balances Subtract line 21 from line 20	$\vdash$	9,785,316.	12,577,377.				
Pa	rt II	Signature Block	<del></del>						
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	tatem	nents, and to the best of m	y knowledge and belief, it is				
true,	correc	t, and compared Declaration of preparer (other than officer) is based on all information of which pr	epare	r has any knowledge.					
		You take			-15 -17				
Sign	<u>n</u>	Signature of officer		Date					
Her	e	JOSEPH L COWDEN, ASSISTANT TREASURER Type or print name and title							
				Date Check	PTIN				
DOI 17770									
	Only	Firm's address 805 KING FARM BLVD, 3RD FLOOR		T T T T T T T T T T T T T T T T T T T	37-1611326				
		ROCKVILLE, MD 20850		Phone no.30	1-231-6200				
Mav	the If	RS discuss this return with the preparer shown above? (see instructions)	-	1	X Yes No				
	01 11-1		1	3/	Form <b>990</b> (2016)				
			(7	1 )/					

Forn	n 990 (2016) NADA FOUNDATION	54-1008060	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefty describe the organization's mission.		
	THE NADA FOUNDATION OPERATES EXCLUSIVELY FOR CHARITABLE	AND	
	EDUCATIONAL PURPOSES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ve	s X No
	If "Yes," describe these new services on Schedule O.		3 (22) 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		s X No
3	If "Yes," describe these changes on Schedule O.	L1 te:	SLAAJNO
_			
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses	, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$118,500 . including grants of \$118,500 . ) (Revenue		<del></del>
	THE AMBASSADOR PROGRAM WAS ESTABLISHED IN 1993 TO GIVE G		ORTHY
	HOSPITALS, ORGANIZATIONS, SCHOOLS, COLLEGES, AND UNIVERS	SITIES.	
		<del></del>	
		<del></del>	
4b	(Code ) (Expenses \$ 713,450 • including grants of \$ 713,450 • ) (Revenue	<del></del>	<del></del>
40	THE FOUNDATION PROVIDES EMERGENCY RELIEF FOR DEALERSHIP		·'
	IMPACTED BY DISASTERS.	BMI BOTHED	
	INIACIED DI DIDADIEND.	<del></del>	
		<del></del>	
4c	(Code ) (Expenses \$ 230,782 • including grants of \$ 230,782 • ) (Revenue	• \$	<del></del>
	THE FOUNDATION PROVIDES RESUSCI-ANNE MANNEQUINS TO ORGAN	IZATIONS FO	OR
	USE IN CARIOPULMONARY RESUSCITATION TRAINING; AND PROVID		
	FOR CANINE COMPANIONS.		
		<del></del>	
		<del></del>	
		<del></del>	
		<del> </del>	
		<del></del>	
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ 1,062,732.		
		Form	990 (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		_x_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		,	
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		,	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		[	<b>[</b>
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		]	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<b></b> -	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14h	l	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	<del>                                     </del>	<del> </del>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>	<del>                                     </del>	† <del></del>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>                                   </u>		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		<u> </u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	1.	<b>X</b> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		F	<u>, 990</u>	(0016)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	ĺ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	Х	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	}		1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			$\Box$
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
ь		24b	$\overline{}$	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	1	}
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<del>                                     </del>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		<del></del>	<del></del>
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1	Ì	ì
	complete Schedule L, Part II	26	х	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		-	<del>                                     </del>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		}
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> </u>		
	contributions? If "Yes," complete Schedule M	30	i	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		<del></del>
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	<del> </del>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <del>-</del>		
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	'	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<del></del>		<del></del>
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l
36	Section 501(c)(3) organizations. Did the organization make any-transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		<del></del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		<del></del>
	Note. All Form 990 filers are required to complete Schedule O	38	х	}
				(2016)
				, · <del>-</del> /

Form	NADA FOUNDATION 54-1008	060	Р	age 5
_	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		}	]
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	├	_^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	ا ہم ا		x
	any contributions that were not tax deductible as charitable contributions?	6a	<del> </del>	-
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).	80		├──
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del> -
			<u> </u>	_
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <u>e</u>		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. 1		l
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	, ,	ļ	l
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b> </b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	. 1		ł
a	Initiation fees and capital contributions included on Part VIII, line 12			l
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]		į	l
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			ļ
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	,	l
U	amounts due or received from them)		,	ļ
12a		12a		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			[
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>                                     </del>
	Note. See the instructions for additional information the organization must report on Schedule O			$\vdash$
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans	}		1
С	Enter the amount of reserves on hand		<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

Form **990** (2016)

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 13								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_						
а	The governing body?	8a_	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>					
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c		<del></del>					
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	:		77					
	The organization's CEO, Executive Director, or top management official	15a		$\frac{x}{x}$					
b	Other officers or key employees of the organization	15b							
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х					
h	taxable entity during the year?  If "You " did the organization follows a written policy or procedure requiring the experization to evaluate to portion steps."	16a		<u>~</u>					
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	166							
Sec	tion C. Disclosure	16b							
	List the states with which a copy of this Form 990 is required to be filed - NONE		===	<del></del>					
<u>17</u> 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) (	wallah	ما						
	for public inspection. Indicate how you made these available. Check all that apply	ıvandu	10						
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l fina-	oral						
	statements available to the public during the tax year	ıman	udl						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	STEVE KASULAITIS - 703-821-7000								
	8400 WESTPARK DRIVE, TYSONS, VA 22102								
22000		Form	990	(2016)					

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

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons

Check this box if neither the organization (A)	(B)	1		(0	C)			(D)	(E)	(F)
Name and Title	Average	ído	Position (do not check more than one box, unless person is both an officer and a director/trustee)			l than	one	Reportable	Reportable	Estimated
	hours per	box				ış bot	h an	compensation	compensation	amount of
	week	h-	1		1	77003	1	from the	from related	other
	(list any hours for	director			1			organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	age		}	nsate		(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	organizations	trust	nal tru		a a c	ed wo			ĺ	and related
	below	Individual trustee or	institutional trustee	Officer	Key employee	Highest compensated employee	Former	ļ		organizations
(1)	20.00	Pul	Sul	통	<u>\$</u>	£ E	Ē	ļ	<del> </del>	
(1) ANNETTE SYKORA CHAIRMAN	20.00	х		x		l		0.	0.	_
(2) H CARTER MYERS, III	20.00	1	$\vdash$	^	-	├—	-		<u> </u>	0
VICE CHAIRMAN	20.00	x	1	х		}		0.	0.	0.
(3) ROBERT P MALLON	20.00	<u> </u>	-	Α.	-	-	-	<u> </u>	·	0,
CHAIRMAN EMERITUS	20.00	x	}	x	}	}		0.	0.	0.
(4) BILL UNDERRINER	3.00	=	_	<del>-</del>	├─		-	ļ <del>-</del>	} <del>`</del>	
TREASURER		X		х	,			0.	0.	0.
(5) CRAIG BICKMORE	3.00				Ι-					
SECRETARY	<del></del>	X		x				0.	0.	0
(6) DON HICKS	1.00									
TRUSTEE		x						0.	0.	0.
(7) BILL WILLIS, JR	1.00			-						
TRUSTEE		X						0.	0.	0.
(8) JAMIE AUFFENBERG	1.00									
TRUSTEE		Х		Ш		_		0.	0.	0 .
(9) JEFF CARLSON	1.00		, 1	. 1						
TRUSTEE		Х				$\vdash$	$\vdash$	0.	0.	0
(10) BRIAN HAMILTON	1.00	x	, 1						,	
TRUSTEE (11) BRAD HOFFMAN	1.00			-	_			0.	0.	0
TRUSTEE	1.00	x						0.	0.	0 .
(12) FORREST MCCONNELL	1.00	₽	Н		<u> </u>	├-		<del>.</del>	ļ	
TRUSTEE	1.00	$ _{\mathbf{x}} $						0.	0.	0
(13) MARK SCARPELLI	1.00	-	-			-	-		<u> </u>	<del></del>
TRUSTEE		x		_	_	_ !		0-	0.	0
(14) ANDREW KOBLENZ	3.00	-	Н		_					
ASSISTANT SECRETARY		(		х				0.	0.	0
(15) JOSEPH COWDEN	3.00	П								<del></del>
ASSISTANT TREASURER		╚		X		(		0.	0.	0
		Π								
		Ш				L				
		1 1	1	1	1	ì	j '		}	

632007 11-11-16

Form **990** (2016)

			_		nse or note to any li				
<u>~</u>						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluder from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	<ul> <li>Federated camp</li> </ul>		1a				10101186	512-514
9		<b>b</b> Membership due	es	1b					
ξĘ		<ul> <li>Fundraising ever</li> </ul>		1c			, *		
اَقِّ قَ		d Related organiza		1d			-		ĺ
Sign		e Government grai	nts (contribut	ions) 1e			ŧ		
호텔		f All other contribute	ons, gifts, gran	1 1			1		İ
		similar amounts no			3,245,500.		İ		
ξE		Noncash contributions		1a-1f \$		Ì			İ
<del>"</del>	_	h Total. Add lines	1a-1f			3,245,500.		_	
	2	a			Business Code				
Program Service Revenue	_	·			-				
Sel		, <del></del>			-				
E S		<u> </u>			-				
ğœ		,			-				
ž		All other program	CORUGO FOLIO		- <del> </del>				
- 1		Total. Add lines 2		nue	<del></del>				
	3	Investment incom		Invidende inte	root and				
ľ		other similar amou	unts)	arriderids, inte	est, and	247 676			
ľ	4	Income from inves		exempt bond	Proceeds	247,676.			247,676.
- 1	5	Royalties		exempt bond	proceeds				
- 1		·	Г	(i) Real	(ii) Personal				
ľ	6	Gross rents	ŀ	177.1047	(ii) i cisoriai				
ĺ	-	Less: rental exper	ses			ĺ			
ĺ	(	Rental income or (	loss)		<del>   </del>		1		
j	(	Net rental income	or (loss)			]	ļ		
	7 8	Gross amount from	n sales of	(i) Securities	(ii) Other				
		assets other than	Inventory	2,676,333					
	t	Less: cost or other	r basıs 📗						
		and sales expense	s	2,806,020	.]				
Į	C	Gain or (loss)		<129,687			İ		
		Net gain or (loss)			<b>•</b>	<129,687.	[		.120 .00
e l	8 a	Gross income from	fundraising	events (not					<129,687.
Revenue		including \$		of				l	
		contributions repoi	ted on line 1	c) See				İ	
Other		Part IV, line 18		а	·		1		
8		Less direct expens		b		j	1		
1.		Net income or (loss	i) from fundra	ising events	<b>&gt;</b>				
*	9 8	Gross income from	gaming activ	rities See	1				
		Part IV, line 19		а			j		
		Less: direct expens		b			İ		
10	ں د 1	Net income or (loss	) from gaming	g activities					
"	, .	Gross sales of investand allowances	ntory, less ret	ums	]				
	h	Less cost of goods	a a a l d	а.		İ		1	
-		Net income or (loss		b	<u> </u>				
		Miscellaneo			Business C				<u> </u>
11		- Wilderland	as rieveriue		Business Code	i			
	b				<del> </del>				
	c			<del></del>	<del></del>				
	d	All other revenue			<del> </del>				
		Total. Add lines 11a	ı-11d		<del></del>				
					▶			T	
12		Total revenue. See ins	tructions.			3,363,489.	0.		117,989.

<u></u>	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A) T	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	349,282.	349,282.		
2	Grants and other assistance to domestic	540 450	712 450		
	individuals See Part IV, line 22	713,450.	713,450.		
3	Grants and other assistance to foreign		1		
	organizations, foreign governments, and foreign		4	ļ	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		}	}	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	20 671		30,671.	
7	Other salaries and wages	30,671.		30,671.	
8	Pension plan accruals and contributions (include	17,746.		17,746.	
_	section 401(k) and 403(b) employer contributions)	17,740.	<del></del>	17,740.	<del></del>
9	Other employee benefits				
10	Payroll taxes	<del> </del>			<del></del>
11	Fees for services (non-employees)		ļ		
	Management	24,051.	<del></del>	24,051.	
	Legal	120.		120.	
	Accounting	120.		120.	
	Lobbying Professional fundraising services. See Part IV, line 17	<del></del>	<del></del>	<del></del>	
e	Investment management fees	14,821.	<del></del>	14,821.	
f	Other (If line 11g amount exceeds 10% of line 25,	11/0210		11/021	
g	column (A) amount, list line 11g expenses on Sch O.)	13,114.		13,114.	
12	Advertising and promotion	15,830.	<del></del>	96.	15,734
13	Office expenses	23,047.		23,047.	
14	Information technology	2,861.		2,861.	
15	Royalties				
16	Occupancy	13,850.		13,850.	
17	Travel	48,004.		44,043.	3,961
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials	)		Ì	
19	Conferences, conventions, and meetings	67,455.		67,455.	
20	Interest	40,936.		40,936.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,514.		2,514.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
_	POSTAGE AND DELIVERY	3,588.		3,588.	<del></del>
a b	PRINTING AND PUBLISHING	2.,406.		2,406 <del>-</del>	<del></del>
- C	MISCELLANEOUS	<u> </u>	<del></del>	552.	
d			<del></del>		
	All other expenses			<del></del>	······································
25	Total functional expenses. Add lines 1 through 24e	1,384,298.	1,062,732.	301,871.	19,695
<u>2</u> 26	Joint costs. Complete this line only if the organization	<del></del>			
	reported in column (B) joint costs from a combined	j	ľ		
	educational campaign and fundraising solicitation.	ſ	{		
	Check here if following SOP 98-2 (ASC 958-720)				

12,641,266. Form 990 (2016)

12,577,377.

30

31

32

33

9,785,316.

9,810,703.

30

31

32

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund --

Retained earnings, endowment, accumulated income, or other funds

Form		54	<u>-100</u>	3060	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,36	<u>3,4</u>	<u>89.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,38		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,97		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,78		
5	Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  art XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990				<u>2,8</u>	70.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	-				
		10	1:	2,57	<u>7,3</u>	<u>77.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990 Lash Accrual Other			1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			1.		ļ
b	· · · · · · · · · · · · · · · · · · ·			2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	S,			•
	·					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audr	t,			[
	• • •			2c	X	
						١,
3a		ngle A	ıdıt			l
				3a		X
b	· · · · · · · · · · · · · · · · · · ·	ired au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		Щ
				Form	990	(2016)

## **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

**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.

Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-1008060 NADA FOUNDATION Part 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported (ii) EIN in your gove ing document? organization (described on lines 1 10 support (see instructions) support (see instructions) above (see instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 NADA FOUNDATION 54-10080 [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

Se	ction A. Public Support			,			
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(2, 20, 12	(2) 2010	(0) 2017	(4) 2015	10,2010	(i) iotai
-	membership fees received. (Do not						
	include any "unusual grants ")	1,230,293.	1,271,368.	1,006,228.	1,074,808.	3,245,500.	7,828,197.
2	Tax revenues levied for the organ-					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,
	ization's benefit and either paid to						
	or expended on its behalf					ļ	
3	The value of services or facilities	<del></del> -				<del> </del>	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,230,293.	1,271,368.	1,006,228.	1,074,808.	3,245,500.	7,828,197.
	The portion of total contributions		_,,		2,072,000.	3,223,300.	7,020,137.
•	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)						2 000 217
6	Public support. Subtract line 5 from line 4		-			<del></del>	2,098,217.
	ction B. Total Support					<u> </u>	5,729,980.
-	endar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(a) 2014	(d) 001E	(-) 0040	(0 T-1-1
	Amounts from line 4	1,230,293.	(b) 2013 1,271,368.	(c) 2014 1,006,228.	(d) 2015 1,074,808.	(e) 2016	(f) Total
	Gross income from interest,	1,230,233.	1,271,300.	1,000,228.	1,074,808.	3,245,500.	7,828,197.
0	dividends, payments received on						
	· •						
	securities loans, rents, royalties and income from similar sources	363,422.	450 038	537,013.	120 022	247,676.	2 222 222
9	Net income from unrelated business	303,422.	430,030.	337,013.	430,033.	247,070.	2,028,982.
9							
	activities, whether or not the						
40	Other pages De not maked agen				<del></del> .		
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	_					
	Total support. Add lines 7 through 10	. ,					9,857,179.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	. —
Sec	organization, check this box and stop ction C. Computation of Publ		centage	<del></del>		<del></del>	
	Public support percentage for 2016 (I			al		44	58.13 %
	Public support percentage from 2015			olumn (I))		14	<u>C1 00</u>
	33 1/3% support test - 2016. If the c	•	•	alma 10 and line t	14 00 1/00/	15	
	stop here. The organization qualifies				14 IS 33 1/3% OF IT	nore, check this box	k and ►X
ь			_		lm = 45 = 00 4/00/		
	33 1/3% support test - 2015. If the cand stop here. The organization quality				ime 15 is 33 1/3%	or more, check thi	S DOX
170					10 10 10		
118	10% -facts-and-circumstances test	to and over-restant	arnzation did not c	neck a box on line	13, 16a, or 16b, a	ina line 14 is 10% o	or more,
	and if the organization meets the "fac					t VI how the organi	zation
	meets the "facts-and-circumstances"						▶
D	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						. —
40	organization meets the "facts-and-circ	umstances" test	ne organization q	ualities as a public	ly supported orga	inization	<b>P</b>
ığ	Private foundation. If the organization	n ala not check a b	oox on line 13, 16a	i, 16b, 17a, or 17b			
					Sche	dule A (Form 990 o	or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 NADA FOUNDATION [Part III] Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	elow, please com	ipiete rait ii.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(0) 2012	(5/2013	10/2014	(4) 2013	(6/2010	LI TOTAL
•	membership fees received (Do not		1	1		1	1
	include any "unusual grants ")		1	ĺ		1	1
2	Gross receipts from admissions.		<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	
_	merchandise sold or services per-		1	1	}	1	1
	formed, or facilities furnished in		1	1	ł		1
	any activity that is related to the organization's tax-exempt purpose		1	1	}	1	1
2	Gross receipts from activities that	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del></del>
3	are not an unrelated trade or bus-		1	1	}	1	
	iness under section 513		4	į.	}		ļ
		<del> </del>	<del></del>	<del> </del>	<del> </del> -	<del></del>	<del></del>
4	Tax revenues levied for the organ-		1	(	Į.		
	ization's benefit and either paid to		(	į.	ļ		
	or expended on its behalf		<del></del>	<del> </del>	<u> </u>	<del></del>	
5	The value of services or facilities		[	l	Į		
	furnished by a governmental unit to		1	ĺ	Į	I .	
	the organization without charge	L	<del> </del>	<u> </u>	<u> </u>	<del>                                     </del>	<u> </u>
	Total. Add lines 1 through 5	<u> </u>	<b></b>	ļ	<b> </b>	<b></b>	
7:	Amounts included on lines 1, 2, and		]	i	]	1	
	3 received from disqualified persons	ļ	<b></b>	<del></del>	<u> </u>	<b></b>	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that		Ì	ĺ		)	
	exceed the greater of \$5,000 or 1% of the		ì	İ	)		
	amount on line 13 for the year		1	1			
(	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		, , , , , , , , , , , , ,			-	
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10	Gross income from interest,		·				
	dividends, payments received on securities loans, rents, royalties		ł	,		1	ļ
	and income from similar sources						
t	Unrelated business taxable income			,			
	(less section 511 taxes) from businesses	ı	ł				
	acquired after June 30, 1975		ł		I		
(	: Add lines 10a and 10b	·					
11	Net income from unrelated business						
	activities not included in line 10b,	1		J		]	1
	whether or not the business is regularly carried on		]	]		]	
12	Other income Do not include gain				<del>                                     </del>	<del> </del>	
	or loss from the sale of capital			]	Ì	1	
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	<del></del>		<del></del>		<del> </del>	
14		the organization	's first, second, thi	rd. fourth, or fifth t	ax vear as a secti	on 501(c)(3) organiz	zation.
	check this box and stop here		,,	<u> </u>	ar your as a soon	or, oo (o)(o) organiz	<b>▶</b>
Se	ction C. Computation of Publi	ic Support Pe	ercentage	<del></del>			
$\overline{}$	Public support percentage for 2016 (I			column (f))		15	
16	Public support percentage from 2015	Schedule A, Par	t-III,-line 15	'- —		16	%
Se	ction D. Computation of Inves	tment Incom	ne Percentage				
17	Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by li	ne 13. column (fl)		17	%
18	Investment income percentage from 2	-	•	,		18	%
	33 1/3% support tests - 2016. If the			on line 14, and line	e 15 is more than		
	more than 33 1/3%, check this box ar						▶ 🗀
,	33 1/3% support tests - 2015. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-21-16			a, cou, check t		nedule A (Form 990	or 990-FZ) 2016

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

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations		,,	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	·	i	ı
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	•		
	class or purpose, describe the designation If historic and continuing relationship, explain	_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
	(b) and (c) below	3a	L	
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	]		
	organization made the determination	3b	<b>├</b> —-	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	.		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	-+	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		į	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	45		
_	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	10		
-	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN	}	1	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		1	
	was accomplished (such as by amendment to the organizing document)	5a	1	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	1	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	1	1	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	!	]	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		1	
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	i	-	
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
ο-	If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ)	8		
ya	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		1
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
_ 5_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

632024 09-21-16

determine whether the organization had excess business holdings)

	<u>54-100806</u>	0 Pa	age 5
Part IV   Supporting Organizations (continued)		,	
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			}
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	]		}
below, the governing body of a supported organization?	11a		<u> </u>
b A family member of a person described in (a) above?	11b		<u> </u>
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Section B. Type I Supporting Organizations		1	
4. Doll the decides to the control of the control o	<del></del> -	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to	]		Ì
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ		ľ
tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			ľ
controlled the organization's activities. If the organization had more than one supported organization,	1		,
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
organizations and what conditions or restrictions, if any, applied to such powers during the tax year	<u></u>	-	├
2 Did the organization operate for the benefit of any supported organization other than the supported			ĺ .
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	Į		1
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 _		1
supervised, or controlled the supporting organization	2		L
Section C. Type II Supporting Organizations		TV	
	[	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Į.		1
or management of the supporting organization was vested in the same persons that controlled or managed	ا		1
the supported organization(s). Section D. All Type III Supporting Organizations		نــــــــــــــــــــــــــــــــــــــ	L
section b. Air Type III Supporting Organizations			
d. Did the executation provide to each of its supported executations, but the last day of the fifth weath of the	<u> </u>	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Į.	ļi	1
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		1
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		1
organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del> '</del>		<del></del> -
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ļ		
the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a	<b>├</b> -	├	<del> </del> -
significant voice in the organization's investment policies and in directing the use of the organization's	[		
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ļ		
supported organizations played in this regard	3	- 1	
Section E. Type III Functionally Integrated Supporting Organizations	<u> </u>		L
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee Instru	uctions)		
a The organization satisfied the Activities Test Complete line 2 below	ucuonsy.		
b The organization satisfied the Activities restricted mind 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
c The organization is the parent or each of its supported organizations complete line or solow  c The organization supported a governmental entity Describe in Part VI how you supported a government entity	/ (see instructions	e)	
2 Activities Test Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	<del>-:</del> -
the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI Identify</b>	ļ		1
those supported organizations and explain how these activities directly furthered their exempt purposes,	- 1		1
how the organization was responsive to those supported organizations, and how the organization determined	ļ		ļ
that these activities constituted substantially all of its activities	2a		{
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	= = =		
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	{		<b>,</b>
reasons for the organization's position that its supported organization(s) would have engaged in these	{		′
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	<b>a</b> t	(	1
		<b> </b>	<del> </del>
3 Parent of Supported Organizations Answer (a) and (b) below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	{		<b>[</b>
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	٥		1
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	<del>                                     </del>	<b></b>
Did the organization exercise a substantial degree of unection over the policies, programs, and activities of each			
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		ł

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

# · SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NADA FOUNDATION

Employer identification number 54-1008060

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised ful	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a historicall	y important land area
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	<del></del>
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	on easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(	B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the or	rganization's accounting for
<u> </u>	conservation easements	4 4 4 10 - 1 7 - 1 7	0::
Par	t III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	Similar Assets.
	Complete if the organization answered "Yes" on Form	<del></del>	
1a	If the organization elected, as permitted under SFAS 116 (AS	•	· · · · · · · · · · · · · · · · · · ·
	historical treasures, or other similar assets held for public ext		f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre		, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	Assets included in Form 990, Part X		<u>\$</u>
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2016

		UNDATION	<del></del>				08060	
Pai	t III   Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Ot	<u>her Simi</u>	lar Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that are a	significan	t use of its	collection if	tems
	(check all that apply).							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	n how they further tl	he organization's e	kempt purp	oose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other simi	lar assets		<u> </u>	
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's co	llection?			Yes_	No
Pai	t IV Escrow and Custodial Arran	<b>gements.</b> Comple	ete if the organizatio	n answered "Yes"	on Form 99	0, Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	s or other assets n	ot included	<b>_</b> _	_	
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table.					
					<u> </u>	<u> </u>	Amount	
c	Beginning balance				1c	<u> </u>		
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account lia	bility?		Yes	No
<u>b</u>	if "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 10			
		(a) Current year	<b>(b)</b> Prior year	(c) Two years back	(d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance	8,828,000.	9,089,000.	8,785,000		947,000.	6,9	41,000.
b	Contributions	912,000.	596,000.	562,000		519,000.	5:	23,000.
C	Net investment earnings, gains, and losses	800,000.	<292,000.	> 190,000		739,000.	8:	15,000.
d	Grants or scholarships	248,000.	565,000.	448,000		420,000.	3	32,000.
е	Other expenditures for facilities				į .		Į	
	and programs							
f	Administrative expenses	46,000.			1			
g	End of year balance	10,246,000.	8,828,000.	9,089,000	. 8,	785,000.	7,9	47,000.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	i)) held as				
а	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment >	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%						
<b>3</b> a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered fo	r the organ	ization		
	by						Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	ee Form 990, Part	X, line 10			
	Description of property	(a) Cost or o			Accumula	- 1	(d) Book v	alue
	·	basis (investr	nent) basis (	(other) c	lepreciatio	<u>n</u>		
1a	Land							
b	Buildings	<b></b>						
	Leasehold improvements	ļ		<del></del>				<del></del>
	Equipment	<u> </u>	<u>   2</u>	9-, 5-70 —	_ 29,-5	70.		
	Other							
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, column (B), line 1	0c)				<del></del>

Schedule D (Form 990) 2016

632053 08-29-16

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Pari	dule D (Form 990) 2016 NADA FOUNDATION			34-	1008060 Page
	<u></u>		ith Revenue per l	Retun	n.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a		<del>,</del>	
1	Total revenue, gains, and other support per audited financial statemen	ts		1	4,239,25
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	( (	010 070		
	Net unrealized gains (losses) on investments	2a	812,870	4	
	Donated services and use of facilities	2b	62,895	4	
	Recoveries of prior year grants	2c		-{	
	Other (Describe in Part XIII )	<u> 2d</u>		۱ ا	075 76
	Add lines 2a through 2d			2e	875,765 3,363,485
-	Subtract line 2e from line 1			3	3,303,40
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	ا مه ا			
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a 4b	<del></del>	1	
	Add lines 4a and 4b	[ 40 ]		46	(
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 12)		5	3,363,48
	t XII   Reconciliation of Expenses per Audited Financia		/ith Expenses pe		
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total expenses and losses per audited financial statements	,		1	1,447,19
	Amounts included on line 1 but not on Form 990, Part IX, line 25			<u>                                     </u>	
	Donated services and use of facilities	<sub>2a</sub>	62,895	.	
	Pnor year adjustments	2b	<del></del>	1	
	Other losses	2c	<del></del>	1 !	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	62,89
3	Subtract line 2e from line 1			3	1,384,29
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII )	4b		_	
C	Add lines <b>4a</b> and <b>4b</b>			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, . t XIII Supplemental Information.	line 18 )		5	1,384,29
ines 2					
	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional in	formation.		
	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional in	formation.		
PAR				DATI	ON AS
PAR DES	T V, LINE 4:	TABLISHED 1	BY THE FOUNI		
PAR DES	T V, LINE 4: IGNATED NET ASSETS REFLECT FUNDS ES	TABLISHED D	BY THE FOUNI		
PAR DES	T V, LINE 4:  IGNATED NET ASSETS REFLECT FUNDS ESTIMATED FOR CERTAIN PURPOSES. NEW C.	TABLISHED D	BY THE FOUNI		
PAR	T V, LINE 4:  IGNATED NET ASSETS REFLECT FUNDS ESTIMATED FOR CERTAIN PURPOSES. NEW C.	TABLISHED D	BY THE FOUNI		
PAR DES THE	T V, LINE 4:  IGNATED NET ASSETS REFLECT FUNDS EST  IGNATED FOR CERTAIN PURPOSES. NEW CA	TABLISHED AR AND TRUG	BY THE FOUNI		
PAR DES THE	T V, LINE 4:  IGNATED NET ASSETS REFLECT FUNDS EST  IGNATED FOR CERTAIN PURPOSES. NEW C.  AUTOMOBILE INDUSTRY PROVIDE FUNDING	TABLISHED TRUC	BY THE FOUNI	AND	MEMBERS OF
PAR DES DES THE	T V, LINE 4:  IGNATED NET ASSETS REFLECT FUNDS EST  IGNATED FOR CERTAIN PURPOSES. NEW C.  AUTOMOBILE INDUSTRY PROVIDE FUNDING  T X, LINE 2:  ANCIAL STATEMENT NOTE REGARDING FIN	TABLISHED DAR AND TRUC	BY THE FOUNI CK DEALERS A 40)	AND :	MEMBERS OF
PAR DES DES DES THE	T V, LINE 4:  IGNATED NET ASSETS REFLECT FUNDS ESTIGNATED FOR CERTAIN PURPOSES. NEW CONTROL OF THE PROPERTY OF	TABLISHED DAR AND TRUC G. 48 (ASC 74) N- INCOME TA	THE FOUNI CK DEALERS A  40) AX POSITIONS	AND S BA	MEMBERS OF  SED-ON A  MET, THE
PAR DES DES THE PAR THE	T V, LINE 4:  IGNATED NET ASSETS REFLECT FUNDS ESTIMATED FOR CERTAIN PURPOSES. NEW CAMPACTURE AUTOMOBILE INDUSTRY PROVIDE FUNDING  T X, LINE 2:  ANCIAL STATEMENT NOTE REGARDING FINE FOUNDATION EVALUATES UNCERTAINTY IN ELIKELY THAN NOT RECOGNITION STANDARD	TABLISHED DAR AND TRUC G. 48 (ASC 74) N-INCOME TA	THE FOUNT  CK DEALERS A  40)  AX POSITIONS  AT THRESHOLI	AND S BA O IS GRE	MEMBERS OF  SED-ON A -  MET, THE  ATER THAN
PAR DES DES DES PAR FIN. THE HOR TAX	T V, LINE 4:  IGNATED NET ASSETS REFLECT FUNDS ESTIGNATED FOR CERTAIN PURPOSES. NEW CAMPACTOR OF THE SET OF TH	TABLISHED DAR AND TRUG  3.  48 (ASC 7- N-INCOME TA ARD. IF THA ARGEST AMOREMENTS	THE FOUND ON DEALERS A  40) AX POSITIONS AT THRESHOLI ONT THAT IS	S BA O IS GRE S RE	MEMBERS OF  SED-ON A  MET, THE  ATER THAN  CGNIZED IN  OUNDATION'
PARDES DES THE PARDEN THE TAX THE	T V, LINE 4:  IGNATED NET ASSETS REFLECT FUNDS ESTIGNATED FOR CERTAIN PURPOSES. NEW CAMPACTOR OF THE COMPACT OF THE LIKELY OF BEING REALIZED UPON ULTING THE LIKELY DE LIKELY OF BEING REALIZED UPON ULTING THE LIKELY D	TABLISHED DAR AND TRUG  3.  48 (ASC 7- N-INCOME TA ARD. IF THA ARGEST AMOREMENTS	THE FOUND ON DEALERS A  40) AX POSITIONS AT THRESHOLI ONT THAT IS	S BA O IS GRE S RE	SED-ON A - MET, THE ATER THAN CGNIZED IN

Employer identification number 54-1008060 **Open to Public** OMB No 1545-0047 Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990. NADA FOUNDATION
General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	ne amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	[
2 Describe in Part IV the organization's procedures for monitoring	stance <i>r</i> ocedures for mor	itoring the use of grant	the use of grant funds in the United States.	J States.			\ \rac{\rac{\rac{\rac{\rac{\rac{\rac{
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	nization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II ca	n be duplicated if addit	ional space is need	led.			•
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CANNINE COMPANIONS FOR INDEPENDENCE - PO BOX 446 NORTHEAST REGION - SANTA ROSA, CA 95402-0446	94-2494324	501(C)(3)	129,000.	0.			GENERAL SUPPORT
SHAU-WAI AND MARIE LAM FAMILY FOUNDATION - 81 HOBART AVENUE - SUMMIT, NJ 07901	13-4222089	501(C)(3)	15,500.	0.			GENERAL SUPPORT
					,		
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	ind government o	rganizations listed in that table	e line 1 table				2 0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2016)

632101 11-01-16

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 54-1008060 (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. AN GRANTEES SUBMIT APPLICATION AND FILE REPORTS AS TO HOW THE FUNDS ARE USED AND THE (d) Amount of non-cash assistance 0 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S. 713,450, (c) Amount of cash grant GRANTS ARE MADE TO ORGANIZATIONS IN THE U.S. ONLY. GRANTS ARE MONITORED AS TO BEING WITHIN THE U.S. 583 (b) Number of recipients NADA FOUNDATION - PART 1, LINE 2 (a) Type of grant or assistance EMERGENCY RELIEF GRANTS Schedule ! (Form 990) (2016) SCHEDULE I 632102 11-01-16 Part IV Part ∭

0

### SCHEDULE L

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 16

Open To Public Inspection

Department of the Treasury Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** NADA FOUNDATION 54-1008060 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified	(a) December of transaction	(d) Corrected		
(a) Name of disquamed person	person and organization	(c) Description of transaction	Yes	No	
			<u> </u>		

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

\$	 	 		_
\$				

Part II	Loans to	and/or	From	Interested	Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(b) Relationship (h) Approved by board or (d) Loan to o (ı) Written (c) Purpose (a) Name of (e) Original (f) Balance due (g) In from the interested person with organization of loan principal amount default? agreement? organization? committee? То From Yes Yes No No Yes No NADA FOUNDER DUE FROM  $\overline{\mathbf{x}}$ 0 136,401  $\overline{\mathbf{x}}$  $\overline{\mathbf{x}}$ X 136,401

Total Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (e) Purpose of (c) Amount of (d) Type of (b) Relationship between interested person and assistance assistance assistance the organization

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

Schedule L (Form 990 or 990-EZ) 2016

\$

A V Rucinoca Transpotiens	211 1 0 0112111 2 011		54-1008	060	Page
Pusiness Transactions I	DA FOUNDATION Involving Interested Persons.				
Complete if the organization and	swered "Yes" on Form 990, Part IV, line 28	a, 28b, or 28c			
(a) Name of interested person	(b) Relationship between interest	ed (c) Amount of	(d) Description of	(e) Sha organiz reven	ring atıo
	person and the organization	transaction	transaction		
			<del> </del>	Yes	N
		<del></del>	<del> </del>		
			<del> </del>	<del> </del>	_
<del></del>		<del></del>	<del> </del>	<del>                                     </del>	_
<del></del>			<del> </del>	t	┢┈
					L.,
		<del></del>	<del> </del>	<b> </b>	L
tVI Complemental Informati			<u> </u>	Ь	L_
rt V Supplemental Information					
Provide additional information to	or responses to questions on Schedule L (	see instructions)			_
		<del></del>	· <u></u>		_
<del></del>					_
				····	
					_
					_
					_
· · · · · · · · · · · · · · · · · · ·				·	
					_

## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number

NADA FOUNDATION	54-1000000
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 REVIEW	
AFTER REVIEW BY INDEPENDENT ACCOUNTANTS AND PRIOR TO FILI	NG WITH THE IRS,
THE FORM 990 IS PROVIDED TO CERTAIN OFFICERS, INCLUDING T	HE TREASURER, FOR
REVIEW AND COMMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS	
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE FOR	VIEWING UPON
REASONABLE REQUEST.	
FORM 990 PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.	
FORM 990 PART IV, LINE 34	
RELATIONSHIP WITH TAX EXEMPT ORGANIZATION	
THE NATIONAL AUTOMOBILE DEALERS CHARITABLE FOUNDATION WAS	FOUNDED BY
AND CONTINUES TO HAVE A CLOSE RELATIONSHIP WITH THE NATIO	NAL AUTOMOBILE
DEALERS ASSOCIATION (NADA), A TAX EXEMPT ORGANIZATION UND	ER IRC
501(C)(6). NADA IS NOT LISTED AS A RELATED ORGANIZATION A	S IT DOES NOT
HAVE CONTROL OF THE FOUNDATION.	
<u></u>	<del></del>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)