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Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod Do not enter social security numbers on this form as it	may be made public	undations) :.	2016 Open to Publi					
	Information about Form 990 and its instructions is at we repeat, or tax year beginning 17/01/16, and ending 12/3		<u> </u>	Inspection					
	Check if applicable C Name of organization NATIONAL ASSOCIATION FOR COMMUNITY D Employee								
Crieck is applicable	·								
Address change	ousiness as		26-07	04711					
I Name change	r and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone						
Initial return ONE	FEDERAL STREET, SUITE 101		413-3	806-3 <u>131</u>					
Final return/ City or terminated	town, state or province, country, and ZIP or foreign postal code	-		<u>-</u>					
SPR	INGFIELD MA 01105		G Gross recei	pts\$ _ 531,3					
Amended return F Name	and address of principal officer	114 3 1-46							
Application pending DR	EUGENE GIOVANNINI	n(a) is this a g	roup return for su	ibordinates Yes					
ON	FEDERAL STREET, 101	H(b) Are all su	ibordinates inclu	ided? Yes					
	RINGFIELD MA 01105	If "No	," attach a list (see instructions)					
I Tax-exempt status	501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527								
	ACCE.COM_	H(c) Group ex	emption numbe	<u></u>					
K Form of organization X C	orporation Trust Association Other ▶	L Year of formation 2	2007	M State of legal domicile					
Part Summai	у								
1 Briefly describe t	he organization's mission or most significant activities								
8 TO FOSTE	R ECONOMIC VITALITY FOR LOCAL COMMUNITIES	AND THE NA	TION TH	ROUGH					
F THE ESTA	BLISHMENT AND COORDINATION OF ENTREPRENEU	RSHIP EDUCA	TIONAL :	PROGRAMS					
AT COMMU	NITY COLLEGES.								
TO FOSTEI THE ESTAI AT COMMUI 2 Check this box	If the organization discontinued its operations or disposed of more	than 25% of its ne	t assets						
3 Number of voting	members of the governing body (Part VI, line 1a)		3	14					
4 Number of indep	endent voting members of the governing body (Part VI, line 1b)		4	14					
4 Number of indep 5 Total number of 6 Total number of	ndividuals employed in calendar year 2016 (Part V, line 2a)		5	7					
6 Total number of	volunteers (estimate if necessary)		6	25					
7a Total unrelated b	usiness revenue from Part VIII, column (C), line 12		7a						
b Net unrelated bu	siness taxable income from Form 990-5, thre 341/ / []		7b						
		Prior Ye		Current Year					
စ္ 8 Contributions an	d grants (Part VIII, line 1h) revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 374, and 7d)		8,869	77,1					
0 -	revenue (Part VIII, line 2g) S MAY 1 5 2017		1,308	449,6					
10 Investment incor	· · · · · · · · · · · · · · · · · · ·		2,465	4,5					
11 Other revenue (F	art VIII, column (A), lines 5, 6d, 80, 90; 100; and 11e)		209						
	add lines 8 through 11 (must equal Part Vitil Cournh, (A), line 12)	68	2,851	531,3					
i i	ar amounts paid (Part IX, column (A), lines 1–3)								
	or for members (Part IX, column (A), line 4)		- 0.60	1.60					
15 Salaries, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)	46	7,260	160,40					
<u> </u>	draising fees (Part IX, column (A), line 11e)								
b lotal fundraising	expenses (Part IX, column (D), line 25) 14,207	F0	2 042	000 7					
17 Other expenses	(Part IX, column (A), lines 11a-11d, 11f-24e)		3,943	290,7					
,	Add lines 13–17 (must equal Part IX, column (A), line 25)		1,203	451,1					
19 Revenue less ex	penses Subtract line 18 from line 12	Beginning of Cu	8,352	80,2: End of Year					
20 Total assets (Pa	t X line 16)		4,553	558,2					
20 Total liabilities (F			0,080	245,4					
등리 :	d balances Subtract line 21 from line 20		4,473	312,8					
	re Block		-7						
	declare that I have examined this return, including accompanying schedules a	and statements, and t	o the best of i	my knowledge and hel					
	Declaration of preparer (other than officer) is based on all information of which			,					
	ON SHOP			5-10-2017					
Sign Signature of	officer V	· · · · · · · · · · · · · · · · · · ·	Date	<u> </u>					
- J · · ·	ECCA CORBIN CH	IEF EXEC.	OFFICE	ER					
Here REB	t name and title								
1		Date	Check	X if PTIN					
1	s name Preparer's signature								
Type or prin	1 1	05/09	5/17 self-emo						
Type or prii PriiVType preparei Paid RICHARD ABB	OTT RICHARD ABBOTT		5/17 self-emp						
Type or prii Print/Type preparei Paid RICHARD ABB	RICHARD ABBOTT, CPA		5/17 self-emp	26-359855					
Paid RICHARD ABB Preparer Use Only	RICHARD ABBOTT, CPA 163 NORTHAMPTON STREET, STE. B		Firm's EIN	26-359855					
Paid RICHARD ABB Preparer Use Only Firm's address	RICHARD ABBOTT, CPA 163 NORTHAMPTON STREET, STE. B								

art III Statement of Program Service Accomplishments	Page 2
Check if Schedule O contains a response or note to any line in this Part III	
Briefly describe the organization's mission TO FOSTER ECONOMIC VITALITY FOR LOCAL COMMUNITIES AND THE ESTABLISHMENT AND COORDINATION OF ENTREPRENEURSHIP AT COMMUNITY COLLEGES.	
Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported.	
(Code) (Expenses \$ 64,173 including grants of \$) (ReTEMBER SERVICES -	evenue \$
PUBLICATIONS, WEBINARS, AND OTHER SERVICES DESIGNED TO SERVER MEMBERS IN ENTREPRENEURSHIP EDUCATION AND	
NTREPRENEURIAL LEADERSHIP AT THE COMMUNITY COLLEGE LEV	ÆL.
DUCATIONAL - DEVELOP EDUCATIONAL CONTENT TO PROMOTE, IMPROVE, AND EX	FIC HOW-TO'S,
ELICITED OFFERINGS.	
(Code)(Expenses\$ 187,825 including grants of\$) (ReCONFERENCE THE ANNUAL CONFERENCE IS A PLACE WHERE ENTREPRENEURIALISTINGED COMMUNITY COLLEGE PROFESSIONALS GATHER TOGETHER	TO
	TO NAL IP,
(Code)(Expenses\$ 187,825 including grants of\$) (Reconference THE ANNUAL CONFERENCE IS A PLACE WHERE ENTREPRENEURIALIZATION COMMUNITY COLLEGE PROFESSIONALS GATHER TOGETHER EDENTIFY OPPORTUNITIES AND CREATE POSITIVE ORGANIZATION OF COMMUNITY CHANGE. THROUGH ENTREPRENEURIAL LEADERSHIP ENTREPRENEURIAL LEADERSHIP ENTREPRENEURSHIP EDUCATION, AND STUDENT BUSINESS INCUBATION PROGRAMS YOU WILL LEARN HOW YOUR COMMUNITY COLLEGE WILL MAKE AN IMPACT IN YOUR COMMUNITY'S ECONOMIC	TO NAL IP,

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	110
	complete Schedule A	1	x	•
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			ļ
	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,			ļ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		Į	l
	Part III	5	<u> </u>	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	İ		\
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		Ì
	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,"		İ]
_	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	\ _		
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10	l .	x
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	├	
11	VII, VIII, IX, or X as applicable			}
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	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	1	<u></u>	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116]	x
С	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		Х
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		X
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	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ı	Ι.	ļ
	Schedule D, Parts XI and XII	12a	<u> </u>	X
þ	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	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a		14a	 	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ļ	1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	l	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	├	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1 45		
16	for any 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 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	1.0	1-	^
"	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 ``	 	-
,,,	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>	\vdash	T
•	If "Yes," complete Schedule G, Part III	19	1	X
			m 990	

	art IV Charklist of Paguired Schadular (continued)		P	age 4
Fa	art IV Checklist of Required Schedules (continued)		Vas	Na
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	tara di Paranta di Managaran di Managaran di Managaran di Managaran di Managaran di Managaran di Managaran di M	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	ľ		
	employees? If "Yes," complete 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 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		X
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
		24c		
d	-	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_
		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	- 1		
		25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member 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,	Ţ		
	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
¢	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		X
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	ı		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			l
	or IV, and Part V, line 1	34		X
		35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	_		٠,,
	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		'	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		
	Pert VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	v	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

	1990 (2016) NATIONAL ASSOCIATION FOR COMMUNITY 26-0704711		P	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.0	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 34 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			Ì
·	reportable gaming (gambling) winnings to prize winners?	10		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		^
~~	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7	ļ		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			-
3a	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		
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			ł
	account)?	4a		х
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)			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	\		ſ
а	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l
	required to file Form 8282?	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	. '		۱
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
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?	7 <u>g</u>		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	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	 -		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	_
10	Section 501(c)(7) organizations. Enter	130	-	_
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		ļ
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders	ļ	ļ	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	ł	
	against amounts due or received from them)	ļ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	Enter the amount of reserves the organization is required to maintain by the states in which	ł		1
	the organization is licensed to issue qualified health plans	1	l	
C	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
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>

	with a taxable entity during the year?	16
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1
	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?	161
Sec	ction C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filed ▶MA	
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))
	available for public inspection. Indicate how you made these available. Check all that apply	
	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	i
	financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
R	EBECCA CORBIN ONE FEDERAL STREET, 101	
S	PRINGFIELD MA 01105 41:	<u>3-3</u>
DAA		F

06-3131 orm 990 (2016)

DAA

F <u>orm 990 (20</u>	is) NATIONAL ASSOCIATION FOR COMMUNITY 26-0704711	Page 7
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	П
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee **(B)** (F) Name and Title Average Position Reportable Reportable Estimated (do not check more than one compensation compensation from hours per amount of week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation (W-2/1099-MISC) organization hours for from the ndıvıdual trustee nstitutional trustee (W-2/1099-MISC) organization related and related organizations employee below dotted organizations line) EUGENE GIOVANNINI (1) DR. 0.00 X 0 0 CHAIR 0.00 X 0 SUSAN MAY (2) DR. 0.00 VICE CHAIR 0.00 X X 0 0 0 (3) DR. STEVE SCHULZ 0.00 0 0 0 SECRETARY/TREASURER 0.00 X X (4) EDWIN MASSEY 0.00 IMMEDIATE PAST CHAIR 0.00 X X 0 0 0 (5) CRISTOBAL VALDEZ 0.00 0 0 DIRECTOR 0.00 X 0 (6) JEN WORTH 0.00 DIRECTOR 0.00 X 0 0 0 (7) DR. ANGELINE GODWIN 0.00 0 0 DIRECTOR 0.00 X 0 (8) DR. GARRETT HINSHAW 0.00 DIRECTOR 0.00 X 0 0 0 (9) DR. DORIS GIVENS 0.00 DIRECTOR 0.00 X 0 0 0 (10) PAM EDDINGER 0.00 0 0 0.00 X 0 DIRECTOR (11)DR. JIM JACOBS 0.00 0 0 0.00 DIRECTOR Form 990 (2016)

Part VII Section A. Officers (A) Name and title	(B) Average hours per week (list any hours for	(do box offi	not c	Pos heck ss pe	c) ition more rson lirecto	than d s both or/trust	one n an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amoun othe compens	ited it of er sation	
	related organizations below dotted (ine)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rela organiza	ated	
(12) JEE HANG LEE	0.00												
DIRECTOR (13) CHERYL JENSE	0.00 N	X		<u> </u>		-		0	0	 	-		0
DIRECTOR	0.00	x						0	0				0
(14) DR. KEN ATWA									1				
DIRECTOR	0.00	x			_			0	0				0
		}											
		-			-	-	-	}					
		-	_		 	-	_			-			
	-						}						
											-		
	<u> </u>	-	-		-						<u>.</u>		
	<u> </u>				<u> </u>		L						
1b Sub-total c Total from continuation sh	eets to Part VI	, Se	ctio	n A			>			ļ			
d Total (add lines 1b and 1c) Total number of individuals (including but no			to th	ose	liste	<mark>▶</mark> d a	bove) who received more	than \$100,000 of		 .		
reportable compensation from												Yes	No
3 Did the organization list any employee on line 1a? If "Yes	s," complete Scl	redu	le J	for s	uch	ındı	ridu	ıal			3		x
4 For any individual listed on li organization and related organization	ne 1a, is the su anizations great	m of ter th	repo nan S	ortat 6150	ole c 0,000	omp	ens "Ye	sation and other compensa es," complete Schedule J fo	ation from the or such		4	<u> </u>	x
 individual Did any person listed on line for services rendered to the 	1a receive or a	ccru	e co	mpe	ensa lete	tion i	fron	n any unrelated organization	on or individual		5		X
Section B. Independent Contrac	tors										<u>~</u>		
Complete this table for your compensation from the orga	nization Report	nper con	sate npen	d ind	depe	ende or the	nt c	ilendar year ending with oi	r within the organization's	tax yea	<u></u>		
Name and	(A) d business address						1	Descri	(B) ption of services			(C) empens	ation
							_						
							-				<u> </u>		
							 				<u> </u>		
2 Total number of independen	t contractors (in	clud	ina h	out n	ot b	miter	d to	those listed above) who					
received more than \$100,00									0		For	m 99	0 (2016)

	VIII Statement of Rev Check if Schedule			a response	or note to any lin	e in this Part VIII		
10 10					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
unt T	a Federated campaigns	1a						
ଦୂର୍ମ	b Membership dues	1b						
Z Y	c Fundraising events	1c						}
ଦ୍ରମ	d Related organizations	1d		44.440				
Sin	e Government grants (contributions)	<u>1e</u>		41,140				
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	1f		36,000				
<u> </u>	g Noncash contributions included in lines 1	a-1f	\$		77 140			
38	h Total. Add lines 1a-1f				77,140			
<u></u>	- DEGEGERATION THEOLOG	_		Busn Code	226,926	226,926		1
<u>4</u> ي	REGISTRATION INCOM	E		 -	96,237	96,237		
<u>2</u>	b MEMBERSHIP DUES c SPONSOR FEES			\ 	95,006	95,006		
Š	c SPONSOR FEES d CONSULTING FEES			·	31,306	31,306		
E	e ADVERTISING FEES			<u> </u>	177	177		
gra	f All other program service rev	епие		<u> </u>				
윤	g Total. Add lines 2a-2f	000			449,652			
	Investment income (including	divide	ends, inte	erest.		 		Τ
	and other similar amounts)		•	>	4,555	Ì		4,555
4	Income from investment of ta	ix-exe	mpt bond	l proceede				
5	Royalties			<u>▶</u>				
}	(ı) Real		(11)	Personal				
6	Sa Gross rents							
	b Less rental exps							
}	C Rental inc or (loss					1		
	d Net rental income or (loss)			•				
_ '	7a Gross amount from (i) Securities sales of assets	i	(11) Other				
	other than inventory		ļ					
	b Less cost or other							
	basis & sales exps							
	c Gain or (loss)		ļ		ļ			1
	d Net gain or (loss)		_	•				
9 E	Gross income from fundraising ev	ents						
Ş	(not including \$	->						
&	of contributions reported on line 1			f				
Other Revenue	See Part IV, line 18 b Less direct expenses	a b				1		İ
ŏ	c Net income or (loss) from fur		na event					
	Gross income from gaming activity		ng event	* - F				
'	See Part IV, line 19	.ics a						
	b Less direct expenses	b						
	c Net income or (loss) from ga	_	ctivities	▶		ŀ		
10	Da Gross sales of inventory, les	-						
	returns and allowances	a		1				-
	b Less cost of goods sold	b						
	c Net income or (loss) from sa	les_of	nventory	•				
	Miscellaneous Revenue			Busn Code				
1	1a							<u> </u>
	b							
	С							
	d All other revenue							
	e Total. Add lines 11a-11d			>				
141	2 Total revenue. See instructi	ons		•	531,347	449,652		0 4,555

DAA

Form 990 (2016)

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (D) (C) Management and Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 140,620 7 Other salaries and wages 99,006 30,877 10,737 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,991 5,909 2,448 634 Other employee benefits 10,798 .748 2,309 741 10 Payroll taxes Fees for services (non-employees) a Management b Legal 10,855 10,855 c Accounting Lobbying Professional fundraising services See Part IV, line 17 е f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 723 30,178 29,455 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 11,137 7,179 3,778 180 13 Office expenses 2,611 2,611 Information technology 14 15 Royalties <u>3,900</u> 3,900 16 Occupancy 35,060 28,184 6,266 610 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 1,109 1,109 22 Depreciation, depletion, and amortization 1,433 1,433 23 Insurance 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 O) 78,417 64,504 78,417 **EVENTS** 585 1,305 62,614 MARKETING 24,985 24,985 AUDIO VISUAL SERVICES -2,206 OTHER EXPENSE 14,682 16,888 11,830 6,493 5,337 e All other expenses 451,110 368,311 68,592 14,207 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ if following SOP 98-2 (ASC 958-720)

Part·X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 50,266 Cash-non-interest bearing 26,897 148,100 131,824 2 Savings and temporary cash investments 2 125,521 113,633 3 Pledges and grants receivable, net 15,930 Accounts receivable, net 44,029 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 7 Inventories for sale or use 12,729 2,729 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 22,824 other basis Complete Part VI of Schedule D 10a 22,500 b Less accumulated depreciation 10b 1,433 10c 213,943 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 544,553 558,231 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 40,425 54,192 17 Accounts payable and accrued expenses 17 Grants payable 18 18

24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 310,080

Total liabilities. Add lines 17 through 25

Organizations that follow SFAS 117 (ASC 958), check here ►X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets

21 Escrow or custodial account liability Complete Part IV of Schedule D

trustees, key employees, highest compensated employees, and

Secured mortgages and notes payable to unrelated third parties

22 Loans and other payables to current and former officers, directors,

disqualified persons Complete Part II of Schedule L

28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and

complete lines 30 through 34. 30 Capital stock or trust principal, or current funds

31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds

33 Total net assets or fund balances Total liabilities and net assets/fund balances

29 30 31 32 234,473 312,813 33

269,655

182,166

52,307

544,553

19

20

21

22

23

24

26

27

28

558,231 Form 990 (2016)

191,226

245,418

262,587

50,226

19

23

Liabilities

Balances

Fund

ŏ

Deferred revenue

20 Tax-exempt bond liabilities

Forn	1 990 (2016) NATIONAL ASSOCIATION FOR COMMUNITY 26-0704711			_	Pag	je 12		
Pa	art 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				347		
2	Total expenses (must equal Part IX, column (A), line 25)	_2				110		
3	Revenue less expenses Subtract line 2 from line 1	3_				237 473		
4								
5	Net unrealized gains (losses) on investments	5			1,1	<u> 397</u>		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		_31	2,	<u>813</u>		
Pa	art XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990		/	ĺ		ļ		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in)]				
	Schedule O		ļ	h		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Ĺ	2a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ļ	Į				
	reviewed on a separate basis, consolidated basis, or both		Ì	1				
	Separate basis Consolidated basis Both consolidated and separate basis		ł	1		İ		
b	Were the organization's financial statements audited by an independent accountant?		ļ	2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both		ľ	ì				
	Separate basis Consolidated basis Both consolidated and separate basis		ŀ			İ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		ļ		ı			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		Į.	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in		1					
	Schedule O		ſ	1		ĺ		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ļ					
	the Single Audit Act and OMB Circular A-133?		ļ	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ĺ					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		l	3b		L		
				For	n 990	(2016)		

SCHEDULĖ 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 chantable trust.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

NATIONAL ASSOCIATION FOR COMMUNITY

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

ov/form990. Inspec

						INC			<u> 26-070</u>						
Pi	art l	Reas	on for Public (Charity	Status (All organization	is must	compl	ete this part	See instru	ictions					
he	orga	inization is no	t a private foundati	on becau	se it is (For lines 1 through 1)	2, check	only one	box)							
1		A church, co	nvention of church	es, or ass	sociation of churches describe	d in sec	tion 170	b)(1)(A)(i).							
2	П				(A)(ii). (Attach Schedule E (Fo										
3															
4	H	•			d in conjunction with a hospital				Al(iii) Enter	the hospital's na	me				
7	ш	city, and stat	•	ii operate	a in conjunction with a nospita	ai descrit	eu ai se		Aj(iii). Liitei	tile nospital s ne	iiic,				
_	\Box			61	of a college or unuscribe sum.										
5	Ш	_			of a college or university own	ea or ope	erated by	a governmenta	unit describe	a in					
	section 170(b)(1)(A)(iv). (Complete Part II) 6														
	H			_				., ., .							
7	Ш		section 170(b)(1)		substantial part of its support	from a g	overnme	ntal unit or from	tne general p	DUDIIC					
					•										
8					170(b)(1)(A)(vi). (Complete P										
9	Ш	-	•		scribed in section 170(b)(1)(A				•	•					
		-	or a non-land gran	t college	of agriculture (see instructions	s) Enter	tne name	e, city, and state	of the college	e or					
40	X	university			1) then 22 1/20/ of the					4					
10	Λ	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													
		•			nd unrelated business taxable			` '							
					30, 1975 See section 509(a)					-					
11			-		exclusively to test for public s	• •		•							
12	П	An organizat	tion organized and	operated	exclusively for the benefit of	to perfor	m the fur	octions of, or to	carry out the r	ourposes					
	ш	•	_	•	zations described in section	•				•					
		Check the bo	ox in lines 12a thro	ugh 12d t	hat describes the type of supp	porting of	ganızatı	on and complete	lines 12e, 12	f, and 12g					
	а	Type I. A	A supporting organi	zation op	erated, supervised, or control	led by its	support	ed organization(s), typically by	y giving					
		the supp	orted organization(s) the po	wer to regularly appoint or ele	ct a majo	ority of th	e directors or tru	stees of the						
		supportir	ng organization Yo	u must d	complete Part IV, Sections A	and B.									
	b	Type II.	A supporting organ	ization si	upervised or controlled in conf	nection w	ıth its su	pported organiza	ation(s), by ha	aving					
		control o	r management of t	he suppo	rting organization vested in th	e same p	ersons t	hat control or ma	anage the sup	ported					
		$\overline{}$	• ,	•	Part IV, Sections A and C.										
	С				supporting organization opera					ted with,					
					structions) You must comple		•								
	d				d. A supporting organization of										
					e organization generally must must complete Part IV, Sect				and an attent	iveness					
	_		•		ceived a written determination				una II. Tuna II	1					
	е				n-functionally integrated supp				ype II, Type II	,					
	f		mber of supported				3			ſ					
	g			•	he supported organization(s)										
- (1		e of supported	(ii) EIN		(III) Type of organization	(iv) is the c	rganization	(v) Amount of	monetary	(vi) Amount	of				
•		ganization	',,=	- 1	(described on lines 1–10		ır governing	support	•	other support					
					above (see instructions))	docui	nent?	ınstructi	ons)	instruction	s)				
						Yes	No								
(A)															
						<u> </u>									
(B)						ļ	ļ			•					
							!								
(C)															
_						 	 -								
(D)															
				- 		 	 								
(E)]	1]	1			ı					
_															
۲			[1	l								

	dule A (Form 990 or 990-EZ) 2016 NAT	IONAL AS	SOCIATION	FOR COM	MUNITY 26	-0704711	Page 2
Pa	Support Schedule for C	organizations	Described in	Sections 17	U(b)(1)(A)(IV) a	and 1/U(D)(1)(/	A)(VI)
	(Complete only if you che Part III If the organization						luality under
800	tion A. Public Support	ir ialis to qual	ily under the te	sis listed beit	w, piease coi	ilpiete Fart III.)	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Ouloi	ida you (or noon you beginning ii)	(4) 2012	(5) 2015	(0) 2014	(4) 2013	(0) 2010	(i) i otai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						<u></u>
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		L			<u> </u>	
	tion B. Total Support					,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI)						
11	Total support. Add lines 7 through 10	L	<u> </u>	<u></u>	L		
12	Gross receipts from related activities, et	•	•			12 (
13	First five years. If the Form 990 is for the	-	first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. □
500	organization, check this box and stop hection C. Computation of Public		entane				
				lump (fl)		14	%
14 15	Public support percentage for 2016 (line Public support percentage from 2015 Sc	• •	•	ium (i))		15	
	33 1/3% support test—2016. If the orga	•		ine 13 and line 1	4 is 33 1/3% or m	<u> </u>	
IVa	box and stop here. The organization qu				4 13 33 17370 OF III	iore, check this	▶ □
h	33 1/3% support test—2015. If the organization	•	•		line 15 is 33 1/3%	or more check	, ,
~	this box and stop here. The organization					or more, encor	▶ □
17a	10%-facts-and-circumstances test—2	•	• • •	-	13, 16a, or 16b, ar	nd line 14 is	
	10% or more, and if the organization me	•					
	Part VI how the organization meets the						
	organization						▶ □
b	10%-facts-and-circumstances test—2	015. If the organ	zation did not che	ck a box on line	13, 16a, 16b, or 1	7a, and line	_
	15 is 10% or more, and if the organization	on meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop	here.	
	Explain in Part VI how the organization is	meets the "facts-a	and-circumstance:	s" test. The organ	ization qualifies a	s a publicly	
	supported organization						. ▶ 🗌
18	Private foundation. If the organization instructions	did not check a b	ox on line 13, 16a	, 16b, 17a, or 17t	o, check this box a	and see	. • 🗆

Schedule A (Form 990 or 990-EZ) 2016 NATIONAL ASSOCIATION FOR COMMUNITY 26-0704711

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

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

Sec	tion A. Public Support	quality unitable	tilo tooto noto:	z ociett, piedo	o complete i c			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership				` `			
	fees received (Do not include any "unusual grants")	863,664	929,249	428,489	148,869	77,140	2,447,411	
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	559,416	589,146	565,866	531,308	449,652	2,695,388	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	9,513	7,273	15,522	209		32,517	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1,432,593	1,525,668	1,009,877	680,386	526,792	5,175,316	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	780,992	775,824	334,469	46,208	30,687	1,968,180	
С	Add lines 7a and 7b	780,992	775,824	334,469	46,208	30,687	1,968,180	
8	Public support. (Subtract line 7c from line 6)	Í	1		1		3,207,136	
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6	1,432,593	1,525,668	1,009,877	680,386	526,792	5,175,316	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	968	3,764	7,822	9,185	4,555	26,294	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	968	3,764	7,822	9,185	4,555	26,294	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11,						-	
	and 12)	1,433,561	1,529,432	1,017,699	689,571	531,347	5,201,610	
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	▶ □	
Sec	tion C. Computation of Public S	Support Perce	ntage					
15	Public support percentage for 2016 (line		•	umn (f))		15	61,66%	
<u>16_</u>	Public support percentage from 2015 Sc					16	60.98%	
Sec	tion D. Computation of Investm							
17	Investment income percentage for 2016			13, column (f))		17	1 %	
18	Investment income percentage from 201					<u> 18</u>	1 %	
19a	33 1/3% support tests—2016. If the org						▶ X	
_	17 is not more than 33 1/3%, check this if 33 1/3% support tests—2015. If the org						•	
b							~ ▶ □	
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Page 3

Schedule A (Form 990 or 990-EZ) 2016 NATIONAL ASSOCIATION FOR COMMUNITY 26-0704711

Part IV **Supporting Organizations**

> (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.)

A . 4.		A 4.	_	nizations
SACTION	A A 11	SIIDDAM	DA / 1842	NITATIANO

- Are all of the organization's supported organizations listed by name in the organization's governing 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
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 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
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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.
- 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
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
			-
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	7		
			1
	4c		
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	9b		
	9c		
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	10a		
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	tle A (Form 990 or 990-EZ) 2016 NATIONAL ASSOCIATION FOR COMMUNITY 26-070471	1		Page 5
<u>Par</u>	t IV Supporting Organizations (continued)			
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ı		
а	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		
	A family member of a person described in (a) above?	11b		
	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		
Seci	on B. Type I Supporting Organizations		V	N.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ļ		
	controlled the organization's activities. If the organization had more than one supported organization,			
	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	_1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ľ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	,	
Sect	on D. All Type III Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	- 1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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			
	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			
Soci	supported organizations played in this regard	3		<u> </u>
	ion E. Type III Functionally-Integrated Supporting Organizations			
1_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the Astronomy See Instruction of the Astronomy See Instruction (See Instruction of the Astronomy See Instruction of the Astronomy See Instruction (See Instruction of the Astronomy See Instruction of the Ins	ons)		
a b	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	etructu	one)	
•	The diganization supported a governmental chitty Describe in Fair Vinon you supported a government chitty (see in	sir ucin	J113)	
2	Activities Test Answer (a) and (b) below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		,,,,,	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	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			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction 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		

Schedule A (Form 990 or 990-EZ) 2016 NATIONAL ASSOCIATION FOR C			1711 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
instructions. All other Type III non-functionally integrated supporting organizations	must c	complete Sections A thro	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
<u> </u>			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	<u> </u>	
Other gross income (see instructions)	3		<u> </u>
4 Add lines 1 through 3	4		<u> </u>
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		,
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to			

7 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

emergency temporary reduction (see instructions)

instructions)

	le A (Form 990 or 990-EZ) 2016 NATIONAL ASSOCIAT			
Par) Supporting Organ	izations (continued)	
Secti	on D - Distributions	······································		Current Year
1	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	· · · · · · · · · · · · · · · · · · ·	· ····	
	Total annual distributions. Add lines 1 through 6	-		
8	Distributions to attentive supported organizations to which the organizations	nization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	T		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b	<u> </u>			
	From 2013			
	From 2014	 		
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>i</u>				
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7 \$		······································	
	Applied to underdistributions of prior years	 		
	Applied to 2016 distributable amount	 		
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	 		
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c Breakdown of line 7	 		
<u>°</u> _a	OLEGNOWII OF THE 1	 		
	Excess from 2013	 		
	Excess from 2014	 		
	Excess from 2015			
	Excess from 2016	 		
~				

Schedule A (Form 990 or 990-EZ) 2016 NATIONAL ASSOCIATION FOR COMMUNITY 26-0704711 Page 8

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

NAT4711

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.irs.gov/form990.

OMB No 1545-0047 2016 Open to Public

Inspection

	TO THE ORGANIZATION TO THE ORGANIZATION TO THE COMMUNICATION TO THE ORGANIZATION THE ORGANIZATION THE ORGANI		Employer identification number
	ATIONAL ASSOCIATION FOR COMMUNITY		26 0704711
	OLLEGE ENTREPRENEURSHIP, INC art I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds	26-0704711
	Complete if the organization answered "Yes" of		or Accounts.
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	s in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
P	art II Conservation Easements. Complete if the organization answered "Yes" of	on Form 990 Part IV June 7	
4			
1	Purpose(s) of conservation easements held by the organization (ch		anortest land area
	Preservation of land for public use (e g , recreation or education Protection of natural habitat	Preservation of a historically im Preservation of a certified histo	
	Preservation of open space	Freservation of a certified filsto	ne suddule
2	Complete lines 2a through 2d if the organization held a qualified con	nservation contribution in the form of a	conservation
_	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			2b
c	Number of conservation easements on a certified historic structure	included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/	` '	
	historic structure listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, released	, extinguished, or terminated by the orga	anization during the
	tax year ▶		
4	Number of states where property subject to conservation easement	is located ▶	
5	Does the organization have a written policy regarding the periodic n	nonitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds	?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	ng of violations, and enforcing conservat	tion easements during the year
	•		
7	3. 1	violations, and enforcing conservation e	easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above satisfied to a state of 470(h)(4)(D)(c)2	sty the requirements of section 170(h)(4	
•	and section 170(h)(4)(B)(ii)?	amonto in its review and suppose state	∐ Yes ∐ No
9	In Part XIII, describe how the organization reports conservation eas balance sheet, and include, if applicable, the text of the footnote to	•	
	organization's accounting for conservation easements	the organization's imancial statements t	mat describes the
P	art III Organizations Maintaining Collections of A	rt. Historical Treasures, or Oti	her Similar Assets
•	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958	i), not to report in its revenue statement	and balance sheet
	works of art, historical treasures, or other similar assets held for pul		
	public service, provide, in Part XIII, the text of the footnote to its final	ancial statements that describes these it	ems
b	If the organization elected, as permitted under SFAS 116 (ASC 958	s), to report in its revenue statement and	I balance sheet
	works of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in	furtherance of
	public service, provide the following amounts relating to these items	5	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2		_	n, provide the
	following amounts required to be reported under SFAS 116 (ASC 9	58) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2016 NATIONAL								Page 2
Part III Organizations Maintainir	ng Collections	<u>of Art, Historica</u>	<u> Treasure</u>	es, or O	ther Sin	<u>nilar Ass</u>	sets (conti	nued)
3 Using the organization's acquisition, access collection items (check all that apply)	sion, and other rec	ords, check any of the	e following th	at are a s	ignificant (use of its		
a Public exhibition	d 🗌	Loan or exchange pr	ograms					
b Scholarly research	e 🗍	Other						
c Preservation for future generations								
4 Provide a description of the organization's	collections and exp	lain how they further	the organiza	tion's exe	mpt purpo	se in Part		
XIII								
5 During the year, did the organization solici					ır		□ v [٦
assets to be sold to raise funds rather than		is part of the organiza	ition's collect	tion?			Yes	No
Part IV Escrow and Custodial A Complete if the organization 990, Part X, line 21		es" on Form 990,	, Part IV, I	ine 9, or	reporte	d an am	ount on Fo	rm
1a is the organization an agent, trustee, custo	dian or other intern	nediary for contributio	ns or other a	ssets not				
included on Form 990, Part X?							Yes	No
b if "Yes," explain the arrangement in Part X	III and complete the	following table				_		_
		-			Γ		Amount	
c Beginning balance						Ic	~~~	
d Additions during the year						ld		
e Distributions during the year						le		
f Ending balance						lf		
2a Did the organization include an amount on	Form 990 Part X	line 21 for escrow or	custodial ac	count liab	_	·· · · · · · · · · · · · · · · · · · ·	Yes	No
b If "Yes," explain the arrangement in Part X					-			٦
Part V Endowment Funds.	THE STREET WATER	o explanation has bee	on provided t	2111 010701				
Complete if the organization	on answered "Y	es" on Form 990	Part IV I	ne 10				
Complete it the organization	(a) Current year	(b) Prior year	(c) Two yea		(d) Three	years back	(e) Four years	
4a Pagunung af waar balanaa	(a) content your	(b) i noi year	(6) 1 #6 96	als back	(4) 111100	years back	(e) r our year.	- Duck
1a Beginning of year balance		-	 				<u> </u>	
b Contributions			 		-		 -	
c Net investment earnings, gains, and								
losses							ļ <u> </u>	
d Grants or scholarships		ļ	<u> </u>				<u> </u>	
e Other expenditures for facilities and								
programs			<u> </u>					
f Administrative expenses			<u> </u>					
g End of year balance		<u></u>	<u> </u>				<u> </u>	
2 Provide the estimated percentage of the c	urrent year end bala	ance (line 1g, column	(a)) held as					
a Board designated or quasi-endowment ▶	%							
b Permanent endowment ▶ %								
c Temporarily restricted endowment ▶	%							
The percentages on lines 2a, 2b, and 2c s	hould equal 100%							
3a Are there endowment funds not in the pos	•	nization that are held	and adminis	tered for t	he			
organization by	•						Yes	No
(i) unrelated organizations							3a(i)	1
(ii) related organizations							3a(ii)	1
b If "Yes" on line 3a(ii), are the related organ	uzations listed as re	oured on Schedule F	32				3b	+
4 Describe in Part XIII the intended uses of		•					<u> </u>	
Part VI Land, Buildings, and Eq		naowinent tanas						
Complete if the organization		es" on Form 990	Part IV I	ına 11a	See Fo	rm 990	Part Y line	10
Description of property	(a) Cost or other				Accumulated	<u>, 550,</u>	(d) Book value	
Description of property	(investment	I			preciation		(a) DOOK VAIUS	
4e Land	,	, (00		ļ				
1a Land						_		
b Buildings	 	-						
c Leasehold improvements			22 024		22 5	500		334
d Equipment	ļ		22,824		22,5	וטטנ		324
e Other	1 200	Bod V selver (D) 1	40- \	L				224
Total. Add lines 1a through 1e (Column (d) mu	si equal Form 990,	rait A, column (B), lif	16 (00)		_	Sabardi	ulo D /Form 99	324

(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

DAA

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 NATIONAL ASSOCIATION FOR COM	MUNITY 26-070471	.1	Page 4
Pa	rt·XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue per	Ret	urn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	}	
b	Donated services and use of facilities	2b]	
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expenses p	er R	leturn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d	'	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	,	3	
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	Į	
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

NAT4711

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.

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization NATIONAL ASSOCIATION FOR COMMUNITY

Employer identification number

OMB No 1545-0047

Open to Public

COLLEGE ENTREPRENEURSHIP, INC

26-0704711

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BOARD MEMBERS RECEIVE A DRAFT OF THE FORM 990 FOR REVIEW PRIOR TO THE FINAL COPY BEING FILED. ALL COMMENTS FROM BOARD MEMBERS ARE FORWARDED TO FINANCE COMMITTEE AND AS NECESSARY TO THE PREPARER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY AT ALL BOARD MEETINGS BOARD MEMBERS ARE ASKED TO INDENTIFY ANY CONFLICTS OF INTEREST THEY MAY HAVE. BOARD MEMBERS ALSO ANNUALLY SIGN A CONFLICT OF INTEREST DISCLOSURE FORM.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL NACCE USED INDUSTRY WAGE DATA COMPILED BY A NATIONAL ASSOCIATION OF TRADE GROUPS IN DETERMINING THE CHIEF EXECUTIVE OFFICER'S COMPENSATION

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS NACCE USED INDUSTRY WAGE DATA COMPILED BY A NATIONAL ASSOCIATION OF TRADE GROUPS IN DETERMINING EMPOYEE COMPENSATION

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ELECTRONIC OR PAPER COPIES OF DOCUMENTS ARE PROVIDED UPON REQUEST.