DLN: 93493238003110 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable THE NASDAQ ENTREPRENEURIAL CENTER INC ☐ Address change 47-1253460 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) 505 HOWARD STREET SUITE 100 ☐ Amended return ☐ Application pending (415) 792-2492 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA $\,$ 94105 $\,$ G Gross receipts \$ 1,214,842 Name and address of principal officer H(a) Is this a group return for NICOLA CORZINE □Yes ☑No subordinates? 505 HOWARD STREET SUITE 100 H(b) Are all subordinates SAN FRANCISCO, CA 94105 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► THECENTER NASDAQ ORG L Year of formation 2014 M State of legal domicile DE K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities DELIVER WORLD-CLASS RESOURCES AND MENTORING TO ENABLE EVERY ENTREPRENEUR ACROSS THE GLOBE TO REALIZE THEIR MAXIMUM POTENTIAL Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 39 7b **Current Year** 3,510,021 836,721 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 327,337 378,121 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 0 O 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,214,842 3,837,358 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,242,721 1,255,808 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶855,645 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,940,882 2,882,348 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 4,183,603 4,138,156 -2,923,314 19 Revenue less expenses Subtract line 18 from line 12 . -346,245 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 8,913,977 6,136,310 1,380,562 21 Total liabilities (Part X, line 26) . 1,179,946 22 Net assets or fund balances Subtract line 21 from line 20 . 4,755,748 7,734,031 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-17 Signature of officer Sign Here NICOLA CORZINE EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-08-17 P00011797 Paid self-employed Firm's name ► BPM LLP Firm's EIN ▶ 81-4234542 Preparer Use Only Firm's address ► 4200 BOHANNON DRIVE SUITE 250 Phone no (650) 855-6800 MENLO PARK, CA 940251021 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

Form	990 (2019)					Page 2					
Pa	rt III Statemen	t of Program Service	e Accomplis	hments							
	Check If Sch	nedule O contains a respo	nse or note to	any line in this Part III		🗹					
1		organization's mission									
BENE Supf	FIT OF ALL ENTREPE ORT ACROSS CRITIC	RENEURS FROM ACROSS	THE GLOBE THE ENTREPRENE	HE CENTER'S PRIMARY (JRS TO - OVERCOME H	ASS FACULTY, CURRICULUM AND I OBJECTIVE IS TO PROVIDE ON-GOI (EY BUSINESS CHALLENGES- DEVE	NG RESOURCES AND					
2	Did the organizatio	n undertake any significa	nt program ser	vices during the year w	hich were not listed on						
	_	or 990-EZ?		- '		☐ Yes 🗹 No					
	•	hese new services on Sch									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?					☐ Yes ☑ No					
4	Describe the organ Section 501(c)(3) a	zation's program service	accomplishmei	to report the amount of	largest program services, as meas if grants and allocations to others,	ured by expenses the total					
4a	(Code) (Expenses \$	2,676,366	including grants of \$) (Revenue \$	378,121)					
	See Additional Data										
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)					
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)					
4d	Other program serv	vices (Describe in Schedi	ıle O)								
	(Expenses \$	ıncl	uding grants of	-) (Revenue \$)					
4e	Total program se	rvice expenses >	2.676.3	66							

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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 No 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 No 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο

7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 뉯 . . .

8 No

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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

or X as applicable

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

b 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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

No

Nο

9

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20h

21

10 Yes 11a

No 11b No 11c Nο 11d

Yes

Yes

Yes

Nο

No

Nο

No

No

Nο

No

Nο

Nο

No

Nο

Form **990** (2019)

	990 (2019)			Page
Par	Checklist of Required Schedules (continued)		Yes	No
2	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	res	No No
}	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 Schedule J	23	Yes	
а	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 through 24d and complete Schedule K If "No," go to line 25a	24a		No
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
	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)			
1	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
,	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	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		No
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
)	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
	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		No
	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, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
alr	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> ;		
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 18	\longrightarrow	Yes	No

1b

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

Yes

OHII	990 (2019)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a		No No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		NI -
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	, , , , , , , , , , , , , , , , , , , ,	_		
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

Form	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•	onse to l	ines
Se	ction 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 9			
	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 9			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	<u>ء</u> .)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Schedule O how this was done	12c	Yes Yes	
13 14		\vdash	+	
	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written whistleblower policy?	13	Yes	
14 15 a	Did the organization have a written whistleblower policy?	13	Yes Yes	
14 15 a	Did the organization have a written whistleblower policy?	13 14 15a	Yes Yes Yes	
14 15 a b	Did the organization have a written whistleblower policy?	13 14 15a	Yes Yes Yes	No
14 15 a b	Did the organization have a written whistleblower policy?	13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Did the organization have a written whistleblower policy?	13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Did the organization have a written whistleblower policy?	13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Did the organization have a written whistleblower policy?	13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Did the organization have a written whistleblower policy?	13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Did the organization have a written whistleblower policy?	13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Did the organization have a written whistleblower policy?	13 14 15a 15b	Yes Yes Yes	No

Part VII

П

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 .

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, or 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 See instructions for the order in which to list the persons above

Check this box if neither the organization no	•	rganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
(A) Name and title	(B) Average hours per week (list any hours	Position than o	on (do one bo	(C o no ox, u n of or/t) it che unle: ficer	eck moss ss pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) BRUCE AUST PRESIDENT	2 00	х		x				0	0	0
(2) STEVE BOCHNER MEMBER	2 00	Х						0	0	0
(3) VIRGIS COLBERT MEMBER	2 00	×						0	0	0
(4) JOAN CONLEY MEMBER	2 00	×						0	0	0
(5) SUE CONLEY MEMBER	2 00	х						0	0	0
(6) ANNA EWING MEMBER	2 00	Х						0	0	0
(7) JOHN SIMON MEMBER	2 00	Х						0	0	0
(8) JILLIAN MANUS MEMBER	2 00	X						0	0	0
(9) CONOR MOORE MEMBER	2 00	×						0	0	0
(10) NICOLA CORZINE EXECUTIVE DIRECTOR	40 00			x				319,999	0	30,884
(11) MELISSA HONEYWELL TREASURER (FROM Q4 2019)	2 00			x				0	0	0
(12) JIMMY RONNKVIST TREASURER (TO Q3 2019)	2 00			х				0	0	0
(13) CRISTINA TRAMUTOLA VICE PRESIDENT OPERATIONS	40 00					×		200,000	0	17,000
(14) CELENA APONTE VICE PRESIDENT OF STRATEGY	40 00					х		212,971	0	19,443
										Form 990 (2019)
										. Jim 330 (2013)

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (D) (B) (C) (E)

Name and title	Average hours per week (list any hours	than o	ne b	ox, ι n of	inles ficer	and a	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations

1b S	ub-Total					•	▶ _	•		i i				
сТ	otal from continuation sheets to Pa	art VII, Section	Α				▶							
d T	otal (add lines 1b and 1c)			<u></u>			▶		732,970			0		67,327
2														
													Yes	No
3	Did the organization list any former of	officer, director	or trust	ee, k	ey e	mplo	oyee, d	or hi	ghest compensa	ted •	employee on			
	line 1a? If "Yes," complete Schedule J	for such individ	dual .									3		No

			<u> </u>			ш											
	Sub-Total						>										
_	Total (add lines 1b and 1c)	•								732,9	70			0			67,327
2	Total number of individuals (including of reportable compensation from the			e liste	ed at	bove)) who	rece	eived n	nore th	nan \$1	00,00	0				
																Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>							_						٦ [3		No
4	For any individual listed on line 1a, is organization and related organizations	s greater than \$	150,00	00? <i>If</i>	"Yes,	," cor	mplet	te Sc	hedule	J for		n the					
	individual			•	•	•			•		•	٠.	•	٠ ٢	1	Yes	
5	Did any person listed on line 1a receive		•			•			_								
	services rendered to the organization	≀If "Yes," compl	ete Sch	iedule	. J foi	r suc	h per	rson		•		•		!	5		No

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

		ا د		NO
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			

7	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	ĺ
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			

	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpens	ation	

	services rendered to the organization? If "Yes," complete Schedule J for such person		5	No			
Se	ction B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year						
	(A)	(B)		(C)			

_ 56	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year						
	(A)	(B)	(C)				
	Name and business address	Description of services	Compensation				

Form **990** (2019)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

		_								Page 9
Part	VII									
		Check if Scheo	dule (O contains a	respo	onse or note to a	ny line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1	a Federated campa	igns		1a			revenue		312 31+
ants		b Membership dues	5.	· [1 b		_			
<u>وت</u>		c Fundraising even	ts .	. [1c		_			
ifts, ar A		d Related organiza	tions	Į	1 d		_			
s, 6		e Government grants	•	Ĺ	1e		_			
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributio and similar amounts above			1f	836,72	1			
ibut Ethe		Noncash contributio	ns inc	cluded in			_			
ontr od C		lines 1a - 1f \$			1g		_			
<u>ت</u> ت	╧	h Total. Add lines	1a-1f		•	-	836,721			
	_	EVENT SALES				Business Code	378,121	378,121		
ī	28	EVENT SALES				90009	9			
Program Service Revenue	Ŀ	•				1				
7 9										
Į.										
፠	(i								
grar		•								
Æ										
		All other program				270.46				
	_	Investment income				nterest, and other				
		sımılar amounts) .	•		•		•			
		Income from invest Royalties		t of tax-exe	mpt bo	ond proceeds	▶			
		,		(ı) Rea	ıl	(II) Personal				
	6	a Gross rents	6a							
		Less rental								
		expenses Rental Income	6b				_			
		or (loss)	6с							
	'	d Net rental income	or ((ı) Securi		(II) Other	<u> </u>			
	 7a	Gross amount		(I) Securi	lies	(II) Other				
		from sales of assets other	7a							
	b	than inventory Less cost or					\dashv			
	-	other basis and sales expenses	7b							
	c	Gain or (loss)	7c							
		d Net gain or (loss)	٠			,	•			
<u>a</u>	88	Gross income from fu (not including \$	ındraı	sing events of						
Other Revenue		contributions reported See Part IV, line 18		ine 1c)						
Rev		b Less direct expen			8a 8b					
ıer		c Net income or (los				ents 🏲				
	0-	Gross income from	aamu	na activitios						
	Эа	See Part IV, line 19	•	· ·	9a					
		b Less direct expen			9b					
	'	c Net income or (los	s) fro	om gaming a	activit	les ▶				
	10	aGross sales of inve	entor	y, less						
		b Less cost of good			10a 10b					
		C Net income or (los								
		Miscellaneo				Business Code	e			
	1	la								
		b				•				
	,	c								
		d All other revenue								
		e Total. Add lines 1				•				
	12	2 Total revenue. S	ee in	structions .	•		1,214,84	2 378,121		0 0 0

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must		_		
Check if Schedule O contains a response or note to	any line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 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	350,883	169,058	94,184	87,641
6 Compensation not included above, to disqualified persons (a defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	is			
7 Other salaries and wages	783,978	377,728	210,433	195,817
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,970	3,358	1,871	1,741
9 Other employee benefits	44,648	21,512	11,984	11,152
10 Payroll taxes	69,329	33,403	18,609	17,317
11 Fees for services (non-employees)				
a Management				
b Legal	168		168	
c Accounting	36,300		36,300	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
${f f}$ Investment management fees $\ . \ . \ . \ .$				
g Other (If line 11g amount exceeds 10% of line 25, column(A) amount, list line 11g expenses on Schedule O)	513,005	418,685	60,777	33,543
12 Advertising and promotion	43,608	34,886		8,722
13 Office expenses				
14 Information technology	138,656	84,930	21,359	32,367
15 Royalties				
16 Occupancy	1,108,493	784,820	81,990	241,683
17 Travel	46,479	32,304	7,360	6,815
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				
22 Depreciation, depletion, and amortization	692,590	498,665	41,555	152,370
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)				
a PROPERTY & OTHER TAXES	204,801	147,457	12,288	45,056
b GENERAL & ADMINISTRATIV	98,248	69,560	7,267	21,421
	+		+	

4,138,156

2,676,366

606,145

855,645

Form **990** (2019)

d

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 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)

12

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33

ō 29

Assets 30 Investments—other securities See Part IV, line 11 .

Investments-program-related See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

Intangible assets

Deferred revenue . . .

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Page **11**

6,136,310

2,060,748

2,695,000

4,755,748

6,136,310

Form 990 (2019)

604,009

12 13

14

15

16

17

18

19

20

8,913,977

350,844

3.080.752

4,653,279

7,734,031

8.913.977

27

28

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31

32

33

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	1,088,410	1	922,49
_			-	

1	Cash-non-interest-bearing	1,086,410		922,493
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	4,353,279	3	2,495,000
4	Accounts receivable, net	91,961	4	90,034
=	Leans and other navables to any current or former officer, director, trustee			

00 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net 8 Inventories for sale or use

Assets Prepaid expenses and deferred charges . . . 77,189 9

18,235 10a Land, buildings, and equipment cost or other 10a 5,611,774 basis Complete Part VI of Schedule D 10b 3,001,226 3,303,138 10c 2,610,548 b Less accumulated depreciation 11 Investments—publicly traded securities . 11

Tax-exempt bond liabilities . . . 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties

829,102 776.553 25 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 1.179.946 1.380.562 26 Total liabilities. Add lines 17 through 25 . . 26 Fund Balances Organizations that follow FASB ASC 958, check here 🕨 🗹 and

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

No

Form 990 (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

18.000+ ENTREPRENEURS FROM 100+ COUNTRIES BENEFITTED - 61% ARE MINORITY ENTREPRENEURS- 49% FEMALE ENTREPRENEURS SERVED5000+ HOURS OF

Software Version:

EIN: 47-1253460

Name: THE NASDAQ ENTREPRENEURIAL CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

EDUCATION

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493238003110
SC	HED	ULE A		Dublic (Charity Statu	c and Dul	olic Supp	ort	OMB No 1545-0047
	m 99				2019				
9901	EZ)		33	p. 0.0 0.	4947(a)(1) nonexe	empt charitable	trust.		4017
Depar	tment of	f the Treasury	▶ 6	io to <u>www.irs</u>	• Attach to Form agov/Form990 for in			ormation.	Open to Public
Intern	al Reven	nue Service	L!		<u> </u>			F	Inspection
		he organiza ENTREPRENEL	TION JRIAL CENTER II	NC				Employer identific	ation number
- D-		B	fa Durklia (The site of Canada	(All		L Lb	47-1253460	
	rt I organiz				IS (All organization it is (For lines 1 thro			see instructions.	
1	_		•		sociation of churches			(A)(i).	
2		A school de	scribed in se c	tion 170(b)(:	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3					vice organization desc	,			
4		·	•	·	ed in conjunction with			•	ntor the beenital's
7	Ц	name, city,		nzación operace	ed in conjunction with	a nospital descri	bed in section .	170(b)(1)(A)(III). E	nter the hospital's
5					t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6			(iv). (Comple state, or local	•	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	☑			-	a substantial part of it				al public described in
8	_			vi). (Complete lbed in section	Part II) 170(b)(1)(A)(vi)	(Complete Part I	T)		
9			•			•	•	with a land-grant coll	ege or university or a
	_	_	-	-	ee instructions Enter			-	
10					(1) more than 331/39 ctions—subject to cer				
		ınvestment	income and i	inrelated busin	ess taxable income (le	ess section 511 t	ax) from busines	sses acquired by the o	organization after June
11					mplete Part III) l exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		_	_	·	exclusively for the be				ne nurnoses of one or
		more public	ly supported	organizations o	lescribed in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509 (a	
а					ated, supervised, or copposit or co				
		complete	Part IV, Sect	ions A and B.					
Ь		manageme	nt of the supp		ervised or controlled i ation vested in the sar and C.				
С		Type III f	unctionally i	ntegrated. A s	supporting organizatio ons) You must com				ited with, its
d			•	, ,	d. A supporting organ	• •			nization(s) that is not
	Ш	functionally	integrated T	he organization	n generally must satis	fy a distribution	requirement and		
e					t IV, Sections A and red a written determin			ne I Tyne II Tyne II	I functionally
	Ш	ıntegrated,	or Type III no	on-functionally	integrated supporting		, ,	pc 1, .,pc 11, .,pc 11	z rancachan,
f				organizations					
g					<pre>pported organization((iii) Type of</pre>	Τ΄	anization listed	(w) Amount of	(vi) Amount of
	(1)	Name of supported organization		(ii) EIN	organization (described on lines 1- 10 above (see instructions))	in your governing document? monetary support other's (see instructions) inst		other support (see instructions)	
						Yes	No		
Tota									
		work Reduc	tion Act Noti	ce, see the Ir	structions for	Cat No 11285	SF :	Schedule A (Form 9	90 or 990-EZ) 2019

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for						
	(Complete only if you ch						ınder Part III.
_	If the organization failed	I to qualify unde	r the tests listed	below, please of	complete Part III	.)	
	Section A. Public Support		1	Т			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	4,523,256	932,561	4,048,801	3,510,021	836,721	13,851,360
2	include any "unusual grant ") 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	4,523,256	932,561	4,048,801	3,510,021	836,721	13,851,360
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						5,332,089
	line 1 that exceeds 2% of the						, ,
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						8,519,271
	line 4						0,319,271
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7		4,523,256	932,561	4,048,801	3,510,021	836,721	13,851,360
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						
10	business is regularly carried on Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						13,851,360
12	Gross receipts from related activities,	etc (see instruction	ns)			12	705,458
	First five years. If the Form 990 is fo			rd fourth or fifth	tay year as a sect		· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	=					
_	ection C. Computation of Publi						
	Public support percentage for 2019 (III			olumn (f))		14	61 500 %
	Public support percentage for 2018 Sc			(17)		15	01 300 70
	33 1/3% support test—2019. If the			on line 13, and line	e 14 is 33 1/3% or		
100	and stop here. The organization qual				2110331737031	more, eneek ems .	▶ ☑
b	33 1/3% support test—2018. If th				and line 15 is 33 1/	3% or more, check	
	box and stop here. The organization	_				·	▶ □
17a	10%-facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14	
	is 10% or more, and if the organization	n meets the "facts	-and-circumstance	es" test, check this	box and stop her	e. Explain	
	in Part VI how the organization meets	the "facts-and-circ	cumstances" test	The organization of	qualifies as a public	ly supported	. \Box
	organization					. 47	▶⊔
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization			_	•	•	▶ □
18	Private foundation. If the organizati	on did not check a	box on line 13, 16	Sa. 16b. 17a. or 13	7b. check this box	and see	

P		upport Schedule for						
		Complete only if you cl						der Part II. If
		ne organization fails to	qualify under t	ne tests listed i	pelow, please co	omplete Part II.)	
56	ection A. Pub	ndar year			1			T
		r beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		contributions, and						
		ees received (Do not						
_		nusual grants ")						
2		from admissions, sold or services						
		facilities furnished in						
		at is related to the						
	organization's	tax-exempt purpose						
3		from activities that are						
		ed trade or business						
4	under section Tax revenues	F						
-		benefit and either paid						
		d on its behalf						
5		ervices or facilities						
		governmental unit to						
		on without charge						
6	Total. Add line	-						
/a		ded on lines 1, 2, and m disqualified persons						
b		ded on lines 2 and 3						
_		other than disqualified						
		exceed the greater of						
		of the amount on line						
_	13 for the yea Add lines 7a a							
8		rt. (Subtract line 7c						
0	from line 6)	it. (Subtract line / c						
Se	ection B. Tota	al Support				•		
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal
		r beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts fron	n line 6						
L0a		from interest,						
		yments received on						
		ns, rents, royalties and similar sources						
b		siness taxable income						
_		511 taxes) from						
		equired after June 30,						
	1975							
_	Add lines 10a							
11		rom unrelated business						
		included in line 10b, ot the business is						
	regularly carr							
12		Do not include gain or						
		sale of capital assets						
	(Explain in Pa							+
13	11, and 12)	rt. (Add lines 9, 10c,						
14	First five yea	a rs. If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,
•		and stop here		, ,	, ,	•	()()	▶ □
Se		nputation of Public S	Support Perce	ntage				
15		percentage for 2019 (lin			column (f))		15	
16	• •	: percentage from 2018 S		•	(//		16	
		nputation of Investr					1 -0	
17		come percentage for 201			line 13. column (f	f))	17	
		come percentage from 20	,		25, 201411111 (1	• / /		
18				·	on line 14	aa 1 E ja waana 41	18 22 1/20/ and l	na 17 ia
		ort tests—2019. If the						_
		/3%, check this box and s	-					▶□
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_
	not more than	n 33 1/3%, check this box	and stop here.	The organization (qualifies as a publ	licly supported org	anızatıon	▶□
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

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) Section A. All Supporting Organizations

			Yes	No
•	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	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			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
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		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
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		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	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		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	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			
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			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	hecked 12a or 12b ın Part I, answer (b) and (c) below			

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b	1	
С	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	3с		
4a	· · · · · · · · · · · · · · · · · · ·			
	checked 12a or 12b ın 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 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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a		
b	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			
С	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," 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)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?	5b	1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
b	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		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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 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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting		_		
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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)			
	D	2		
	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 supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	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			
	_		_L \	
(instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	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		
ŀ	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	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	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? <i>Provide details in Part VI</i> .	3a		
ŀ	Did the organizations? Provide details in Part VI. 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	3h		

3b

Page **6**

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
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)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1 b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI)					
2	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				

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	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

Total annual distributions. Add lines 1 through 6		
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
Distributable amount for 2019 from Section C, line 6		

8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI)			

details in Part VI) See instructions	ilcii tile organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			

(see instructions)	Excess Distributions	Pre-2019	Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
 Carryover from 2014 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		

j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract		

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		
7 Excess distributions carryover to 2020. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		

Schedule A (Form 990 or 990-EZ) (2019)

a Excess from 2015. **b** Excess from 2016. **c** Excess from 2017.

d Excess from 2018. e Excess from 2019.

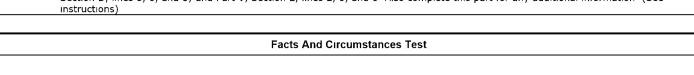
Additional Data

Software ID:

Software Version: EIN: 47-1253460

Name: THE NASDAQ ENTREPRENEURIAL CENTER INC

Schedule A	(Form 990 or 990-EZ) 2019	Pag
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Par 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 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 E, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional instructions)	: IV, Section C, line 1 3, line 1e, Part V



SCHEDULE D

DLN: 93493238003110

2019

OMB No 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

(Form 990)

		Part IV, line 6, 7, 8, 9,	10, 11a, 11b, 11c,	11d, 11e, 11f, 12a, or	12b.		<u> </u>	
	rtment of the Treasury		► Attach to Form 9	90.			to Public	
	al Revenue Service	► Go to <u>www.irs.gov/Forr</u>	<u>11990</u> for instruction	ns and the latest info			pection	ı
	me of the organ E NASDAQ ENTREPRE	IZATION :NEURIAL CENTER INC			Employer ide	ntification	number	
					47-1253460			
Pa		zations Maintaining Donor Adv			r Accounts.			
	Comple	te if the organization answered "Y		advised funds	(b) Funds	and other a	accounts	-
L	Total number at	end of year	(=, = = :::::		(-,			-
2		of contributions to (during year)						
3	Aggregate value	of grants from (during year)						-
1	Aggregate value	at end of year						
5		ation inform all donors and donor advisor roperty, subject to the organization's e			lvised funds are t		Yes 🗌 No	
5		ation inform all grantees, donors, and d ises and not for the benefit of the dono				nissible	Yes 🗆 No	
Pa	rt III Conser	vation Easements.						-
		te if the organization answered "Ye						_
L	Purpose(s) of co	enservation easements held by the orga	anızatıon (check all th	nat apply)				
	☐ Preservation	on of land for public use (e g , recreation	on or education)	Preservation of an	historically impo	rtant land a	irea	
	Protection	of natural habitat		Preservation of a c	certified historic s	tructure		
	☐ Preservation	on of open space						
2		2a through 2d if the organization held a e last day of the tax year	a qualified conservation	on contribution in the for		ion t the End o	f the Year	
а	Total number of	conservation easements			2a			
b	Total acreage res	stricted by conservation easements			2b			
С	Number of conse	ervation easements on a certified histor	rıc structure ıncluded	ın (a)	2c			
d		ervation easements included in (c) acqu n the National Register	ਸ਼ਾਵਰ after 7/25/06, a	ind not on a historic	2d			
3	Number of consetax year ►	ervation easements modified, transferr	ed, released, extingu	ished, or terminated by	the organization	during the		
1	Number of state	s where property subject to conservati	on easement is locat	ed ▶				
5	Does the organi and enforcemen	zation have a written policy regarding t it of the conservation easements it hold	the periodic monitorir ds?	ng, inspection, handling	of violations,	☐ Yes	□ N.	
	Staff and valunt	eer hours devoted to monitoring, inspe	octing handling of vic	lations and onforcing of	ancorrection occor		□ No	
5	> Stall and volunt	eer nours devoted to monitoring, hispe	ecting, nandling of vio	nations, and emorting to	onservation easer	nents dunin	y the year	
7	Amount of expe	nses incurred in monitoring, inspecting	, handling of violation	ns, and enforcing conser	vation easements	during the	year	
3	Does each conse	ervation easement reported on line 2(d (h)(4)(B)(ii)?) above satisfy the re	equirements of section 1	70(h)(4)(B)(ı)	☐ Yes	□ No	
9	balance sheet, a	scribe how the organization reports con and include, if applicable, the text of the	e footnote to the orga			nd	□ N0	
		's accounting for conservation easeme		l Tuescumes au Oth	au Cimilau Ass			_
ar	_	zations Maintaining Collections te	•	•	er Similar Ass	ets.		
La	If the organizati art, historical tre	on elected, as permitted under SFAS 1 easures, or other similar assets held foi XIII, the text of the footnote to its fina	16 (ASC 958), not to r public exhibition, ed	report in its revenue sta lucation, or research in f				
b	If the organizati historical treasu	on elected, as permitted under SFAS 1 res, or other similar assets held for put its relating to these items	16 (ASC 958), to rep	ort in its revenue statem	nent and balance erance of public s	sheet works service, pro	s of art, vide the	
	_	led on Form 990, Part VIII, line 1			▶ \$			
	• •	in Form 990, Part X			→ ±			
, (-	on received or held works of art, histor	rical treasures or oth	er similar assets for fine	ncial dain inrovid	e the		
z a	following amour	of received of field works of art, fistor hts required to be reported under SFAS ed on Form 990, Part VIII, line 1						
		in Form 990 Part X			F +			
	422612 HILLINGEO	III I VIIII 330. FALLA			F >			

d Equipment .

Par	t III	Organizations Ma	aintaining Col	ections of A	rt, Histori	cal Tre	asures	s, or Other	Similar Assets	(continued)
3	Using	the organization's acq (check all that apply)								
а		Public exhibition			d		oan or e	exchange prog	ırams	
b		Scholarly research			e		Other			
c		Preservation for future	e generations							
4	Provid Part X	de a description of the KIII	organization's coll	ections and exp	plain how the	ey furthe	r the org	ganızatıon's ex	kempt purpose in	
5		g the year, did the orga s to be sold to raise fur								Yes 🗌 No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			ı Form 990	, Part I	V, line s	9, or reporte		
1a		e organization an agent ded on Form 990, Part)		an or other inter	rmediary for	contribu	itions or	other assets i	_	Yes 🗌 No
ь	If "Ye	es," explain the arrange	ement in Part XIII	and complete t	he following	table			Amou	 nt
c		ining balance						1c		
d		ions during the year						1d		
е	Distri	butions during the year	r					1e		
f		ig balance						1f		
2a	Did th	re organization include	an amount on Fo	rm 990 Part X	line 21 for	escrow (or custoc	dial account lia	ability?	Yes 🗆 No
		es," explain the arrange							_	les 🗆 No
	irt V	Endowment Fund		Check here in t	ne explanat	ion nas t	been pro	vided in Part 7	<u> </u>	
-(-	IL V	Complete if the org		ered "Yes" on	n Form 990	, Part I	V, line	10.		
			-	(a) Current yea		rıor year			(d) Three years bad	ck (e) Four years back
1a	Beginn	ing of year balance .								
b	Contrib	outions								
c	Net inv	estment earnings, gair	ns, and losses							
d	Grants	or scholarships	•							
е		expenditures for facilitie ograms	es							
f	Admını	strative expenses .								
g	End of	year balance								
2	Provid	de the estimated perce	ntage of the curre	ent year end bal	ance (line 1	g, colum	n (a)) he	eld as		
а	Board	d designated or quasi-e	ndowment 🟲							
b	Perma	anent endowment ►								
С	Temp	orarily restricted endov	wment >							
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%						
3а		here endowment funds nization by	not in the posses	sion of the orga	nization tha	t are hel	d and ad	lmınıstered foı	r the	Yes No
	(i) ur	nrelated organizations							[3a(i)
		elated organizations .						•		3a(ii)
b		es" on 3a(II), are the rel	-	•					[3b
4		ribe in Part XIII the inte			enaowment i	runas				
Pa	rt VI	Land, Buildings, Complete if the org			Form 990	Part T	V. line	11a. See For	m 990 Part Y	line 10.
	Descri	ption of property	(a) Cost or oth	er basıs (b)	Cost or other			Accumulated d		(d) Book value
			(ınvestme	nt)						
1a	Land									
	Buildin									
		old improvements				4,086	,996		1,771,032	2,315,964

19,448

1,505,330

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

2,592

291,992

2,610,548

16,856

1,213,338

Part VII	Investments—Other Securities.	David TV ()	446	C F 000 I	D=	l
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book value	ne 110.	(c) Metho Cost or end-of	d of va	luation
	l derivatives					
2) Closely-l 3)Other	held equity interests					
A)						
В)						
C)						
D)						
E)						
F)						
G)						
H)						
otal. (Column	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV. lu	ne 11c.	See Form 990.	Part X	. line 13.
	(a) Description of investment	r are 147 iii		(b) Book value	(c)	Method of valuation
					COST	or end-of-year market value
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
otal. (Column	n (b) must equal Form 990, Part X, col (B) line 13)		•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lın	e 11d.	See Form 990, Par	rt X, lın	e 15
4.	(a) Description					(b) Book value
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)				١	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lın	e 11e d	or 11f.See Form	990, 1	
 1) Federal :	(a) Description of liability					(b) Book value
2)	mediaes					
3)						
4)						
5)						
6)						
7)						
8)						
(9)	n (b) must equal Form 990, Part X, col (B) line 25)			•		776,553

Page 4

1,299,060

Schedule D (Form 990) 2019

3 3 1,214,842 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Schedule D (Form 990) 2019

Part XI

Part XIII

Supplemental Information

1

Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII) 4b b Add lines **4a** and **4b** 4c n c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 1,214,842 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25

1 4,277,343 2 Donated services and use of facilities . . . 2a 84,218

2b 2c

c 2d Other (Describe in Part XIII) 54,969 d Add lines 2a through 2d 139,187 2e 3 4,138,156 3 4

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a

4b b Add lines **4a** and **4b** 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 4.138.156

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation See Additional Data Table

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

Page 5		chedule D (Form 990) 2019	
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re

Schedule D (Form 990) 2019

Additional Data

Software Version: **EIN:** 47-1253460

Name: THE NASDAQ ENTREPRENEURIAL CENTER INC

Supplemental Information Return Reference

Explanation

PART X, LINE 2

THE CENTER IS CONSIDERED A PUBLIC CHARITY AND IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECT ION 501(C)(3) OF THE INTERNAL REVENUE CODE THE CENTER IS EXEMPT FROM STATE TAX UNDER STAT

Software ID:

E OF CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D. WHEREBY ONLY UNRELATED BUSINESS INCOME IS SUBJECT TO FEDERAL AND STATE INCOME TAX. THE CENTER HAS NO UNRECOGNIZED TAX BENE FITS, WHICH WOULD REQUIRE AN ADJUSTMENT JANUARY 1, 2019, BEGINNING BALANCE OF NET ASSETS A ND HAD NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2019 THE CENTER FILES AN EXEMPT ORGAN IZATION RETURN IN THE U.S. FEDERAL JURISDICTION AND WITH THE CALIFORNIA FRANCHISE TAX BOAR D THE CENTER IS NOT AWARE OF ANY TRANSACTIONS THAT WOULD AFFECT ITS TAX-EXEMPT STATUS

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 54,969

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19323	8003	110
Sch	edule J	С	ompensat	ion Information	10	1B No	1545-0	0047
(Form 990)		For certain Offic	ers, Directors, 1	Trustees, Key Employees, and Hig	hest			
		Complete if the or		ated Employees vered "Yes" on Form 990, Part IV	. line 23.	20	19)
	a	•	▶ Attach	n to Form 990. rinstructions and the latest infor			to Pul	
•	tment of the Treasury al Revenue Service	▶ Go to <u>www.irs.go</u>	<u>0V/F0FM990</u> 10F	instructions and the latest infor	mation.		ectio	
	me of the organiza				Employer identificat	ion nu	ımber	
INC	NASDAQ ENTREPRE	NEURIAL CENTER INC			47-1253460			
Pa	rt I Questi	ons Regarding Compens	ation					
							Yes	No
1a				f the following to or for a person liste ny relevant information regarding the				
		or charter travel		Housing allowance or residence for	•			
	_	companions		Payments for business use of perso				
		nification and gross-up paymen	ts 🗀	Health or social club dues or initiati Personal services (e.g., maid, chau				
	□ Discretion	ary spending account	Ш	Personal services (e g , maid, chau	meur, cner)			
b				follow a written policy regarding pay ove? If "No," complete Part III to expl		1 b		
2	Did the organiza	ation require substantiation price	or to reimbursing	or allowing expenses incurred by all or, regarding the items checked on Lii	1-3	2		
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items checked on Lii	ne la?			
3				ed to establish the compensation of t	he			
				not check any boxes for methods CEO/Executive Director, but explain	ın Part III			
	✓ Compensa	ation committee	П	Written ampleyment centract				
		ation committee ent compensation consultant		Written employment contract Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensa	ation committee			
4		_	990 Part VII Se	ection A, line 1a, with respect to the f				
•	related organiza		330, Tare VII , 30	telon A, me 14, Wen respect to the r	ming organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	lified retirement plan?		4b		No
С	Participate in, o	r receive payment from, an equ	ııty-based compei	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5			-	the organization pay or accrue any				
	compensation co	ontingent on the revenues of						
а	The organization	1 ⁷				5a		No
b	Any related orga					5b		No
_	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section on tingent on the net earnings of the net earnings of the control of the cont		the organization pay or accrue any				
а	The organization					6a	Yes	
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Secti escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe art III	D	7		No
8	subject to the in			red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe			
	ın Part III					8		No
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also folk	ow the rebuttable	presumption procedure described in	Regulations section	9		
For I		ction Act Notice, see the In	structions for E	orm 990 Cat No. 1	50053T Schedule 1		. 000)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

		ctors, Trustees, Key							
For each individual whose instructions, on row (ii) Note. The sum of column	Do no	ot list any individuals that	are not listed on Form 9	90, Part VII				t ındıvıdual	
(A) Name and Title			of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1 NICOLA CORZINE	/:\	199,999	120,000	compensation 0	19,000	11,884	350,883	0	
EXECUTIVE DIRECTOR	(i)	0							
2 CRICTINA TRANSITOLA	(ii)	-	0	0	0	0	0	0	
2 CRISTINA TRAMUTOLA VICE PRESIDENT	(i)	125,000	75,000	0	5,000	12,000	217,000	0	
OPERATIONS	(ii)	0	0	0	0	0	0	0	
3 CELENA APONTE VICE PRESIDENT OF	(i)	160,000	52,971	0	19,000	443	232,414	0	
STRATEGY	(ii)	0	0	0	0	0	0	0	

COMMISSION WILL BE PAID ON THE NEXT REGULARLY SCHEDULED PAYROLL DATE FOLLOWING THE END OF THE OUARTER IN WHICH IT IS EARNED TIER 1 PAID CONTRIBUTIONS \$0 - \$500,000, PERCENTAGE COMMISSION 2% TIER 2 PAID CONTRIBUTIONS \$500,000 - \$1,000,000, PERCENTAGE COMMISSION 4%

TIER 3 PAID CONTRIBUTIONS \$1,000,000 - \$1,500,000, PERCENTAGE COMMISSION 5% TIER 4 PAID CONTRIBUTIONS GREATER THAN \$1,500,000. PERCENTAGE COMMISSION 6%

Schedule 1 (Form 990) 2019

efile GRAPH	efile GRAPHIC print - DO NOT PROCESS					
SCHEDULE O (Form 990 or 990- EZ) 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. Go to www.irs.gov/Form990 for the latest information.					OMB No 1545-0047 2019 Open to Public Inspection	
Name Stherold THE NASDAQ ENTE	REPRENEURIAL C	EENTER INC	n		Employer identi 47-1253460	fication number
Return Reference	о, очррго			Explanation		
FORM 990, PART VI, SECTION A, LINE 2	NASDAQ AS	S WELL AS SERVE ON	THE ENTREPRENE	MBER), AND JOAN CONLEY AF URIAL CENTER BOARD A BU: NASDAQ FOR SHARED SER	SINESS RELATION	

Return Explanation

FORM 990, BEFORE FORM 990 IS FILED WITH THE IRS, ALL OF THE DIRECTORS WILL BE PROVIDED WITH A COMPLE PART VI, TE DRAFT AND WILL BE PROVIDED WITH AN OPPORTUNITY TO REVIEW AND PROVIDE FEEDBACK SECTION B, LINE 11B

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PURSUANT TO THE CORPORATION'S CONFLICT OF INTEREST POLICY, ALL OF THE CORPORATION'S DIRECT ORS, OFFICERS, AND KEY EMPLOYEES (IF ANY) ARE REQUIRED TO ABIDE BY THE CORPORATION'S CONFL ICT OF INTEREST POLICY AND ANNUALLY (AND AS OTHERWISE NECESSARY) COMPLETE AND RETURN (TO THE BOARD OR THE SECRETARY OF THE CORPORATION) A DISCLOSURE STATEMENT REGARDING ANY POTENTI ALFINANCIAL CONFLICTS OF INTEREST BEFORE THE OFFICERS OR DIRECTORS APPROVE ANY FINANCIAL TRANSACTIONS ON BEHALF OF THE CORPORATION INVOLVING A FINANCIAL CONFLICT OF INTEREST, THE EXISTENCE OF ANY SUCH CONFLICT NEEDS TO BE DISCLOSED TO THE BOARD AND IF THE BOARD DETERM INES THAT THERE IS SUCH A CONFLICT, THEN THE DISTERESTED DIRECTORS (WITH REGARD TO THE TRANSACTION) WILL APPROVE THE TRANSACTION IF THEY DETERMINE THAT THE TRANSACTION IS IN THE BE ST INTEREST OF THE CORPORATION, IS FAIR AND REASONABLE TO THE CORPORATION, AND WHETHER IT WOULD BE POSSIBLE, WITH REASONABLE EFFORT, TO FIND A MORE ADVANTAGEOUS ARRANGEMENT WITH A DISINTERESTED PARTY OR ENTITY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	NASDAQ ENTREPRENEURIAL CENTER'S BOARD OF DIRECTORS ANNUALLY EVALUATES THE EXECUTIVE DIRECT OR ON HIS/HER PERFORMANCE, AND ASKS FOR HIS/HER INPUT ON MATTERS OF PERFORMANCE AND COMPEN SATION BOARD APPROVAL. THE HUMAN RESOURCE TEAM PROVIDES RESEARCH AND INFORMATION TO HELP INFORM RECOMMENDATIONS ON THE COMPENSATION (SALARY AND BENEFITS) OF THE EXECUTIVE DIRECTOR (AND OTHER HIGHLY COMPENSATED EMPLOYEES OR CONSULTANTS) BASED ON A REVIEW OF COMPARABILIT Y DATA THIS PROCESS INCLUDES INCLUDING EVALUATING COMPENSATION LEVELS AND BENEFITS FOR SI MILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS CONCURRENT DOCUMENTATION TO APPROVE THE COMPENSATION FOR THE EXECUTIVE DIRECTOR (AND OTHER HIGHLY COMPENSATED EMPLOYEES AND CONSULTANTS) THE BOARD DOCUMENTS ITS DECISIONS IN MINUTES OF THE MEETING DOCUMENTATION INCLUDES A) A DESCRIPTION OF THE COMPENSATION AND BENEFITS AND THE DATE IT WAS APPROVED, B) THE MEMBERS OF THE BOARD WHO WERE PRESENT DURING THE DISCUSSION ABOUT COMPENSATION AND BENEFITS, AND THE RESULTS OF THE VOTE, C) ANY ACTIONS TAKEN (SUCH AS ABSTAINING FROM DISCUSSION AND VOTE) WITH RESPECT TO CONSIDERATION OF THE COMPENSATION BY ANYONE WHO IS OTHERWISE A MEMBER OF THE BOARD BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION OF THE BOARD OF DIRECTORS, WHO IS A VOLUNTEER AND NOT COMPENSATED BY THE NASDAQ ENTREPRENEURIAL CENTER, OPERATES INDEPENDENTLY WITHOUT UNDUE INFLUENCE FROM THE EXECUTIVE DIRECTOR NO MEMBER OF THE EXECUTIVE COMPENSATION OR HUMAN RESOURCES COMMITTEE WILL BE A STAFF MEMBER, THE RELATIVE OF A STAFF MEMBER, OR HAVE ANY RELATIONSHIP WITH STAFF THAT COULD PRESENT A CONFLICT OF INTEREST

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

FORM 990, PART IX, LINE 11G

CONSULTING PROGRAM SERVICE EXPENSES 418,685 MANAGEMENT AND GENERAL EXPENSES 60,777

FUNDRAISING EXPENSES 33,543 TOTAL EXPENSES 513,005

990 Schedule O, Supplemental Information Return Explanation Reference BAD DEBT EXPENSE -54,969

FORM 990. PART XI. LINE 9

990 Schedule O, Supplemental Information Return Explanation

Reference	·
PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR