Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2019**

Open to Public Inspection

<u>A</u>	For th	ie 2019 calendar y	ear, or tax year begin	ning		, 2019, a	and ending		, 20
В	Check i	f applicable:	C Name of organizationNa	tl Alliance c	f Community &	Economi	c Developmen	D Emp	loyer identification number
	Address	s change	Doing business as						26-0159736
	Name o	hange	Number and street (or P.0	D. box if mail is not deliver	ed to street address)		Room/suite	E Teler	phone number
	Initial re	•	L660 L Street N		,		306	·	(202)518-2660
		turn/terminated		vince, country, and ZIP or	foreign postal code			G Gros	ss receipts
一		ed return	Washington, DC	•	oroigii pootai oodo			\$	817,825
一		tion pending	F Name and address of pri		Woodruff		H(a) is this a		for subordinates? Yes X No
ш	Дррііса	lion pending	Same as C above		WOOdfull		1 ' '		tes included? Yes No
_	Tay ava	mpt status: X 501) (insert no.)	4947(a)(1) or 5	527			
) (insert no.)		027			ist. (see instructions)
	Websit		aceda.org	🗆 🛌	1.		<u> </u>		on number
	rt I	organization: X Cor	poration Trust Ass	ociation Other		Year of formation	on: 2007 M	State of le	gal domicile: DC
Г	$\overline{}$	Summary	a						
	1	•	the organization's missi	-	-				s in shaping and
çe									iable resources
Activities & Governance			s that benefit		mmunitie	s and we bui	Id the	e capacity of	
Jerr	1_	members and	·						
9	2		if the organization						1
ૐ	3		g members of the gove						15
es	4		endent voting member	-					15
<u>×</u>	5		individuals employed in					_	3
Vct i	6		volunteers (estimate if ı	* *					50
•	78	a Total unrelated b	ousiness revenue from l	Part VIII, column (C)	, line 12 • • • • •			- 7a	0
		Net unrelated bu	ısiness taxable income	from Form 990-T, lir	ne 39 • • • • • •			- 7b	0
							Prior Year		Current Year
	8	Contributions an	d grants (Part VIII, line	1h)			- 33:	1,362	396,311
Revenue	9	Program service	revenue (Part VIII, line	2g)			. 160	0,500	415,114
Ver	10	Investment incor	me (Part VIII, column (A	A), lines 3, 4, and 7d)				0_
æ	11	Other revenue (I	Part VIII, column (A), Iir	es 5, 6d, 8c, 9c, 10	c, and 11e)		- 2	2,650	6,400
	12	Total revenue - a	add lines 8 through 11 (must equal Part VIII	column (A), line 12)		. 49	4,512	817,825
	13	Grants and simil	ar amounts paid (Part I	X, column (A), lines	1-3)		. :	1,125	65,352
	14	Benefits paid to	or for members (Part IX		0				
	15	Salaries, other c	ompensation, employed	e benefits (Part IX, o	olumn (A), lines 5-10))	- 25:	1,944	290,605
Expenses	16	a Professional fun	draising fees (Part IX, o	column (A), line 11e)					0
en		b Total fundraising	expenses (Part IX, col	umn (D), line 25)	•	13,952			
X	17	_	(Part IX, column (A), lir					9,953	433,082
	18		Add lines 13-17 (must					3,022	789,039
	19		penses. Subtract line					1,490	28,786
			•				Beginning of Cur		End of Year
ets	[20	Total assets (Pa	rt X, line 16)				. 140	6,352	117,384
Asse	21	Total liabilities (F	,					9,980	52,226
Net Assets or	E 22	Net assets or fur	nd balances. Subtract I	ine 21 from line 20				6,372	65,158
	rt II	Signature	Block						
Und	er pena		that I have examined this retu					pelief, it is	
true	, correc	t, and complete. Declara	tion of preparer (other than off	icer) is based on all inform	nation of which preparer has	s any knowledge.			
		Frank V	Moodruff						
Sig	ın	Signature of o						Da	ate
He	re	Frank W	Noodruff, Execu	tive Director					
			name and title	CIVE DIFECTOR					
_		Print/Type prepare	r's name	Preparer's signature		Date	Check	: \square if	PTIN
Pai	d	John Mull	ing	John Mullins		06-23-20	I .	nployed	P01429307
	pare		Mullins,			<u> </u>	Firm's EIN		101125501
	e On			consin Avenue	.		Phone no.		
	- -	- J Films address			•		Fhorie no.	202	770_6371
May	the I	S discuse this rate	ırn with the preparer sh	MD 20814	structions)				770-6371 X Yes No
iviay	and it	C GIOCUSS IIIS IELL	ann whan are proparer sil	- *** 1 APONO: (300 III	aouono,		· · · · · · · ·		163 LINU

Member Services: NACEDA continued to grow usage of it Thriving Networks Organizational Capacity Assessment tool. Specifically designed for community development networks, the tool guides capacity building esources, training, and technical assistance to its members. The tool served three networks in 2019. NACEDA began tracking organizational changes among networks that had completed the assessment process. Based on information gathered from the assessment, organizations began communicating their work differently, shifting advocacy priorities, recruiting new members, and developing new high-impact programs. The tool continues to be a catalyst for network organizations to maximize their impact. NACEDA also coordinated member caucuses in the South, Midwest, East, and West Coast. NACEDA provided almost 1400 hours of member services in 2019, surpassing its previous year's total by 24%.

Middle Neighborhoods: NACEDA assumed financial responsibility for a Middle Neighborhoods coalition from June - December 2019. NACEDA has served as an inaugural member of the coalition's steering committee since 2018. The coalition's purpose is to call attention to neighborhoods across the United States on the edge of falling into disinvestment, advocating for an ounce of prevention in these neighborhoods in order to maintain high rates of owner-occupied housing, vibrant streets and business corridors, and regional market viability. The coalition had several years of financial and staff support from an academic institution based in New York City. The institution strategically withdrew support in mid-2019.NACEDA assumed financial responsibility for the coalition from a variety of foundations through the end of 2019. NACEDA concluded its financial responsibility for the Middle Neighborhoods coalition in early 2020 and remains an active member of the steering committee.

4d	Other program s	ervices (Des	scribe on	Schedule	Ο.
Tu	Other program o	01 41000 (D00	JOHNOC OIL	Concadic	·

(Expenses \$ 25,556 including grants of \$) (Revenue \$)

4e Total program service expenses ► 665,555

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? • • • • • • • • • • • • • • • • • • •	2	х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		X
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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E- · · · · · · · · · · · · · · · · · ·	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	446		
15	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 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		77
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		X
''	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-21
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II · · · · · · · · · · · · · · · · · ·	21		x

Form 990 (2019)

Natl Alliance of Community & Economic Developmen

Part IV | Checklist of Required Schedules (continued)

			Yes	No
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2-74	\$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		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
b		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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 or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		_ X
J-T	or IV, and Part V, line 1. · · · · · · · · · · · · · · · · · ·	34		v
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)? • • • • • • • • • • • • • • • • • • •			<u>X</u>
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

19) Natl Alliance of Community & Economic Developmen

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
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 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? • • • • • • • • • • • • • • • • • • •	3a		х
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 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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $ \cdots $	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		Х
g	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.			
а	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:			
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 • • • • • • • • • • • • • • • • • • •			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4.5		
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 • • • • • • • • • • • • • • • • • • •			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
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.			
b	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			
C 142		140		77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
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		v
	If "Yes," see instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? • • • • • • • • • • • • • • • • • • •	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		Х
	n 100, complete i omi 4120, comodulo O.			

Part VI

9) Natl Alliance of Community & Economic Developmen 26-0159736

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
		6		_ <u>x</u> _
6		•	Х	
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	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • •	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		x
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		Α
	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?	16b		
Sec	tion C. Disclosure	100		
17 18				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.			
46	Own website X Another's website W Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and 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			

The Organization (202)518-2660, 1660 L Street NW, Washington, DC 20036

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	_	-	_	_	_	-	_	
26-	· O	1	5	9	7	3	6	

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

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

Greek this box if ficturer the organization flor any rea					(C)	,				
		Position								
(A)	(B)	(do r	ot che			han one		(D)	(E)	(F)
Name and title	Average hours					s both a		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	ОПІС	officer and a director/trustee))	from the	from related	compensation	
	(list any	0 -					organization	organizations	from the	
	hours for	ndiv or dir	nstit	Officer	(ey	digh:	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related	dual	ıtion	۳	mpl	est c	еŗ			
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	dotted line)	tee	ıstee			ensa				
						ated				
(1) Sharon Legenza	2.00									
Past Chair	1	Х		_				0	0	0
(2) Terry Chelikowsky	2.00									
Director		Х						0	0	0
(3) Rick Sauer	2.00									
Chair		х		х				0	0	0
(4) Nate Coffman	2.00									
Director		х						0	0	0
(5) Hala Farid	2.00									
Director		х						0	0	0
(6) Marla Newman	2.00									
Director		х						0	0	0
(7) Rose Teng	2.00									
Vice Chair		х		х				0	0	0
(8) Marty Kooistra	2.00									
Director		х						0	0	0
(9) Paige Carlson-Heim	2.00									
Director		х						0	0	0
(10)Matt_Hull	2.00									
Treasurer		х		х				0	0	0
(11)Jodi_Reeves	2.00									
Director		х						0	0	0
(12)Steve Glaude	2.00									
Director		х		х				0	0	0
(13)Jessica Love	2.00									
Director		х						0	0	0
(14)Jenny Connelly-Brown	2.00									
Director		х						0	0	0

Form 9	90 (2019) Natl Alliance of	Communit	у &	Eco	nor	nic	Dev	elc	pmen	26-	01597	36	Р	age 8
Part	VII Section A. Officers, Directors, Trustee	s, Key Empl	oyees	, and	d Hiç	ghes	st Con	nper	nsated Employees	(continued)				
	(B) Average hours per week (list any hours for related organizations below	Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated employee Which is the compensated employee of director individual trustee Officer Individual trustee					n)	(D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC)		on d ns	cor fi orga	(F) ated am of other npensati rom the nization d organiz	ion and	
	chel Diskin	dotted line)		stee			nsated							
Dire	etor		х						0		0			0
(16)Da	vid Bryant etor	2.00	х						0		0			0
(17)Do	nald Phoenix	2.00	x						0		0			0
	ya Chupkov	2.00							•					
Dire			х						0		0			0
	ank_Woodruff utive Director	40.00			x				95,002		0		4,2	200
<u>(21)</u>														
<u>(22)</u>														
<u>(23)</u>	(23)													
<u>(24)</u>														
(25)_														
1b	Subtotal							•						
С	Total from continuation sheets to Part VII, Sec			• •				•						
d	Total (add lines 1b and 1c)								-		0		4,2	200
2	Total number of individuals (including but not limit		isted a	bove	e) wr	no re	eceive	d mo	ore than \$100,000	of				•
	reportable compensation from the organization												Yes	0 No
3	Did the organization list any former officer, direct	or, trustee, k	ey emp	oloye	e, o	r hig	hest c	omp	ensated					
	employee on line 1a? If "Yes," complete Schedule	e J for such ii	ndividu	ıal								3		х
4	For any individual listed on line 1a, is the sum of													
	organization and related organizations greater that													
5	individual • • • • • • • • • • • • • • • • • • •											4		<u> </u>
3	for services rendered to the organization? If "Yes				-			-				5		x
Secti	on B. Independent Contractors	, ,												
1	Complete this table for your five highest compens	sated indeper	ndent o	contr	acto	rs th	nat rec	eive	d more than \$100,	000 of				
	compensation from the organization. Report com	pensation for	the ca	alend	dar y	ear	ending	y wit	h or within the orga	nization's tax	x year.			
	(A)								(B)			(C)		
	Name and business addre	ss							Description of service	es	(Compens	ation	
-														
2	Total number of independent contractors (including	· ·			se lis	ted	above) wh	0					

26-0159736

		Check if Schedule O co	ontains a res	sponse or i	note to any line in th	nis Part VIII			[
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns •		. 1a					
ខន	b	Membership dues		- 1b	27,000				
ran	С	Fundraising events • •		· - 1c					
s, G Amo	d	Related organizations •	. 1d						
Gift Iar A	е	Government grants (conti	ributions)	- 1e					
in.	f	All other contributions, gif	fts, grants,						
er S		and similar amounts not i	ncluded abo	ove 1f	369,311				
g ij	g	Noncash contributions inc	cluded in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			•				
	h	Total. Add lines 1a-1f				396,311			
					Business Code				
e Ce	2a	Conferences			900099	415,114	415,114		
و چَ	b								
o Se	С								
ev.	d								
Program Service Revenue	e	All (I							
Δ.	1	All other program service r							
		Total. Add lines 2a-2f				415,114			
	3	Investment income (includ other similar amounts) •							
	4	Income from investment of							
	5	Royalties							
		Noyalics		(i) Real	(ii) Personal				
	6a	Gross rents		(I) INEAI	(ii) Fersonal	-			
	1	Less: rental expenses • •	6b			_			
	1	Rental income or (loss)	6c			_			
	1	Net rental income or (loss)			· · · · · · · •				
		Gross amount from		Securities	(ii) Other				
	l 'a	sales of assets							
	h	other than inventory Less: cost or other basis	7a						
ine	~	and sales expenses • •	7b						
Revenue		Gain or (loss)	7c						
Re	d	Net gain or (loss) · · · ·		<u></u>	· · · · · · · · · · · · · · · · · · ·				
Other	8a	Gross income from fundra	ising						
ŏ		events (not including \$ _							
		of contributions reported o							
		1c). See Part IV, line 18				_			
	1	Less: direct expenses •							
	1	Net income or (loss) from t	_	events -	· · · · · · · •				
	9a	Gross income from gaming	_						
	۱ ۵	activities, See Part IV, line Less: direct expenses •				-			
	1	Net income or (loss) from			<u>,</u>				
				villes	1				
	10a	Gross sales of inventory, le returns and allowances •		10	a				
	l b	Less: cost of goods sold		<u> </u>		-			
	1	Net income or (loss) from s			<u></u>				
	Ť			,	Business Code				
S	11a	Other			900099	6,400	6,400		
inor	b					1,230	3,230		
ella ver	c								
Miscellanous Revenue		All other revenue • • • •							
Σ		Total. Add lines 11a-11d				6,400			
	40	Total rovenue. See instru	otiono			015 005	401 514		

Part IX

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			<u>x</u>
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	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	65,352	65,352		
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	95,002	64,107	27,350	3,545
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	141,875	95,739	40,843	5,293
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10,641	7,181	3,063	397
9	Other employee benefits	24,753	16,704	7,126	923
10	Payroll taxes	18,334	12,372	5,278	684
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	22,148	20,087	1,865	196
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 •				
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.) · ·	118,357	107,345	9,966	1,046
12	Advertising and promotion				
13	Office expenses	20,567	16,883	3,304	380
14	Information technology	6,407	5,811	540	56
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	23,770	17,753	4,964	1,053
17	Travel	35,288	31,008	4,003	277
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	203,734	203,734		
20	Interest	638		638	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	137		137	
23	Insurance	2,036	1,479	455	102
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e · ·	789,039	665,555	109,532	13,952
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	122,442	1	106,328
	2	Savings and temporary cash investments		2	
S	3	Pledges and grants receivable, net		3	6,657
	4	Accounts receivable, net	1,000	4	
	5	Loans and other receivables from 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		5	
	6	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		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	20,600	9	2,226
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D · · · · · · · · 10a 685			
	b	Less: accumulated depreciation · · · · · · · · · · 10b 240	582	10c	445
	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	1,728	15	1,728
	16	Total assets. Add lines 1 through 15 (must equal line 33)	146,352	16	117,384
	17	Accounts payable and accrued expenses	52,311	17	41,682
	18	Grants payable		18	
	19	Deferred revenue	38,276	19	10,544
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
oiit		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ia</u>		controlled entity or family member of any of these persons · · · · · · · · · · · · · · · · · · ·		22	
	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated third parties	19,393	24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	109,980	26	52,226
s		Organizations that follow FASB ASC 958, check here			
JCe	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	26 250	27	CE 150
alaı	27	F	36,372	27	65,158
Ä	28			28	
ğ		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
Net Assets or Fund Balances	29			29	
ts (30	Capital stock or trust principal, or current funds		30	
sse	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
Ĭ,	32	Total net assets or fund balances	36,372	32	<u> </u>
Š	33	Total liabilities and net assets/fund balances		33	65,158
	55	Total napination and not assets/fully palatices	146,352	- 55	117,384

Form	1990 (2019) Natl Alliance of Community & Economic Developmen 2	6-015973	36	Pa	age 1 2
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u>. 🗌</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		817,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		789,	039
3	Revenue less expenses. Subtract line 2 from line 1	3		28,	786
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		36,	372
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		65,	158
Pai	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х

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

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification number

2019

Open to Public Inspection

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Alliance of Community & Economic Developmen 26-0159736 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

990 or 990-EZ) 2019 Natl Alliance of Community & Economic Developmen 26-0159736

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cal	endar 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						
	include any "unusual grants.")	421,384	349,909	295,768	331,362	396,311	1,794,734
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	421,384	349,909	295,768	331,362	396,311	1,794,734
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)						475,536
6	Public support. Subtract line 5 from line 4						1,319,198
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	421,384	349,909	295,768	331,362	396,311	1,794,734
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.)			2,300	2,650	6,400	11,350
11	Total support. Add lines 7 through 10						1,806,084
12	Gross receipts from related activities, etc. (s	ee instructions)			12	
13	First five years. If the Form 990 is for the or	rganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(d	c)(3)
	organization, check this box and stop here	<u></u>	<u> </u>	<u></u> .	<u></u> .	<u></u>	▶ 🗆
	ction C. Computation of Public Suppo						
14	Public support percentage for 2019 (line 6, o	column (f) divid	ed by line 11, o	column (f))		14	73.04 %
	Public support percentage from 2018 Sched					15	82.13 %
16a	33 1/3% support test - 2019. If the organization	ation did not ch	eck the box on	line 13, and li	ne 14 is 33 1/3	or more, ch	
	box and stop here. The organization qualified	es as a publicly	supported org	janization			▶ <u>x</u>
b	33 1/3% support test - 2018. If the organiza	ation did not ch	eck a box on li	ne 13 or 16a, a	and line 15 is 3	33 1/3% or mor	
	this box and stop here . The organization qu	ıalifies as a pub	olicly supported	d organization			▶ 🗌
17a	10%-facts-and-circumstances test - 2019.	. If the organiza	ation did not ch	eck a box on li	ine 13, 16a, or	16b, and line	14 is
	10% or more, and if the organization meets	the "facts-and-	circumstances	" test, check th	is box and sto	p here. Explai	n in
	Part VI how the organization meets the "fact	s-and-circumst	tances" test. Th	ne organizatior	n qualifies as a	publicly suppo	orted
	organization						▶ [
b	10%-facts-and-circumstances test - 2018.	. If the organiza	ation did not ch	eck a box on li	ine 13, 16a, 16	b, or 17a, and	line
	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization mee					•	olicly
	supported organization						
18	Private foundation . If the organization did r						_
	instructions						▶ □

90 or 990-EZ) 2019 Natl Alliance of Community & Economic Developmen Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Se	ction A. Public Support						
Cal	endar 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 include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						_
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose · · · · ·						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 -						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources • •						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		1				
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)	L	<u> </u>				\ <u>\</u>
14	First five years. If the Form 990 is for the or	•			•	•	· · · ·
	organization, check this box and stop here						▶ ∐
	ction C. Computation of Public Suppo			(5)		1 4= 1	
	Public support percentage for 2019 (line 8, c					15	<u>%</u>
_	Public support percentage from 2018 Sched					16	%
	ction D. Computation of Investment In			. 40 .	(0)	1 4= 1	
	Investment income percentage for 2019 (line					17	<u>%</u>
	Investment income percentage from 2018 Se					18	%
19a	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-	-	•		_
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this	-	_	-	-		- =
20	Private foundation. If the organization did r	not check a bo	x on line 14, 19	∂a, or 19b, che	eck this box and	d see instruction	ns ▶ 📙

Part IV Supportir

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.)

Section A. All Supporting Organizations

- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class 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 (as 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).
- **8** 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).
- **9a** 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**.
- **b** 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**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer 10b below.
 - **b** 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		
)	20		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9c		
	10a		
	iva		
	10b		
A (Fo	rm 990	or 990-E	EZ) 2019

Par	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		
С	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		
Sect	ion B. Type I Supporting Organizations			
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			
	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		
Sect	ion 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			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Soci	the supported organization(s). ion D. All Type III Supporting Organizations	1		
Seci	ion b. All Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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		
Sect	ion 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 in	struc	tions).
а	The organization satisfied the Activities Test. Complete line 2 below.			,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ii	nstruc	tions
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
О	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.

26-0159736

Schedule A (Form 990 or 990-EZ) 2019 Natl Alliance of Community & Economic Developmen

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	Type in the contract of the co			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organi	Zalion	is must complete Section	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		(Optional)
<u>.</u>	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or	+		
	llection of gross income or for management, conservation, or			
	aintenance 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		
	-	 		(B) Current Year
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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			
fa	ctors (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,			
se	e 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		
Sec	tion 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			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supportine	g organization (see
	instructions).			

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

	ule A (Form 990 or 990-EZ) 2019 Natl Alliance of Communit rt V Type III Non-Functionally Integrated 509(a) (3			9736 Page '
Sec	ction D - Distributions	, capperg c 19		Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		
	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	. pa. poodo o. oappo oa		
3				
4	Administrative expenses paid to accomplish exempt purpose 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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is respon	sive	
	(provide details in Part VI). See instructions.			
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				
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u></u>	-) - () /			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
	Remaining underdistributions for 2019. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8				
	Excess from 2015			
	Excess from 2016			

c Excess from 2017

d Excess from 2018 e Excess from 2019

. . . .

lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organ	nizations: Complete Part III.			
Nam	ne of organization			Employer iden	tification number
Na	atl Alliance of Communi	ity & Economic Develop			159736
Pa	rt I-A Complete if the	organization is exempt unde	r section 501(c) or is a section 527 c	organization.
1	Provide a description of the orga	nization's direct and indirect political car	npaign activities in P	art IV. (see instructions for	
	definition of "political campaign a	ctivities")			
2	Political campaign activity expen-	ditures (see instructions)		▶ \$	
3		paign activities (see instructions)			
Pa		organization is exempt unde	· · · · · · · · · · · · · · · · · · ·	, , ,	
1	-	ax incurred by the organization under se			
2		ax incurred by organization managers u			
3		tion 4955 tax, did it file Form 4720 for th			
4a					· · · L Yes L No
b	If "Yes," describe in Part IV.			\	(-)(0)
		organization is exempt unde		•	(C)(3).
1		led by the filing organization for section	•		
_				·	
2		anization's funds contributed to other or	-		
•	'			▶ \$	
3	•	es. Add lines 1 and 2. Enter here and or		Α	
		rm 1120-POL for this year?			
4					
5		employer identification number (EIN) of reach organization listed, enter the amo		=	
		ons received that were promptly and dire	•		
		r a political action committee (PAC). If a	-	·	
	us a separate segregated fand e		aditional space is no	Caca, provide information in t	dit iv.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				,	delivered to a separate
					political organization. If none, enter -0
	(1)				
	(2)				
	(2)				
	(2)				
	(3)				
	(4)				
	(~)				
	(5)				
	(0)				
	(6)				
	\-/	1	i e	1	1

	dule C (Form 990 or 990-EZ) 2019 Natl Alliance ort II-A Complete if the organization	e of Communit	y & Economic	Developmen	26-0159	
Г	section 501(h)).	ıı is exempt ui	ider Section 50	r(c)(s) and me	u Form 5766 (ele	ction under
^	Check if the filing organization belongs to	an affiliated group	(and list in Part IV ea	ich affiliated aroun m	nember's name	
^	address, EIN, expenses, and shall	• .	•	icii aiiiiated group ii	iember s name,	
R	Check if the filing organization checked b			ılv		
		bying Expenditure		19.	(a) Filing	(b) Affiliated
	(The term "expenditures" r				organization's totals	group totals
1a	Total lobbying expenditures to influence public o					
b	, , ,		, ,,			
С		• •	, ,,			
d						
е	Total exempt purpose expenditures (add lines 10	and 1d)				
f	Lobbying nontaxable amount. Enter the amount					
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the am	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	rer \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	•	· · · /				
h	,					
i	Subtract line 1f from line 1c. If zero or less, enter	•				
j	If there is an amount other than zero on either lin	•	· ·			
	reporting section 4911 tax for this year?					∐ Yes ∐ No
	(Some organizations that made a s	•	ng Period Under		l of the five colum	ns helow
			structions for lin			no bolow.
		o mo ooparato m	0		•,	
	Lobb	ying Expenditures	During 4-Year Aver	aging Period		
	Colondor year (or fiscal year	(a) 2016	(h) 2017	(a) 2019	(4) 2010	(e) Total
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					

EEA Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 Natl Alliance of Community & Economic Developmen 26-0159736

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(election under section so I(II)).	,	۵)		/b\	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	<u> </u>	a) 	<u>'</u>	(b)	
des	cription of the lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?	х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	х				
С	Media advertisements?		х			
d	Mailings to members, legislators, or the public?		х			
е	Publications, or published or broadcast statements?		х			
f	Grants to other organizations for lobbying purposes?		х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	х			25,	<u>,556</u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х			
i	Other activities?		х			
j	Total. Add lines 1c through 1i				25,	,556
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	3)(5),	or s	ection		
	501(c)(6).					
_					Yes	No_
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3		
Га	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O				no 3	l ie
	answered "Yes."	K (b)	Ган	. III-A, II	iiie 3	, 15
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	• •	ı			
_	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
1	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	• •				
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5			
	rt IV Supplemental Information	•••	3			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 2; Part II-A (affiliated group list); Part II-A, line 3; Part II-A (affiliated group list); Part II-A, line 3; Part II-A (affiliated group list); Part II-A, line 3; Part II-A (affiliated group list); Part II-A, line 3; Part II-A (affiliated group list); Part II-A, line 3; Part II-A (affiliated group list); Part II-A, line 3; Part II-A (affiliated group list); Part II-A, line 3; Part II-A (affiliated group list); Part II-A, line 3; Part II-A (affiliated group list); Part II-A, line 3; Part II-A (affiliated group list);	ines 1	and			
2 (se	the disconputions required for art 174, line 1, 1 art 18, line 4, 1 art 18, line 3, 1 art 174, line 3, line	11100 1	unu			
01	General Explanation Attachment					
<u>• • •</u>	Concrat Emplanación necacimient					
Lob	bying Activity Description - In 2019, NACEDA spent an unusually large amount	of	staf	f		
	Ding hours population in 2019, house spont an anapagin large amount		Dour			
tim	e working with members and partners on policy and advocacy work related to o	hang	es t	.0		
		3				
the	Community Reinvestment Act.					

SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number									
Nat	Alliance of Community & Economic Develo	26-0159736							
Pa		unds or Other Similar Funds or Acc	ounts.						
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised							
	funds are the organization's property, subject to the organization's exclusive legal control?								
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used								
	only for charitable purposes and not for the benefit of the dono								
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·						
Pa									
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization								
	Preservation of land for public use (e.g., recreation or edu		f a historically important land area						
	Protection of natural habitat		f a certified historic structure						
	Preservation of open space	_							
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a c	conservation						
	easement on the last day of the tax year.		Held at the End of the Tax Year						
а	· · · · · · · · · · · · · · · · · · ·								
b	Total acreage restricted by conservation easements								
С	Number of conservation easements on a certified historic stru								
d	Number of conservation easements included in (c) acquired a								
	historic structure listed in the National Register		2d						
3	Number of conservation easements modified, transferred, rele								
	tax year	, c	, and the second						
4	Number of states where property subject to conservation ease	ement is located ▶							
5	Does the organization have a written policy regarding the peri								
	violations, and enforcement of the conservation easements it		· · · · · · · · · · · · · · · · · · ·						
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserva	ation easements during the year						
	•		Ç ,						
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	easements during the year						
	▶ \$		- ,						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	atement, and						
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statements	that describes the						
	organization's accounting for conservation easements.								
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.						
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and b	palance sheet works						
	of art, historical treasures, or other similar assets held for public	ic exhibition, education, or research in furthe	erance of public						
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.								
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of								
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,								
	provide the following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1								
	(ii) Assets included in Form 990, Part X								
2	If the organization received or held works of art, historical trea								
	following amounts required to be reported under FASB ASC 9	58 relating to these items:							
а	Revenue included on Form 990, Part VIII, line 1		▶ \$						
b	Assets included in Form 990, Part X		-						

Pa	rt III Organizations Maintaining Co	ollections of A	rt, Histo	orical 1	Treasures	, or Ot	her Similar	Assets	con) ز	itinu	ied)
3	Using the organization's acquisition, accession, a	nd other records, ch	neck any	of the foll	lowing that m	nake sign	ificant use of its				
	collection items (check all that apply):										
а	Public exhibition		d [Loan	or exchange	program	S				
b	Scholarly research		e Γ	Other	_						
С	Preservation for future generations		_	•							
4	Provide a description of the organization's collecti	ions and explain ho	w they fur	ther the	organization'	s exemn	t nurnose in Part				
-	XIII.	a			o.gaa	o oxop	. pa. pood a				
5	During the year, did the organization solicit or rece	eive donations of ar	t historic	al treasu	res or other	similar					
·	assets to be sold to raise funds rather than to be i							П	Yes		No
Pa	rt IV Escrow and Custodial Arrange		or the org	anizadon	o dollootion:				100	ш.	
	Complete if the organization ans		Form	990, Pa	art IV, line	9, or re	eported an ar	nount	on Fo	rm	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian or										
	,							⊔	Yes	∐ I	No
b	If "Yes," explain the arrangement in Part XIII and o	complete the followi	ing table:			_					
								mount			
С	Beginning balance						:				
d	Additions during the year										
е	Distributions during the year						_				
f	Ending balance					- <u>1f</u>				_	
2a	Did the organization include an amount on Form 9					-				<u></u>	No
b	If "Yes," explain the arrangement in Part XIII. Che	ck here if the explar	nation has	s been pi	rovided on Pa	art XIII					
Pa	rt V Endowment Funds.										
	Complete if the organization ans	swered "Yes" or	n Form	990, Pa	art IV, line	10.					
	((a) Current year	(b) Prior	year	(c) Two years	s back	(d) Three years bad	;k (e)	Four year	ars bad	ck
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current y	ear end balance (lir	ne 1a col	umn (a))	held as:						
a	Board designated or quasi-endowment	%		(//							
h	Permanent endowment • %										
c	Term endowment ▶ %										
·	The percentages on lines 2a, 2b, and 2c should e	equal 100%									
3a	Are there endowment funds not in the possession		that are	hald and	administered	d for the					
Ja	organization by:	Tor the organization	i tilat alc	icia aria	administered	a lor tile			Ye		No
	•									,3	110
	.,								a(i)		
L	(ii) Related organizations								a(ii)		
b	(),	•						, . L	3b		
4 Da	Describe in Part XIII the intended uses of the organity I Land, Buildings, and Equipme		ent tunas								
Га	Complete if the organization ans		Form	000 P	art IV/ line	112 9	ee Form 000	Dart \	Y line	٠ 10	
	<u> </u>							-			-
	Description of property	(a) Cost or other b			r other basis	. ,	Accumulated	(d)	Book va	lue	
		(investment)		(0	other)	de	epreciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment				685		240			44	45
<u>e</u>	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must equal	l Form 990, Part X.	column (E	3), line 10	Oc.)		▶			44	45

Γ	Part VII	Investments	- Other	Securities.
---	----------	-------------	---------	-------------

Complete if the ergenization	anawarad "Vaa	" on Form 000	Dort IV line	11h Co.	. Farm 000	Dort V	lina 10
Complete if the organization	i answered yes	on Form 990	J. Part IV. Ilne	11b. 5ee	e Form 990.	Part X.	iine iz.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) · · · · · ▶		
Doub VIII Investments Dresum Deleted		-

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Security Deposit	1,728
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,728

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII - - - - - 🗓

-0	15	97	36	Pa
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	ule D (Form 990) 2019 Natl Alliance of Community & Economic Developmen	26-0159736	Page 4
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	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	817,825
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	817,825
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		817,825
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens	es per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	789,039
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	789,039
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		
b	Other (Describe in Part XIII.)		
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	789,039
Pai	rt XIII Supplemental Information.		
Provi	de 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; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01.	Footnote for uncertain tax position under FIN 48 (Part X)		
The	accounting standard on accounting for uncertainty in income taxes address	es the deter	mination of
whe	ther tax benefits claimed or expected to be claimed on a tax return should	be recorded	in the
fina	ancial statements. Under that guidance, NACEDA may recognize the tax benef	it from an u	ncertain
tax	position only if it is more likely than not that the tax position will be	sustained or	n
exai	mination by taxing authorities based on the technical merits of the positi	on.	

EEA Schedule D (Form 990) 2019

EEA Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest information.

2019 Inspection

OMB No. 1545-0047

Name of the organization						Employer identification number			
Natl Alliance of Community	& Economic De					26-0159736			
Part I General Information									
1 Does the organization maintain reco	ords to substantiate the amo	unt of the grants or assi	istance, the grantees'	eligibility for the grants o	or assistance, and				
the selection criteria used to award t							· X Yes No		
2 Describe in Part IV the organization'									
	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
2 Enter total number of section 501(c)3 Enter total number of other organiza	. , ,				<u> </u>	_			

EEA Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public

Name of the organization Natl Alliance of Community & Economic Developmen

Inspection Employer identification number

Natl Alliance of Community & Economic Developmen	26-0159736
01. Members or stockholder classes and rights (Part VI, line 6)	
	istions in 25
NACEDA is an alliance of 40 state and regional community development assoc:	
states and the District of Columbia. Through our members, NACEDA connects w	with almost
4,000 community development nonprofit organizations throughout the United S	States.
02. Member election for additional members (Part VI, line 7a)	
Per the by-laws, about one-third of the Board of Directors' terms end each	year. The
membership either re-elects expiring board members or nominates and elect m	new board
members by majority votes at the organization's required annual meeting.	
03. Form 990 governing body review (Part VI, line 11)	
The board of directors is sent a draft of the 990 and a deadline by which t	to offer edits
if there is significant objection to the document as written, the directors	s may choose
Additional steps including assigning the 990 to a board committee or have a	a discussion at
the next scheduled meeting of the board.	
04. Conflict of interest policy compliance (Part VI, line 12c)	
The Organization colleges conflict of interest forms electronically from by	and members
The Organization collects conflict of interest forms electronically from bo	dard members
annually.	
05. CEO, executive director, top management comp (Part VI, line 15a)	
Compensation was determined by a variety of factors including market trends	s, budget, the
candidate's skills, and the compensation level of NACEDA's previous Execut:	ive Director.
The board also reviewed salaries of comparable organizations in Washington	DC and around
the country, including NACEDA's own members.	

Schedule O (Form 990 or 990-EZ) (2019) Page 2

Name of the organization	Employer identification number
Natl Alliance of Community & Economic Developmen	26-0159736
06. Governing documents, etc, available to public (Part VI, line 19)	
These documents are available to the public.	
07. List of other fees for services expenses (Part IX, line 11g)	
Middle Neighborhoods \$59,805	
Marketing \$2,418	
Other Consultants \$50,014	
Intern \$6,120	

Statement of Program Service Accomplishments

2019

PG01

Name(s) as shown on return

Natl Alliance of Community & Economic Developmen

Your Social Security Number

Form 990-Part III(a) Statement of Service Accomplishment

Statement #4

26-0159736

Program Service Code

Program Service Expenses \$25556
Grants and allocations included in above expense \$0
Program Services Revenue \$0

Explanation

Advocacy: NACEDA engaged its membership and community development partners around potential changes to the Community Reinvestment Act in 2019. NACEDA gathered a diverse amount of information on the interests of practitioners, bankers, advocates, regulators, and Members of Congress. In addition, NACEDA hosted a fieldwide webinar with 600 registrants to summarize the proposed changes and outline the content and strategy for a response. The response NACEDA continues to generate among its members, partners, and the field is the strongest the organization has experienced in its 11 year history and will continue to be a focus of the organization well into 2020.