Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax [70]

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No 1545 1150

► Do not enter social security numbers on this form as it may be made public.

_		=	Do not enter social security numbers on this form as it may be man	-	ä	_Open to Public	
Department of the Treasury Internal Revenue Service Information about Form 990-EZ and its instructions is at www.lrs.gov/form990.						Inspection	
				6/30		2017	
		if applicable is change	C	D	Employer id	entification number	
=		change	NORTH DAKOTA ASSOCIATION OF ELEMENTARY		45-0364958		
	Initial r	return	SCHOOL PRINCIPALS 125 SLATE DRIVE #7	E	E Telephone number		
	Final reti	urn/terminated	<u>(701)</u>	258-3022			
	Amend	led return	BISMARCK, ND 58503) 6 F	Group Ex	emption	
		ation pending			Number		
G		unting Met		l Check -	X if the	organization is not	
١.			I/A (check only one) —			Schedule B , or 990-PF)	
		_ ` `					
		of organiza			-1-1		
L	asset	ts (Part II,	c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, file Form 990 instead of Form 990-EZ	iore, or it to	otai ►\$	75,199.	
Pa	rt l	Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (see t	the instru	uctions fo	or Part I)	
	,		the organization used Schedule O to respond to any question in this Part I			X	
	1		ions, gifts, grants, and similar amounts received.		1		
	2	_	service revenue including government fees and contracts		2	38,545.	
	3		hip dues and assessments		3	33,170.	
	4	Investme	1 1		4	34.	
			nount from sale of assets other than inventory 5a				
	b	Less cos	st or other basis and sales expenses 5b				
		•	s) from sale of assets other than inventory (Subtract line 5b from line 5a). and fundraising events		5 c		
R	1	_	come from gaming (attach Schedule G if greater than \$15,000)				
R E V			come from fundraising events (not including \$ of contributive	one			
E	"		draising events reported on line 1) (attach Schedule G if the sum	0113			
Ë		of such gross income and contributions exceeds \$15,000)					
	C	Less dire	ect expenses from gaming and fundraising events 6 c				
	d	Net incom	ne or (loss) from gaming and fundralsing events (add lines 6a and ubtract line 6c)		12		
	ľ				6 d		
	1		Color and the co				
	ı		st of goods sold DEC 1 9 2017 76		7 c		
	Ι.	c Gross profit or (loss) from sales of inventory (Subtract In 7 b from line 7a) 8 Other revenue (describe in Schedile (0) SEE SCHEDULE 0				2.450	
		The state of the s			▶ 9	3,450.	
	10		nd similar amounts paid (list in Schedule O)		10	75,199.	
	11		paid to or for members.		11		
Ε	12		other compensation, and employee benefits		12		
E X P E N	13		onal fees and other payments to independent contractors		13	6,012.	
	14		cy, rent, utilities, and maintenance		14	0/012.	
S E S	15		publications, postage, and shipping		15	25.	
S	16		penses (describe in Schedule O) SEE SCHEDUI	LE O	16	61,968.	
	17		penses. Add lines 10 through 16		- 17	68,005.	
	18		or (deficit) for the year (Subtract line 17 from line 9)		18	7,194.	
A NS EET T	19	Net asset	ts or fund balances at beginning of year (from line 27, column (A)) (must agree with	h end-of-v	ear		
ËS			ported on prior year's return).		19	86,422.	
' T S	20	Other cha	anges in net assets or fund balances (explain in Schedule O)		20		
	21	Net asset	ts or fund balances at end of year Combine lines 18 through 20		▶ 21	93,616.	
BA	A Fo	r Paperwo	ork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2016)	

TEEA0803L 12/22/16

Pai	Balance Sheets (see the Inst Check if the organization used Sche	ructions for Part II)	estion in this Part II			П
	onest with organization according	gane o la rospona la un, qu		A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments		<u> </u>	86,422		93,616.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		Γ		24	
25	Total assets			86,422	. 25	93,616.
26	Total liabilities (describe in Schedule O)	•		0	. 26	0.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	86,422	. 27	93,616.
Pai	Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	. 🔽		Expenses
1186 1	Check if the organization used Sc	hedule O to respond to any o	question in this Part II	X		uired for section 501
	is the organization's primary exempt purpose? SEI		.1. 16) and 501(c)(4) nizations, optional
mea bene	cribe the organization's program service a sured by expenses. In a clear and concise efited, and other relevant information for e	ecomplishments for each of emanner, describe the servi each program title	its three largest prograces provided, the num	am services, as ber of persons		thers)
28	PROVE LEADERSHIP AMONG EL	EMENTARY AND MIDDI	LE LEVEL SCHOO	L		
	PRINCIPALS_TO IMPROVE & P	ROVIDE A QUALITY H	EDUCATION FOR	ALL		
	CHILDREN IN NORTH DAKOTA				1	
	(Grants \$) If th	is amount includes foreign g	rants, check here	•	28 a	48,346.
29					1 1	
				.]	
				- -		
	(Grants \$) If th	is amount includes foreign g	rants, check here	<u> </u>	29 a	
30				_		
				. 		
					ļ	
		is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch					
	· · · · · · · · · · · · · · · · · · ·	is amount includes foreign g	rants, check here	▶	31 a	·
	Total program service expenses (add lii				32	48,346.
Pai	List of Officers, Directors,				see the i	instructions for Part IV)
	Check if the organization used Sc	hedule O to respond to any	question in this Part IV	/		X
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC) (if not paid, enter -0-)	n (d) Health benefit contributions to employee benefit plans, and de compensation	loyee	(e) Estimated amount of other compensation
CEE	SCHEDULE_O					
نسرب			0		0.	0.
			†	`	•	<u>-</u>
				 		
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45-0364958

Form 990-EZ (2016) NORTH DAKOTA ASSOCIATION OF ELEMENTARY

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Page 3 Form 990-EZ (2016) NORTH DAKOTA ASSOCIATION OF ELEMENTARY 45-0364958 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V No Yes Did the organization engage in any significant activity not previously reported to the IRS? 33 X If 'Yes,' provide a detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 Х 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities 35 a (such as those reported on lines 2, 6a, and 7a, among others)? Х b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule 0 35 b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 35 c Х Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 TOTAL STREET 37a Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a b Did the organization file Form 1120-POL for this year? 37 b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 7.5 any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a Х b If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A 39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39 a N/A **b** Gross receipts, included on line 9, for public use of club facilities 39 b N/A 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. N/A, section 4912 ► N/A, section 4955 ► N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40 h c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0 by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed NONE 42 a The organization's books are in care of (701) 258-3022 AIMEE M COPAS Telephone no Located at ► 125 SLATE DR STE 7 BISMARCK ND Yes No b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42 b Х If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Х c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here N/A N/<u>A</u> and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 b c Did the organization receive any payments for indoor tanning services during the year? 44 c d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44 d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 b X TEEA0812L 12/22/16 Form **990-EZ** (2016)

orm 990-	EZ (2016) NORTH DAKOTA ASSOCI	ATION OF ELEME	ENTARY	45-036	4958	Page
46 Did t	the organization engage, directly or indire	ctly, in political campa Schedule C, Part I	ign activities on behalf o	of or in opposition to	46	Yes N
	Section 501(c)(3) organizations					\ <u>-</u>
	All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b and	d 52, and complete	the table	S
	Check if the organization used Schedu	e O to respond to any	question in this Part VI			
	he organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h) election in effect during t	the tax year? If 'Yes,'	47	Yes N
	e organization a school as described in s	ection 170(b)(1)(A)(ii)?	'If 'Yes,' complete Sche	dule E	48	
19 a Did t	the organization make any transfers to an	exempt non-charitable	e related organization?		49 a	
50 Com	es,' was the related organization a section plete this table for the organization's five hig loyees) who each received more than \$100,0	hest compensated empl			49 b	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	
51 Com	Il number of other employees paid over \$ plete this table for the organization's five hig pensation from the organization. If there	hest compensated inder	endent contractors who ea	ach received more than \$	100,000 of	
	(a) Name and business address of each independent of	ontractor	(b) Type o	of service	(c) Comp	ensation
			-			
52 Did i	il number of other independent contractor the organization complete Schedule A? N pleted Schedule A	•		ttach a	Yes	
nder penalti	les of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office	, including accompanying scheer) is based on all information	edules and statements, and to the of which preparer has any knowl	e best of my knowledge and be		<u> </u>
Sign	Signature			12 13 17 Date		
lere	AIMEE M COPAS Type or print name and title			EXECUTIVE DIRE	CTOR	
	Print/Type preparer's name	Preparer's signature	· a a A Date		PTIN	
	LAURA G ADATR. CPA	LAURA GADATR	20, CPA 11-27	Check Lif	20044542	۵

27-3728756

(701) 751-3883

► X Yes No

Form **990-EZ** (2016)

Firm's EIN

Phone no

RITTER ADAIR & ASSOCIATES, PC

BISMARCK, ND 58503-0827

Firm's address ► 1900 BURNT BOAT DR STE 102

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name ▶

Preparer

Use Only

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

OMB No 1545 0047

Schedule C (Form 990 or 990-EZ) 2016

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

	xy Tax) (see separate instruct Section 501(c)(4), (5), or (6) o	ions), then rganizations Complete Part III			,
	of organization	<u></u>		Employer identifica	ation number
NOI	RTH DAKOTA ASSOCIAT	ION OF ELEMENTARY		45-036495	8
		rganization is exempt under section	on 501(c) or is a s		
7 7 77 3	Provide a description of the	organization's direct and indirect political on of 'political campaign activities')	, ,	_	· · · · · · · · · · · · · · · · · · ·
2	Political campaign activity ex	penditures (see instructions)		► \$	
3	Volunteer hours for political	campaign activities (see instructions)		·	
Pa	t B Complete if the or	rganization is exempt under section	on 501(c)(3).		
	74 7 Kingello GK 7 III.	ise tax incurred by the organization under		<u> </u>	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4:	Was a correction made?		- ,		☐Yes ☐No
	If 'Yes,' describe in Part IV				[].ts [].to
		rganization is exempt under section	on 501(c) . excen	section 501(c)(3).	
		pended by the filing organization for section			
		organization's funds contributed to other organ	•	·	
3	Total exempt function expen- line 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contribution	and employer identification number (EIN) For each organization listed, enter the ai s received that were promptly and directly del I action committee (PAC) If additional spa	mount paid from the f livered to a separate po	iling organization's fund hitical organization, such	which the filing ds Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

TEEA3201L 11/11/16

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

Schedule C (Form 990 or 990-EZ) 201	¹⁶ NORTH DAKOT	A ASSOCIATION OF	' ELEMENTARY	45-036	4958 Page 2
Part II-A Complete if section 501(the organization	ı is exempt under se	ection 501(c)(3) ar	nd filed Form 5768 (e	lection under
A Check ► If the filin	ng organization belon	gs to an affiliated group (an	d list in Part IV each aff	iliated group member's nan	ne,
address,	, EIN, expenses, an	d share of excess lobbying	g expenditures)		
B Check ► I if the filing	ng organization che	cked box A and 'limited co	ontrol' provisions apply	у	
(The term		ing Expenditures ins amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pu	blic opinion (grass roots l	obbying) .		
b Total lobbying expendit	ures to influence a				
c Total lobbying expendit	ures (add lines 1a a	nd 1b)			
d Other exempt purpose	expenditures.			· · · · · · · · · · · · · · · · · · ·	
e Total exempt purpose e	expenditures (add lii	nes 1c and 1d)			
f Lobbying nontaxable ar both columns	mount Enter the am	ount from the following to	able in		<u> </u>
If the amount on line 1e, col	lumn (a) or (b) is	The lobbying nontaxable	e amount is		
Not over \$500,000		20% of the amount on line 1e		· 阿斯 斯	i Frus. His
Over \$500,000 but not over \$1		\$100,000 plus 15% of the exces			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces		at lat	
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable	•	•			
h Subtract line 1g from ling Subtract line 1f from ling		·	-		
					<u> </u>
j If there is an amount othe section 4911 tax for this	er than zero on either s year? —————	line 1h or line 1i, did the o	rganization file Form 47	20 reporting	Yes No
(Son		4-Year Averaging Period at made a section 501(h) of low. See the separate ins	election do not have to	o complete all of the five	
	Lobi	ying Expenditures Durin	g 4-Year Averaging Pe	eriod	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

BAA

Rartili-B: Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(n)).					
For each 'Vee' recovered on lines to through the class arounds as Doublist distribution of the control of the c			(b)		
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	An	nount	
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 a Volunteers?	19149441921 1914941921 1917	or 12.0 Marcant			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?			SE SEES ATOM		
d Mailings to members, legislators, or the public?	_				
e Publications, or published or broadcast statements?	-				
f Grants to other organizations for lobbying purposes?	_				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	_		 		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?					
j Total Add lines 1c through 1i	Might	F 18 8 8 8			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Latinica (Talican Har	**********	31.25		(31-2)
b If 'Yes,' enter the amount of any tax incurred under section 4912					iniliti.ida ilidi
c 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?	HEESTER STATE	id 900 tallistis.	inte:	ii a	· 1
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5 section 501(c)(6).	01(c)(5)	, or	Same a man	<u>~~~~</u>	20 23
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 5 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (answered 'Yes.'	01(c)(5) b) Part l	, or s III-A,	ection 5 line 3, is	01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	al				
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			0.

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group Iist), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545 0047 2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NORTH DAKOTA ASSOCIATION OF ELEMENTARY

Employer identification number

_ SCHOOL_PRINCIPALS	45-0364958
FORM 990-EZ, PART I, LINE 8 OTHER REVENUE	
NDAESP REBATES ADVERTISING - WEB	\$ 3,100. 350. \$ 3,450.
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES	
BOARD MEETING COMMITTEE EXPENSES CONFERENCES, CONVENTIONS, AND MEETINGS MISCELLANEOUS OFFICE EXPENSES	\$ 5,560. 5,339. 48,346. 2,509. 214. TOTAL \$ 61,968.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

IMPROVE EDUCATION IN NORTH DAKOTA

FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
AIMEE M COPAS EXECUTIVE DIR.	2.5	\$ 0.	\$ 0.	\$ 0.
STACY MURSCHEL PAST PRESIDENT	0.5	0.	0.	0.
CHRIS BASTIAN DIRECTOR	0.5	0.	0.	0.
JOHN ALSTAD DIRECTOR	0.5	0.	0.	0.
SUSIE ATKINSON SECRETARY/TREAS	0.5	0.	0.	0.
KATHRYN LENERTZ DIRECTOR	0.5	0.	0.	0.
DAVE STECKLER DIRECTOR	0.5	0.	0.	0.
ANNA SELL PRESIDENT ELECT	0.5	0.	0.	0.

Name of the organization NORTH DAKOTA ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS

Employer identification number 45-0364958

FORM 990-EZ, PART IV (CONTINUED) LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
JASON HORNBACHER DIRECTOR	0.5	\$ 0.	\$ 0.	\$ 0.
AUDREY FAUL DIRECTOR	0.5	0.	0.	0.
JEREMY MELHOFF DIRECTOR	0.5	0.	0.	0.
JOY WALKER PRESIDENT	0.5	0.	0.	0.
VICKY HELD DIRECTOR	0.5	0.	0.	0.
SHARI BILDEN DIRECTOR	0.5	0.	0.	0.
TABITHA JOYCE DIRECTOR	0.5	0.	0.	0.
PAT SMITH DIRECTOR	0.5	0.	0.	0.
JEAN SCHAFER DIRECTOR	0.5	0.	0.	0.
TRACY LECOE DIRECTOR	0.5	0.	0.	0.
DEB FOLLMAN DIRECTOR	0.5	0.	0.	0.
TONYA HUNSKOR DIRECTOR	0.5	0.	0.	0.
SHAWN OBAN VICE PRESIDENT	0.5	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.