Return of Organization Exempt From Income Tax

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

DLN: 93493303014458 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

foundations) ▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Inspection

A F	or th	e 2017 c	alendar year, or tax year be	ginning 01-01-2017 , and ending 12	2-31-2	017				
B Che	ck ıf a	pplicable	C Name of organization NATIONAL ASSOCIATION OF SE	CONDARY			D Employer	ıdentıfı	ication number	
		change	SCHOOL PRINCIPALS	CONDART			52-60069	37		
	me ch tıal ret	-	Doing business as							
		n/terminated	NASŠP							
		d return		If mail is not delivered to street address) Room	n/suite		E Telephone	number		
□Ар	plication	on pending	1904 ASSOCIATION DRIVE				(703) 860	-0200		
			City or town, state or province, RESTON, VA 201911537	country, and ZIP or foreign postal code						
			KESTON, VN 201311337				G Gross rece	pts \$ 36	5,838,904	
			F Name and address of prin JOANN BARTOLETTI	cipal officer	H	l(a) Is this	a group retu	rn for		
			1904 ASSOCIATION DRIVE				linates?		□Yes 🗹 No	
			RESTON, VA 201911537		╝	I(b) Are all Includ	l subordinates ed?	;	☐ Yes ☐No	
I Ta	x-exer	mpt status	✓ 501(c)(3)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	.	If "No	," attach a list	(see	instructions)	
J W	ebsit	e:► WW	/W NASSP ORG		╛	I(c) Group	exemption n	umber	>	
								•		
K Form	n of or	rganızatıon	✓ Corporation ☐ Trust ☐	Association ☐ Other ►		Year of forma	tion 1916 N	1 State	of legal domicile DC	
Pa	rt I	Sumi	marv							
				on or most significant activities						
e)				ADERS THROÙGH ADVOCACY, RESEARCH,	, EDUC	CATION, AN	D STUDENT P	ROGRA	<u>MS</u>	
<u>=</u>	-									
Governance	-									
9.AG	2	Check thi	s box 🕨 🗌 ıf the organization	n discontinued its operations or disposed o	of more	e than 25%	of its net ass	ets .		
<u> </u>	3	Number o	of voting members of the gove	rning body (Part VI, line 1a)				3	23	
≫ 0	4	Number o	of independent voting member	s of the governing body (Part VI, line 1b)				4	23	
Activities &	5	Total nun	nber of individuals employed ii	n calendar year 2017 (Part V, line 2a) .	•			5	58	
Ę	6	Total nun	nber of volunteers (estimate if	necessary)			•	6	60	
ď	7a	Total unre	elated business revenue from	Part VIII, column (C), line 12			•	7a	140,624	
	Ь	Net unrel	ated business taxable income	from Form 990-T, line 34				7b	-36,745	
						Pric	or Year		Current Year	
<u>a</u> i	8	Contribut	ions and grants (Part VIII, line	e 1h)			2,220,32	8	4,508,237	
Ravenue	9	Program	service revenue (Part VIII, line	e 2g)			6,049,04	0	15,936,902	
R.∍v	10	Investme	nt income (Part VIII, column ((A), lines 3, 4, and 7d)			326,82	9	1,005,604	
	11	Other rev	enue (Part VIII, column (A), l	nes 5, 6d, 8c, 9c, 10c, and 11e)			1,489,37		7,531,078	
	12	Total reve	enue—add lines 8 through 11	(must equal Part VIII, column (A), line 12	.)		10,085,57	0	28,981,821	
	13	Grants ar	nd similar amounts paid (Part :	(X, column (A), lines 1–3)			8,10	0	2,441,495	
	14	Benefits p	oald to or for members (Part I	X, column (A), line 4)				0	0	
\mathfrak{L}	15	Salaries,	other compensation, employed	e benefits (Part IX, column (A), lines 5–10	0)		3,829,26	9	7,217,519	
ens	16a	Professio	inal fundraising fees (Part IX, o	column (A), line 11e)		0	0			
Expenses	1		aising expenses (Part IX, column (
ш	1		oenses (Part IX, column (A), li				5,105,79	3	14,438,783	
	1		*	equal Part IX, column (A), line 25)			8,943,16	2	24,097,797	
	19	Revenue	less expenses Subtract line 1	8 from line 12			1,142,40		4,884,024	
S 6						Beginning	of Current Yea	r	End of Year	
set	20	Total asse	ets (Part X, line 16)				33,627,28	3	38,169,188	
AB	1		ilities (Part X, line 26)				15,591,55	+	13,436,395	
Net Assets or Fund Balances	1		s or fund balances Subtract li				18,035,72		24,732,793	
Pai			ature Block					-		
Unde	r pena	alties of p	erjury, I declare that I have ex	camined this return, including accompanyi	ıng sch	nedules and	statements,	and to	the best of my	
know any k			f, it is true, correct, and comp	lete Declaration of preparer (other than o	officer)	ıs based oı	n all informati	on of v	which preparer has	
<u>,</u>		1.								
		* * * * * *	* ure of officer			2018 Date	3-10-30			
Sign		J Signati	are or officer			Date	:			
Here	•		SHIFFLETT CFO							
		17	r print name and title		T		Low	• • • • • • • • • • • • • • • • • • • •		
D			rınt/Type preparer's name . MICHAEL SORRELLS	Preparer's signature R MICHAEL SORRELLS	Date	Che		:N 0001737	7	
Paid			ırm's name ► TATE & TRYON				employed n's EIN ► 52-18	55042		
Pre	•	₹! <u> -</u>	irm's name ► TATE & TRYON irm's address ► 2021 L ST NW				ne no (202) 29			
Use	Un	iy `	WASHINGTON, DC	20036			(202) 23			
<u> </u>		.c.4	·					[J]		
			this return with the preparer s duction Act Notice, see the	shown above? (see instructions)	• •	Cat No 1	1282	<u>▼</u> 1 ¥	′es □ No Form 990 (2017)	
	-PCI	Net	AUL HULLOUP SEE LITE			Cat IVU I	14U41		101111 330 (201/)	

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Sei	vice Accomplis	hments		
	Check if Sch	edule O contains a re	esponse or note to a	any line in this Part I	11	🗹
1	Briefly describe the	organization's missi	on	•		
	MISSION OF NASSP IS	S TO CONNECT AND	ENGAGE SCHOOL I	EADERS THROUGH	ADVOCACY, RESEARCH, EDUCA	TION, AND STUDENT
	פויומוט					
_						
2	-	, ,	, ,	,	which were not listed on	П., П .,
						☐ Yes ☑ No
_	If "Yes," describe the					
3	-	<u>-</u> .	or make significant i	changes in how it cor	nducts, any program	
	services?					. 🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Sch	edule O			
4		nd 501(c)(4) organiz	ations are required	to report the amoun	ee largest program services, as It of grants and allocations to ot	
4a	(Code) (Expenses \$	4,624,466	including grants of \$	2,440,645) (Revenue \$	6,594,085)
	See Additional Data					
4b	(Code) (Expenses \$	3,417,901	ıncludıng grants of \$) (Revenue \$	3,046,869)
	See Additional Data					
4c	(Code) (Expenses \$	2,278,901	including grants of \$) (Revenue \$	9,630,328)
	See Additional Data					
	See Additional Data	Table				
4d	See Additional Data Other program serv		nedule O)			
4d		ices (Describe in Sch	nedule O) including grants of	\$	850) (Revenue \$	6,046,739)

or X as applicable

Checklist of Required Schedules

Page 3

No

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

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

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

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

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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

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

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

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

complete Schedule G, Part III

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

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

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

to provide advice on the distribution or investment of amounts in such funds or accounts?

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

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

6 7 8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Nο Nο No Nο Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Form **990** (2017)

No

Form	990 (2017)			Page 4
Par	IV Checklist of Required Schedules (continued)			
_			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \cdot .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No

Nο

Νo

Νo

Nο

32

33

34

35a

35h

36

37

38

Yes

Yes

Yes

Yes

Form **990** (2017)

25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during
С	Did the organization maintain an escrow account other than a refunding escrow at any time of to defease any tax-exempt bonds?
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period ex

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

33

36

37

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 133			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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	2b	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
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)?			
	interior decount in a foreign country (Such as a bank account, Securices account, or other interior account)	4a		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ĭ	The state of the state of guilled and the organization fine form to be a first transfer of the state of the s	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?	6 a		No
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O	13a		
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			İ

01111	JJ0 (2						rage
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 til 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI	1100	See mistractions			✓
Se		A. Governing Body and Management	•		• •	<u> </u>	
						Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	23			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	23			
2		up officer, director, trustee, or key employee have a family relationship or a busines r, director, trustee, or key employee?	s rela	tionship with any other	2		No
3		e organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p			3		No
4	Did th	e organization make any significant changes to its governing documents since the p	prior F	Form 990 was filed?	4	Yes	
5	Did th	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets? .	5		No
6	Did th	e organization have members or stockholders?			6	Yes	
7a		e organization have members, stockholders, or other persons who had the power to bers of the governing body?	o elec	t or appoint one or more	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	mem	bers, stockholders, or	7 b	Yes	
8		ie organization contemporaneously document the meetings held or written actions t llowing	undert	caken during the year by			
а	The go	overning body?			8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body? \dots . \dots			8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who o ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenue	e Code	e.)	
						Yes	No
L0a	Did th	e organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pu			10b		
l1a	Has th	ne organization provided a complete copy of this Form 990 to all members of its gov	vernin	g body before filing the	11a	Yes	
b	Descri	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
L2a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were o	officers, directors, or trustees, and key employees required to disclose annually intests?	erests • •	that could give rise to	12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the full of how this was done	policy •	? If "Yes," describe in	12c	Yes	
L3	Did th	e organization have a written whistleblower policy?			13	Yes	
L4	Did th	e organization have a written document retention and destruction policy?			14	Yes	
L5		e process for determining compensation of the following persons include a review ans, comparability data, and contemporaneous substantiation of the deliberation and					
а	The or	rganization's CEO, Executive Director, or top management official			15a	Yes	
b		officers or key employees of the organization			15b		No
	If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
L6a		le organization invest in, contribute assets to, or participate in a joint venture or sin le entity during the year?	nılar a •	errangement with a	16a		No
b	ın join	s," did the organization follow a written policy or procedure requiring the organization to the versity of the organization to the steps to safeguate with respect to such arrangements?	ard th				
_					16b		
		C. Disclosure ne States with which a copy of this Form 990 is required to be filed▶					
L7	LIST TN	le States with which a copy of this Form 990 is required to be filed. VA VA					
L8		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection Indicate how you made these available Check all that app		990-T (501(c)(3)s only)			
	□∘	own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sc	hedul	e O)			
L9	policy,	ibe in Schedule O whether (and if so, how) the organization made its governing doc , and financial statements available to the public during the tax year		·			
20		the name, address, and telephone number of the person who possesses the organi HAEL K SHIFFLETT CPA 1904 ASSOCIATION DRIVE RESTON, VA 201911537 (703					

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all o organization	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	2
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

115 EAST 34TH ST UNIT 1900 NEW YORK, NY 10156

compensation from the organization ▶ 21

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	than c	ne bo	ox, u n off	t che inles ficer	and a	son	(D) Reportable compensation from the organization (ition compensation le from related n (W- organizations (W-		w-	(F) Estima amount o compens from t	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC	.)	2/1099-MISC)	organizati relati organiza	ed
See A	Additional Data Table													
												\dashv		
												\dashv		
												+		
												-		
												4		
												\dashv		
												\dashv		
												\perp		
	ub-Total	 art VII, Sectio	 n А .	• •			*							
	otal (add lines 1b and 1c)						▶		1,905,511			0		300,416
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than	\$10	0,000			
													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, ke	ey er •	mplo •	oyee, o	or hi	ghest compensa	ted •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organizations										the			
_	Individual		• •		•	•						4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization	PIf "Yes," compi								inai\ •	ridual for	5	Yes	
Se 1	ction B. Independent Contract Complete this table for your five higher		d inden	ender	nt co	ntra	actors	thə+	received more t	han	\$100 000 of cor	nner	nsation	
	from the organization Report comper	sation for the c									's tax year	прсі		
		(A) ind business addre	·SS						С	escr	(B) ption of services		(C Compen	
MARKETING DESIGN GROUP MARKETING								2,	822,365					
2445 5TH AVENUE STE 450 SAN DIEGO, CA 92101														
	OVERY EDUCATION								CONSUL	TING	i			855,000
	COVERY PLACE R SPRING, MD 20910													
ABDI									WAREHO	DUSE	SERVICES			836,817
LEETS	HER COMMERCE PARK 16 AVENUE A DALE, PA 15056													
	IOTT HOTEL								AV, CAT	ERIN	G, HOSTING SERV	ICES		760,159
	BOX 403003 ANTA, GA 30384													
EDBRIDGE PARTNERS LLC CONSULTING							692,572							

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

Part	VI										
		Check if Schedul	e O contains a	a respo	onse or note to an	1	this Part VII (A) revenue	Re e	(B) lated or xempt unction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	la								evenue	Toveride	512-514
nts T	1	a Federated campaignb Membership dues		1a	4,097,787	-					
rar		c Fundraising events		1b 1c	4,037,767	•					
S. G. Arr		d Related organizatio		1d							
Sife Iar		e Government grants (co		1a 1e							
S. E		f All other contributions,		1e							
tior sr S		and similar amounts no		1 f	410,450	_					
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution in lines 1a-1f \$	ons included								
Con and	ı	h Total. Add lines 1a-1	.f	. .	•		4,508,237				
	┌				Busines		+,500,237				<u> </u>
P.P.L	2	MEMBERSHIP DUES				900099	10,7	70,532	10,770,	532	
å	ŀ	CONFERENCE & MEETIN	GS			900099	· '	30,466	2,302,	706	527,760
AC e		CONTRACT REVENUE				900099		29,933	1,529,9		
Ser.		SERVICES & ASSESSME PUBLICATIONS	NT			900099 541800		16,699	589,i 35,i		8
an						311000	-	10,055	33,	101,0	
Program Service Revenue	f	· All other program se	rvice revenue		15	,936,902				1	
<u> </u>		Total. Add lines 2a-2f			<u> </u>	_					
		Investment income (ii similar amounts) .			nterest, and othe	r ▶	267,87	6			267,876
		Income from investme			ond proceeds	▶					
	5	Royalties				▶	338,65	9			338,659
	_	Consideration of the contract	(ı) Real		(II) Personal						
	08	Gross rents		73,788							
	ı	b Less rental expenses	1	39,598							
	١.	c Rental income or	_	65,810							
		(loss)		·		\bot					
	١ (d Net rental income o					-65,81	0		-40,394	-25,416
	7 2	Gross amount	(ı) Securit		(II) Other						
		from sales of assets other	6,3	32,208	1	.15					
		than inventory									
		b Less cost or other basis and	5,5	94,595		0					
	١,	sales expenses C Gain or (loss)	7	37,613	1	.15					
		d Net gain or (loss) .			>	\dashv	737,72	8			737,728
	88	Gross income from fi									
Other Revenue		(not including \$ contributions reporte	ed on line 1c)	of							
ē <		See Part IV, line 18									
ά		b Less direct expense c Net income or (loss)		b	ents .						
the		Gross income from g			ents •						
0		See Part IV, line 19									
		b Less direct expense:		a b							
		c Net income or (loss)		ı	les						
		aGross sales of invent	ory, less								
		returns and allowand	ces	a	9,381,11	19					
		b Less cost of goods s	sold	ь							
		C Net income or (loss)		-1			7,258,22	9	7,258,229		
		Miscellaneous			Business Code						
	1:	la									
		b									
	•	c									
		d All other revenue . e Total. Add lines 11a			<u> </u>						
					•	<u> </u>					
	12	2 Total revenue. See	Instructions	• •	• • • •		28,981,82	1	22,486,353	140,624	
											Form 990 (2017)

For	n 990 (2017)				Page 10
	Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all columns to the state of the	lumns All other orga	nızatıons must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,435,250	2,435,250		
2	Grants and other assistance to domestic individuals See Part IV, line 22	6,245	6,245		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,330,185	646,930	683,255	
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	3,646,298	1,884,914	1,761,384	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	332,678	64,614	268,064	
9	Other employee benefits	1,908,358	1,006,838	901,520	
10	Payroll taxes				
11	Fees for services (non-employees)				
	a Management				
I	Legal	145,326		145,326	
•	Accounting	53,740		53,740	
•	il Lobbying				
•	e Professional fundraising services See Part IV, line 17				
1	Investment management fees	63,487		63,487	
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,670,841	1,710,326	352,515	608,000
12	Advertising and promotion	2,523,722		2,523,722	
13	Office expenses	700,126	168,669	531,457	
14	Information technology	1,108,020	410,404	697,616	
15	Royalties				
16	Occupancy	182,064	11,453	170,611	
	Travel	1,179,317	931,882	222,044	25,391
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,730,548	2,573,164	157,009	375
20	Interest	25,055		25,055	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	422,182		422,182	
23	Insurance	533,027	490,308	42,719	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a PROGRAM DELIVERY/FULFIL	1,628,956	629,821	998,890	245
	b STATE REBATES	368,160	368,160		
	c SUBSCRIPTIONS/REGISTRAT	95,321	58,772	36,549	
	d OVERHEAD ALLOCATION	0	1,212,007	-1,212,007	
	e All other expenses	8,891		8,891	

24,097,797

14,609,757

8,854,029

634,011

Form **990** (2017)

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

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

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

10,478,553

8,306,301

2,428,061

12.830.800

321.355

33,627,283

1,561,417

10,053,274

1.772.056

2.204.808

15,591,555

13.851.541

4.184.187

18,035,728

33,627,283

10c

11 12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Page **11**

2,172,252

14.735.322

391,690

38,169,188

1,819,836

9,795,841

O

1.820.718

13,436,395

19,575,652

5,157,141

24,732,793

38.169.188

Form **990** (2017)

		Beginning of year		End of year
1	Cash-non-interest-bearing	12,626,462	1	16,441,3
2	Savings and temporary cash investments	1,516,283	2	1,527,1
2	Diadaca and grants recovering not	310,000	-	160.0

2	Savings and temporary cash investments	1,516,283	2	1,527,127
3	Pledges and grants receivable, net	310,000	3	160,000
4	Accounts receivable, net	2,386,971	4	934,662
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part		5	

62 II of Schedule L . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete

Part II of Schedule L . Assets Notes and loans receivable, net . Inventories for sale or use . 863.881 8 865,295 343,470 9 941.507

> 10a 10b

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12**

971.543

841,498

~

No

Nο

No

Form **990** (2017)

24,732,793

Yes

Yes

Yes

2a

2b

2c

3a

3b

9

10

ŀ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
•	Net unrealized gains (losses) on investments	5	
j	Donated services and use of facilities	6	
_			

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c 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?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in 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

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Other changes in net assets or fund balances (explain in Schedule O)

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

Form 990 (2017)

Reconcilliation of Net Assets

Part XI

Part XII

Schedule O

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses	7	
Prior period adjustments	8	

Additional Data

Software ID:

Software Version: **EIN:** 52-6006937

Name: NATIONAL ASSOCIATION OF SECONDARY

Form 990, Part III, Line 4a:

Form 990 (2017)

AND NATIONAL JUNIOR HONOR SOCIETY -NATIONAL ASSOCIATION OF STUDENT COUNCILS -NATIONAL ELEMENTARY HONOR SOCIETY

SCHOOL PRINCIPALS

STUDENT SERVICES NASSP PROMOTES THE INTELLECTUAL GROWTH, ACADEMIC ACHIEVEMENT, CHARACTER AND LEADERSHIP DEVELOPMENT, AND PHYSICAL WELL-BEING OF YOUTH NASSP IS PROUD TO BE THE FOUNDER AND ADMINISTRATOR FOR THE FOLLOWING STUDENT LEADERSHIP PROGRAMS -NATIONAL HONOR SOCIETY

EVENT SERVICES NASSP HOLDS A SERIES OF EVENTS ACROSS THE NATION AND ALSO HOSTS ONLINE WEBINARS WHICH INCLUDE A PROFESSIONAL DEVELOPMENT ASPECT AND ALSO PROVIDE ACCESS TO RESOURCES AND NETWORKING OPPORTUNITIES FOR SCHOOL LEADERS AT ALL LEVELS NASSP'S EVENTS ALSO INCLUDE AWARDS WHICH HONOR AND RECOGNIZE PRINCIPALS, ASSISTANT PRINCIPALS, SCHOOLS, STUDENTS, AND ADVISERS FROM ACROSS THE COUNTRY FOR THEIR

LEADERSHIP AND FOR MAKING POSITIVE, SIGNIFICANT DIFFERENCES IN THEIR SCHOOLS AND COMMUNITIES

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c: PROFESSIONAL SERVICES INASSP PROVIDES A VARIETY OF PUBLICATIONS AND SOCIAL MEDIA ENGAGEMENT PLATFORMS SO THAT EVERY SCHOOL LEADER CAN EXPAND UPON HIS OR HER OWN PROFESSIONAL DEVELOPMENT IN ORDER TO FACILITATE THESE PROFESSIONAL DEVELOPMENT EFFORTS, NASSP OFFERS THE FOLLOWING PUBLICATIONS IN BOTH DIGITAL AND PRINT FORMATS -NEWSPAPER KNOWN AS NEWSLEADER -MAGAZINE TITLED PRINCIPAL LEADERSHIP -RESEARCH PUBLICATION

KNOWN AS PRINCIPAL'S RESEARCH REVIEW -PEER-REVIEWED JOURNAL TITLED NASSP BULLETIN

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code including grants of \$ 850) (Revenue \$ (Expenses \$ 2.222.715 4,224,155) MEMBER SERVICES THE MEMBER SERVICES FUNCTION INCLUDES ACTIVITIES RELATED TO ADVOCACY, STATE COORDINATORS CONFERENCE,

COMMUNICATIONS, WEBSITE, AND RETAINING CURRENT MEMBERS (Code (Expenses \$ 2,065,774 including grants of \$ (Revenue \$ 1,822,584)

STRATEGIC ALLIANCE SINCE THE CREATION OF THE ORIGINAL BUILDING RANKS RECOMMENDATIONS MORE THAN 15 YEARS AGO. SIGNIFICANT STRIDES HAVE BEEN MADE TOWARD ACHIEVING THE PROGRAM'S GOAL OF MAKING SCHOOLS MORE STUDENT CENTERED BY

PERSONALIZING PROGRAMS AND SUPPORT SYSTEMS AND MEETING THE INTELLECTUAL CHALLENGES OF EACH STUDENT TODAY, THIS BODY OF

FOR SCHOOL IMPROVEMENT THAT SUPPORTS ALL SCHOOLS IN THE K12 CONTINUUM

KNOWLEDGE AND EXPERIENCE MAKES UP WHAT IS KNOWN AS THE BUILDING RANKS FRAMEWORK WHICH IS A COMPREHENSIVE FRAMEWORK

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	formulated	anu	and a director/trustee)					Organization	Organizations	mom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DANIEL P KELLEY PRESIDENT	20 00	×		×				0	0	0	
CHRISTINE HANDY PRESIDENT-ELECT	10 00	×		х				0	0	0	
RALPH FUNK TREASURER	4 00	×		х				0	0	0	
ARTHUR ADAMAKOS DIRECTOR (AS OF JULY '17)	4 00	×						0	0	0	
ARTHUR OZZIE AHI	4 00			l							

0

0

ol

0

0

0

0

Х

Χ

Х

Х

Х

Х

0 00 4 00

0 00 4 00

0 00 4 00

0 00 4 00

0 00

......

......

......

ARTHUR ADAMAKOS	l
DIRECTOR (AS OF JULY '17)	
ARTHUR OZZIE AHL	I
DIRECTOR (AS OF JULY '17)	ı
	ľ

WILLIAM BAYLIS II

JAMES BLAKE II

....... DIRECTOR

BRETT BLANCHARD

DANNY BRACKETT

MARTIN GUILLORY

DIRECTOR

DIRECTOR

DIRECTOR (AS OF JULY '17)

DIRECTOR (AS OF JULY '17)

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours	and a director/trustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JESSICA HODGES DIRECTOR (AS OF JULY '17)	4 00	×						0	0	0	
AARON HUFF DIRECTOR (AS OF JULY '17)	4 00	х						0	0	0	
PETER KRUSYNSKI DIRECTOR	4 00	×						0	0	0	
KEVIN LOWERY DIRECTOR (AS OF JULY '17)	4 00	x						0	0	0	
ROBERT MOTLEY DIRECTOR	4 00 0 00	×						0	0	0	

4 00

4 00

0 00 4 00

0 00

......

......

...... Χ 0

KIP MOTTA DIRECTOR (AS OF JULY '17) 0 00

Х

Х

Х

Х

0

0

0

0

4 00 **DEBORAH MOYA** DIRECTOR (AS OF JULY '17) 0 00

......

BRAD SEAMER

GWENDOLYN TAYLOR

DIRECTOR (AS OF JULY '17)

DIRECTOR

DIRECTOR

KASEY TESKE

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

	arry riours	anu	id a director/trustee)					Organization	(M. 3/1000	overnment and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JAMES VOELZ	4 00										
		×						0	0	0	
DIRECTOR (AS OF JULY '17)	0 00										
GREGG WIECZOREK	4 00										
	•••••	X						0	0	0	
DIRECTOR	0 00										
EUGENE WRIGHT JR	4 00										
		X						0	0	0	
DIRECTOR	0 00										
JAYNE ELLSPERMANN	20 00										
		×		X				0	0	0	
PRESIDENT (THRU JUNE '17)	0 00										
CHRIS JOHNSTON	4 00										

ol

0

Х

Χ

Х

Х

Х

Х

0 00 4 00

0 00 4 00

0 00 4 00

0 00 4 00

0 00

......

......

DIRECTOR
JAYNE ELLSPERMANN
PRESIDENT (THRU JUNE '17)
CHRIS JOHNSTON
DIRECTOR (THRU JUNE '17)

JAMES BEVER

DIRECTOR (THRU JUNE '17)

...... DIRECTOR (THRU JUNE '17)

DIRECTOR (THRU MAR '17)

DIRECTOR (THRU JUNE '17)

DIRECTOR (THRU JUNE '17)

SUSAN BOSSIE MADDOX

MATTHEW LINDSEY

LARRY ROTHER

RANDY JENSEN

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PEYTON CHAPMAN	4 00									
DIRECTOR (THRU JUNE '17)	0 00	×						0	0	0
LANCE EVANS	4 00									
DIRECTOR (THRU JUNE '17)	0 00	×						l o	U	0
MARY PAT CUMMING	4 00	×						0	0	0
DIRECTOR (THRU JUNE '17)	0 00							0	0	0
DEBRA THOMAS DIRECTOR (THRU JUNE '17)	4 00	×						0	0	0
			ı	1					ı	ı

Χ

Х

Х

Х

Х

0

587,256

165,581

202,376

185,306

182,963

0

0

0

0

111,697

27,691

13,379

29,919

24,694

4 00

0 00 36 50

1 00 36 50

1 00 37 50

0 00 36 50

1 00 37 50

0 00

......

......

Х

DIRECTOR (THRO JONE 17)
DEBRA THOMAS
DIRECTOR (THRU JUNE '17)
JASON EGGERS

.....

DIRECTOR, PROFESSIONAL DEVELOPMENT

DIRECTOR (MAR '17-JUNE '17)

......

JOANN BARTOLETTI

EXECUTIVE DIRECTOR

CHIEF FINANCIAL OFFICER

DEPUTY EXEC DIR, PROGRAMS

DEPUTY EXEC DIR, PROGRAMS

MICHAEL SHIFFLETT

BEVERLY J HUTTON

JOAN E AUCHTER

DENNIS BRUCE SADLER

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless hours per compensation compensation amount of other

week (list

................

......

0 00 37 50

0 00

DIRECTOR, INFORMATION SERVICES

ASSOC DIRECTOR, INFORMATION SYSTEMS

HARI PAL SINGH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

person is both an officer

Х

from the

139,009

128,570

from related

compensation

23,857

22,261

0

	any hours	and	a dır	recto	r/tr	ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ANN DENISE POSTLEWAITE DIRECTOR STUDENT PROGRAMS	37 50 0 00					×		159,062	0	23,645	
JONATHAN D MATHIS DIRECTOR, HONOR SOCIETIES	37 50 0 00					х		155,388	0	23,273	
META TSHILOMBO	37 50										

efil	e GR/	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	DLN: 93493303014458			
SC	HED m 990	ULE A		Public (Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017			
•		the Treasury	► Inf	ormation abou	ıt Schedule A (Form			ictions is at	Open to Public Inspection			
Nam NATIC	e of th	nue Service he organiza SSOCIATION O			<u>www.n.s.g</u>	<u> </u>		Employer identific	<u></u>			
	OL PRIN rt I	NCIPALS	ior Dublic	Charity State	us (All organization	s must comple	to this part \ C	52-6006937				
					us (All organization : it is (For lines 1 thro			see mstructions.				
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 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						•	• •					
4		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		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170			
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	()(v).				
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			•		170(b)(1)(A)(vi)	, ,	,					
9		An agricultural research organization described in 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 331/3% 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 331/3% 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 organiza	ition organiz	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	l organizations (d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a				
a		Type I. A so	upporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A manageme	supporting on t of the sup	organization sup porting organiza	ervised or controlled i ation vested in the sar							
C		Type III f	ınctionally		and C. supporting organizatio ions) You must com				ted with, its			
d		Type III n functionally	on-function integrated	nally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	, ,			
e		Check this	oox if the org	ganization recei	ved a written determing integrated supporting	nation from the II		pe I, Type II, Type II	I functionally			
f	Enter			d organizations	micgiaica sapporting							
g	Provi	de the follow	ıng ınformatı	on about the su	pported organization(s)						
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support instructions						
						Yes	No					
	_											
Tota		work Reduc				Cat No 11285		 Schedule A (Form 9				

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)											
Section A. Public Support											
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
Gifts, grants, contributions, and											

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4							
S	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f)Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, e	c (see instruction	ns)			12		
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,							
	check this box and stop here							
S	Section C. Computation of Public Support Percentage							
14	Public support percentage for 2017 (line	6, column (f) dı	vided by line 11, c	olumn (f))		14		

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017 Part III Support Schedule for Organizations Described in Section 509(a)(2)

S	ection A. Public Support							
30	Calendar year	(a) 2013	(b) 2014	(a) 201E	(4) 2016	(a) 20	17	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	117	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,572,754	2,173,635	4,660,550	2,220,328	4,	508,237	15,135,504
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in	10,329,594	19,471,098	23,095,004	7,568,687	25,:	137,003	85,601,386
3	any activity that is related to the organization's tax-exempt purpose 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	11,902,348	21,644,733	27,755,554	9,789,015	29,0	545,240	100,736,890
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3							0
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		636,568	658,723		1,0	070,165	2,365,456
С	Add lines 7a and 7b		636,568	658,723		1,0	070,165	2,365,456
8	Public support. (Subtract line 7c from line 6)							98,371,434
Se	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	17	(f) Total
9	Amounts from line 6	11,902,348	21,644,733	27,755,554	9,789,015	29,0	545,240	100,736,890
9		11,902,348 744,614	21,644,733 753,275	27,755,554 772,398	9,789,015 397,932	·	545,240 580,323	100,736,890 3,348,542
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties					·		
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b							
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	744,614	753,275	772,398	397,932		680,323	3,348,542
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital	744,614	753,275	772,398	397,932		680,323	3,348,542 3,348,542
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	744,614 744,614 449,955 13,096,917	753,275 753,275 22,398,008	772,398	397,932 397,932 10,186,947	30,:	680,323	3,348,542 3,348,542 449,955 104,535,387
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	744,614 744,614 449,955 13,096,917	753,275 753,275 22,398,008	772,398	397,932 397,932 10,186,947	30,:	680,323	3,348,542 3,348,542 449,955 104,535,387 anization,
9 10a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	744,614 744,614 449,955 13,096,917 for the organization	753,275 753,275 22,398,008 's first, second, th	772,398	397,932 397,932 10,186,947	30,:	680,323	3,348,542 3,348,542 449,955 104,535,387
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	744,614 744,614 449,955 13,096,917 or the organization Support Perce	753,275 753,275 22,398,008 's first, second, th ntage	772,398 772,398 28,527,952 ird, fourth, or fifth	397,932 397,932 10,186,947	30,: ction 501(680,323	3,348,542 3,348,542 449,955 104,535,387 anization,
9 10a b c 11 12 13 14 Se 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ection C. Computation of Public Public support percentage for 2017 (I	744,614 744,614 449,955 13,096,917 for the organization Support Perce line 8, column (f) di	753,275 753,275 22,398,008 's first, second, th ntage vided by line 13, of	772,398 772,398 28,527,952 ird, fourth, or fifth	397,932 397,932 10,186,947	30,iction 501(680,323	3,348,542 449,955 104,535,387 anization, 94 100 %
9 10a b c 11 12 13 14 Se 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineth this box and stop here ection C. Computation of Public Public support percentage from 2016	744,614 744,614 449,955 13,096,917 for the organization Support Perce line 8, column (f) di Schedule A, Part II	753,275 753,275 22,398,008 's first, second, th ntage vided by line 13, c I, line 15	772,398 772,398 28,527,952 ird, fourth, or fifth	397,932 397,932 10,186,947	30,: ction 501(680,323	3,348,542 3,348,542 449,955 104,535,387 anization,
9 10a b c 11 12 13 14 Se 15 16 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ection C. Computation of Public Public support percentage from 2016 ection D. Computation of Invest	744,614 744,614 449,955 13,096,917 or the organization Support Perce line 8, column (f) di Schedule A, Part II tment Income	753,275 753,275 22,398,008 's first, second, th ntage vided by line 13, c I, line 15 Percentage	772,398 772,398 28,527,952 ird, fourth, or fifther column (f))	397,932 397,932 10,186,947 a tax year as a se	30,iction 501(680,323	3,348,542 449,955 104,535,387 anization, 94 100 % 93 730 %
9 10a b c 11 12 13 14 Se 15 16 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fined this box and stop here ection C. Computation of Public Public support percentage from 2016 Public support percentage from 2016 Ection D. Computation of Investing in the section of the	744,614 744,614 449,955 13,096,917 for the organization Support Perce line 8, column (f) di Schedule A, Part II tment Income I 17 (line 10c, column	753,275 753,275 753,275 22,398,008 's first, second, the ntage vided by line 13, contage in the second in the s	772,398 772,398 28,527,952 ird, fourth, or fifther column (f))	397,932 397,932 10,186,947 a tax year as a se	30,3ction 501(15 16	680,323	3,348,542 449,955 104,535,387 anization, 94 100 % 93 730 %
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ection C. Computation of Public Public support percentage from 2016 ection D. Computation of Invest	744,614 744,614 449,955 13,096,917 for the organization Support Perce line 8, column (f) di Schedule A, Part II tment Income I 17 (line 10c, colur 2016 Schedule A, I	753,275 753,275 753,275 22,398,008 's first, second, the second of t	772,398 772,398 28,527,952 ard, fourth, or fifther column (f))	397,932 397,932 10,186,947 1 tax year as a se	30,iction 501(15 16	580,323 580,323 580,323 325,563 c)(3) org	3,348,542 449,955 104,535,387 anization, 94 100 % 93 730 % 3 200 % 3 890 %

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

ightharpoons

ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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	3b		

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	3b		
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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın 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			

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			
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın 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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın 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)			

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone othe 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.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

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)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

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

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

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

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

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

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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 the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in Part VI) See instructio	ns		
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions

details in Part VI) See instructions	Terraine organization is respons	sive (provide	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Schedule A (ichedule A (Form 990 or 990-EZ) 2017							
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)								
		Facts And Circumstances Test						
	dule A, Supplemen							
Kei	turn Reference	Explanation						
	A, PART III, LINE 12, ON OF OTHER	TRAVEL REBATE HONORARIA OTHER						

INCOME

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
SCHEDULE A	THE INFORMATION IN THE "2016" COLUMN REPRESENTS THE SHORT PERIOD FROM JULY 1, 2016 TO DECE MBER 31, 2016 AS A RESULT OF A CHANGE IN ACCOUNTING PERIOD					

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493303014458

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶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

Inspection

	Section 501(c) (other than section 5 Section 527 organizations Complet	o r(c)(3)) organizations. Complete Parts	I-A and C below	Do not complete Part 1-B	
		n Form 990, Part IV, Line 4, or Form 9	90-F7. Part VI. lin	e 47 (Lobbying Activities	s), then
		have filed Form 5768 (election under se			
•	Section 501(c)(3) organizations that	have NOT filed Form 5768 (election un	der section 501(h))) Complete Part II-B Do	not complete Part II-A
		n Form 990, Part IV, Line 5 (Proxy Tax	:) (see separate ii	nstructions) or Form 990	-EZ, Part V, line 35c
•	xy Tax) (see separate instruction: Section 501(c)(4), (5), or (6) organiz				
	me of the organization FIONAL ASSOCIATION OF SECONDARY			Employer ider	ntification number
	HOOL PRINCIPALS			52-6006937	
Par	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	a section 527 organi	zation.
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political cam	npaign activities in	Part IV (see instructions f	for definition of
2	Political campaign activity expend	itures (see instructions)		>	\$
3	Volunteer hours for political camp	• • • • • • • • • • • • • • • • • • • •			
Par	t I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ex incurred by the organization under se	ction 4955	>	\$
2	Enter the amount of any excise ta	ex incurred by organization managers ur	nder section 4955	>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	his year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV		- 504(-)	-11: =04(-)(2)	
		nization is exempt under sectio			·
1	·	ed by the filing organization for section	·		\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other or	rganizations for se	ction 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and on	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	Also enter the amount
	(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-
L					
2					
3					
1					
5					
<u> </u>					
or P	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2017

(a) 2014

1,000,000

382,146

250,000

84,237

(b) 2015

1,000,000

430,924

250,000

55,031

(c) 2016

615,533

183,492

153,883

22,454

(d) 2017

1,000,000

528,992

250,000

39,943

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

3,615,533

5,423,300

1,525,554

903,883

1,355,825

201,665

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information 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 list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

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

DLN: 93493303014458

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	me of the organization TONAL ASSOCIATION OF SECONDARY				E	mployer id	entification	number
	IONAL ASSOCIATION OF SECONDARY IOOL PRINCIPALS				5	2-6006937		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Yes				ds or A	ccounts.		
		(a) Dono	r advı	sed funds		(b)Fund	s 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 advisor organization's property, subject to the organization's exc			ets held in dono	or advise	ed funds are	_	Yes 🗌 No
6	Did the organization inform all grantees, donors, and dor charitable purposes and not for the benefit of the donor oprivate benefit?						rmissible	Yes 🗌 No
Pa	rt III Conservation Easements. Complete if the	e organization a	nswe	red "Yes" on I	Form 9	90, Part I\	/, line 7.	
1	Purpose(s) of conservation easements held by the organ	zation (check all	hat a	oply)				
	\square Preservation of land for public use (e g , recreation	or education)		Preservation o	of an his	torically imp	oortant land a	area
	Protection of natural habitat			Preservation o	f a cert	fied historic	structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year	ualified conservat	ion co	ntribution in the	e form o		ation at the End o	of the Year
а	Total number of conservation easements				2 2	1		
b	Total acreage restricted by conservation easements				21	,		
С	Number of conservation easements on a certified historic	structure include	d ın (a)	20	;		
d	Number of conservation easements included in (c) acquir structure listed in the National Register	ed after 8/17/06,	and n	ot on a historic	20	ı		
3	Number of conservation easements modified, transferred tax year ▶	, released, exting	uished	d, or terminated	l by the	organızatıo	n during the	
4	Number of states where property subject to conservation	easement is loca	ted ►					
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds:		ing, ir	ispection, handl	ling of v	iolations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of v	iolatio	ns, and enforcir	ng conse	ervation eas	ements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting, h \$	nandling of violation	ons, a	nd enforcing coi	nservatı	on easemer	nts during the	e year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{7}$	above satisfy the	require	ements of section	on 170(l	n)(4)(B)(ı)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the f the organization's accounting for conservation easements	ootnote to the or					and	
Par	Complete If the organization answered "Yes				Other	Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finance.	oublic exhibition, e	ducat	ion, or research	ın furtl			
b	If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for public following amounts relating to these items							
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$		
C	i)Assets included in Form 990, Part X					▶ \$		
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS 1				financia	l gain, prov	ide the	
а	Revenue included on Form 990, Part VIII, line 1	·	-			> \$ _		
b	Assets included in Form 990, Part X					▶ \$		
	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat	No. 523	283D S ch	edule D (Fo	orm 990) 201

 ${f d}$ Equipment .

Par	t III	Organizations Ma	aintaining Col	lections of Ar	t, Histori	ical T	reasu	res, or Ot	ther Similar	- Assets (co	ntınued)
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other reco	ords, check	any of	the foll	lowing that	are a significa	nt use of its o	collection
а		Public exhibition			d		Loan	or exchange	e programs		
b		Scholarly research			е		Other				
С		Preservation for future	generations								
4	Prov Part	ide a description of the o	organızatıon's col	ections and exp	lain how the	ey furtl	ner the	organizatio	on's exempt pu	irpose in	
5		ng the year, did the orga ts to be sold to raise fur								☐ Yes	□ No
Pa	rt IV	Escrow and Cust	odial Arrange	ments.							
		Complete if the ord X, line 21.			Form 990	, Part	IV, lır	ne 9, or re	ported an an	nount on Fo	rm 990, Part
1a		e organization an agent ided on Form 990, Part)		an or other inter	mediary for	contri	butions	s or other as	ssets not	☐ Yes	□ No
b	If "Y	es," explain the arrange	ement in Part XIII	and complete th	ne following	table				Amount	
c		nning balance		, , ,				10	<u> </u>		
d	_	tions during the year						10	1		
е		ributions during the year	-					16	•		
f		ng balance						11	f		
2a		the organization include	an amount on Eo	rm 990 Bart V	lina 21 for	occrou	or cue	todial accor	unt linbility?		
Za b		es," explain the arrange			•				·	☐ Yes	∐ No □
	rt V	Endowment Fund									<u> </u>
ГС	1 C V	Litaowineneran	us. complete ii	(a)Current yea		rior yea			back (d)Three		e)Four years back
1 a	Begini	ning of year balance .		(2)000	. (-).	,	' '	(-)	(2)	7,000,000,000,000,000	27. 04. 704.0 246.
	-	butions									
		vestment earnings, gair	ns. and losses				-				
		s or scholarships									
		expenditures for facilities					-				
Ī		rograms									
f	Admir	nistrative expenses .									
g	End of	f year balance									
2	Prov	ide the estimated percei	ntage of the curre	ent vear end bala	nce (line 1	a. colu	mn (a)) held as	l .		
а		d designated or quasi-e	-	,	····- (····- –	J ,	(/	,			
ь		nanent endowment >									
	Tem	porarily restricted endov	wment >								
С		percentages on lines 2a,		ld equal 100%							
За	Are t	there endowment funds nization by		•	nization tha	t are h	eld and	d administer	ed for the		Yes No
	-	inrelated organizations								3a(
		related organizations .								3a(
b		es" on $3a(\pi)$, are the rel		s listed as requi	red on Sche	dule R	?			. 3t	
4		ribe in Part XIII the inte									<u> </u>
Pa	rt VI	Land, Buildings, Complete if the ord			Form QQC) Part	TV br	ne 11a Se	e Form 990	Part Y line	10
	Descr	ription of property	(a) Cost or oth (investme	er basis (b)	Cost or other	•			lated depreciatio) Book value
12	Land			,		1	53,958				153,958
		ŀ					75,973		4,178,0	91	997,882
	Buildir	hold improvements					57,107		162,0		5,025
·	Lease	HOIG HIPLOVEIHEHIG		1		1	. , ,		102,0		5,025

2,445,420

2,536,095

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

2,264,433

1,701,695

180,987

834,400

2,172,252

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	ne organizat	on answ	ered "Yes" on Form 99	90, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation f-year market value
	al derivatives	· · ·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Complete if the organization answered 'Yes' on F				
	(a) Description of investment	(b) Bo	ok value		od of valuation f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	on (b) must equal Form 990, Part X, col (B) line 13)	l Wasi an Faun	- 000 Par	+ TV	000 Part V Iva 15
	Other Assets. Complete if the organization answered (a) Description		1 990, Pai	t IV, line IIa See Form	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	See Form 990, Part X, line 25.	nswered 'Ye			. ▶ 1e or 11f.
1. (1) Federal	(a) Description of liability		(b) Bo	ook value	
	EMENT HEALTHCARE BENEFITS			1,541,927	
PENSION BE				27,397	
(4)	TAL EXECUTIVE RETIREMENT PLAN BENEFITS			251,394	
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		1,820,718	
2. Liability f	or uncertain tax positions. In Part XIII, provide the text o			janızatıon's fınancıal state	

Part XI

2

а

b

4

b

c

Part XII

5

1

2

c

d

е

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2017

Page 4

28,981,821

25,455,185

1,420,875

24,034,310

63,487

24.097.797

Schedule D (Form 990) 2017

2c d 2d e 3

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

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

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

Add lines **4a** and **4b**

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

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

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

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Supplemental Information

Net unrealized gains (losses) on investments

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

971.543

63,487

-2.262.373

1,420,875

63,487

2e

3

4c

5

2a

2b

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

2e 971,543 3 31,180,707 4c -2,198,886

Page 5		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software ID:

Software Version: **EIN:** 52-6006937

Name: NATIONAL ASSOCIATION OF SECONDARY

SCHOOL PRINCIPALS

ADJUSTMENTS

Explanation

Return Reference PART XI, LINE 4B - OTHER COST OF GOODS SOLD -2,122,890 RENTAL EXPENSE -139,598 GAIN ON DISPOSAL OF ASSET 115

Supplemental Information

Supplemental Information Return Reference Explanation PART XII, LINE 2D - OTHER COST OF GOODS SOLD 2,122,890 RENTAL EXPENSE 139,598 GAIN ON DISPOSAL OF ASSET -115 CHAN ADJUSTMENTS GE IN POSTRETIREMENT HEALTHCARE BENEFITS LIABILITY -153.589 CHANGE IN LONG TERM PENSION L IABILITY -687.909

efile GRAPHIC print - DO N	NOT PROCESS	As Filed Data -					DLN: 93493303014458
Schedule I (Form 990)	Chedule I Grants and Other Assistance to Organizations						
Department of the Treasury Internal Revenue Service			► Attach to Form I (Form 990) and its i	990.	•		Open to Public Inspection
Name of the organization NATIONAL ASSOCIATION OF SECO SCHOOL PRINCIPALS						Employ 52-600	yer identification number 06937
Part I General Informa	tion on Grants	and Assistance					
 Does the organization maint the selection criteria used to Describe in Part IV the organization 	o award the grants	or assistance?				e, and	☑ Yes ☐ N
		estic Organizations an can be duplicated if addi		nts. Complete if the oi	rganization answered "Yes'	' on Form 990, P	Part IV, line 21, for any recipient
(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) Descrip noncash ass	
(1) NATIONAL HONOR SOCIETY SCHOLARSHIP FUND 1904 ASSOCIATION DR RESTON, VA 20191	47-5150097	501(C)(3)	2,200,000				SCHOLARSHIP FUNDING
(2) INTERNATIONAL SCHOLARSHIP AND TUITION SERVICE 1321 MURFREEBORO PIKE 800 NASHVILLE, TN 37217		FOR PROFIT	235,000				SCHOLARSHIP FUNDING
2 Enter total number of section 3 Enter total number of other							1
For Paperwork Reduction Act Notice				Cat No 50055	;p	· · · · ·	Schedule I (Form 990) 2017

Schedule I (Form 990) 2017						Page 2
(a) Type of grant or	assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Suppleme	ental Information	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other ac	dditional information.
Return Reference	Explanatio	on				
PART I, LINE 2	SERVICES T SCHOLARSH COMPLETED	TO THE NHSSF JUDG: HIP PROGRAM IS ADM D BY STUDENT APPLIC	GING PROCESSES FOR TH MINISTERED BY THE NAS ICANTS WHO ARE MEMBE	THE NATIONAL HONOR SO ASSP STUDENT PROGRAMS BERS OF NHS IN GOOD ST.	OCIETY SCHOLARSHIP PROGRAM T IS DEPARTMENT THE NHS SCHOLA TANDING APPLICANTS MUST ALSO	THLY BY PROVIDING FINANCIAL AND ACCOUNTING THE NATIONAL HONOR SOCIETY (NHS) ARSHIP HAS AN ONLINE APPLICATION FORM THAT IS O SUBMIT RECOMMENDATIONS HIGH SCHOOL

AND CHARACTER FOR MORE INFORMATION ABOUT THE SCHOLARSHIP, TIMELINES, AND AWARD DISTRIBUTION, PLEASE VISIT

Schedule I (Form 990) 2017

HTTPS://WWW.NHS.US/STUDENTS/THE-NHS-SCHOLARSHIP/

Additional Data

NPM VIDEO CONTEST

AOC INCENTIVE

NEHS WINNER

2017 RYNEARSON ADVISER OF THE YEAR

2017 NASC HS ADVISER OF THE YEAR

Software ID:
Software Version:

EIN: 52-6006937

Name: NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS

600 COST

275 COST

650 COST

220 COST

GIFT CARDS

GIFT CARDS

GIFT CARDS

GIFT CARDS

HOOL PRINCIPALS

form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.						
(a)Type of grant or assistance	(b) Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	

500

500

(a)Type of grant or assistance
(b)Number of recipients
(c)Amount of cash grant
(d)Amount of non-cash assistance
(e)Method of valuation (book, FMV, appraisal, other)
(f)Description of non-cash assistance

2017 NASC ML ADVISER	1	500		

500

2.500

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

2017 KYKER AWARD WINNER

NJHS OAA AWARD

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9330	3014	458	
Schedule J		Co	ompensati	ion Information	МО	IB No	1545-0	0047	
(Fori	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.					2017		
•	tment of the Treasury al Revenue Service	▶ Information al		(Form 990) and its instructions gov/form990.	is at •		to Pul		
Nar	me of the organiza				Employer identificat				
	TONAL ASSOCIATIO HOOL PRINCIPALS	N OF SECONDARY			52-6006937				
Pa	rt I Questi	ons Regarding Compensa	tion						
							Yes	No	
1a				f the following to or for a person liste by relevant information regarding the					
	First-class	s or charter travel		Housing allowance or residence for	personal use				
	_	companions		Payments for business use of perso					
		nification and gross-up payment	:s 🛂	Health or social club dues or initiation					
	☐ Discretion	ary spending account		Personal services (e g , maid, chauf	Teur, cnet)				
Ь		xes in line 1a are checked, did t all of the expenses described abo		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b	Yes		
2				or allowing expenses incurred by all	4.5	2	Yes		
	directors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked in line	e la/				
3	organization's C	EO/Executive Director Check a	II that apply Dor	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain					
		-							
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study					
		of other organizations	7	Approval by the board or compensa	tion committee				
4		-	990, Part VII, Se	ction A, line 1a, with respect to the f					
	related organiza	ition							
а	Receive a sever	ance payment or change-of-con	trol payment?			4a		No	
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ıfıed retırement plan?		4b	Yes		
С	•	r receive payment from, an equ		-		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Par	t 111				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)) organizations	must complete lines 5-9.					
5	For persons liste		on A, line 1a, did	the organization pay or accrue any					
а	The organization	1?				5a		No	
b	Any related orga					5b		No	
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any					
а	The organization	٦٦				6 a		No	
b	Any related orga					6b		No	
	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	d	7		No	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No	
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9			
For I	Danerwork Pedi	iction Act Notice, see the Ins	tructions for Fo	orm 990 Cat No. 5	50053T Schedule J	(Forn	990)	2017	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

			: are not listed on Form 99 dividual must equal the to		Part VII, Section A, line 1	1a, applicable column (D)	and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive (iii) Other			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported
		compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990
1 JOANN BARTOLETTI EXECUTIVE DIRECTOR	(i)	587,256 	0	0	99,498	12,458	699,212	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL SHIFFLETT CHIEF FINANCIAL OFFICER	(i)	164,265	0	1,316	9,103	20,620	195,304	0
	(ii)	0	0	0	0	0	0	0
3 BEVERLY J HUTTON DEPUTY EXEC DIR,	(i)	200,000	0	2,376	8,744	6,979	218,099	0
PROGRAMS	(ii)	0	0	0	0	0	0	0
4 DENNIS BRUCE SADLER DEPUTY EXEC DIR,	(i)	184,766	0	540	10,787	21,476	217,569	0
PROGRAMS	(ii)	0	0	0	0	0	0	0
5 JOAN E AUCHTER DIRECTOR, PROFESSIONAL	(i)	178,871	0	4,092	9,581	17,238	209,782	0
DEVELOPMENT	(ii)	0	0	0	0	0	0	0
6 ANN DENISE POSTLEWAITE	(i)	158,402	0	660	8,653	16,913	184,628	0
DIRECTOR STUDENT PROGRAMS	(ii)	0	0	0	0	0	0	0
7 JONATHAN D MATHIS DIRECTOR, HONOR	(i)	155,136	0	252	8,310	16,843	180,541	0
SOCIETIES	(ii)	0	0	0	0	0	0	0
8 META TSHILOMBO DIRECTOR, INFORMATION	(i)	138,744	0	265	7,902	21,350	168,261	0
SERVICES	(ii)	0	0	0	0	0	0	0
9 HARI PAL SINGH ASSOC DIRECTOR,	(i)	127,584	0	986	7,449	19,960	155,979	0
INFORMATION CYCTEMS	(ii)	0	0	0	0	0	0	0
	H							
	П							
	H							
	<u>Ш</u>						Schedule	J (Form 990) 2017

Demodale 5 (1 01111 550) 2017	rage 3						
Part III Supplemental Inform	Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation						
· · · · · · · · · · · · · · · · · · ·	THE ORGANIZATION PAID FOR THE HEALTH CLUB DUES OF SINGH AND TSHILOMBO SUCH AMOUNTS WERE NOT INCLUDED ON THE EMPLOYEES' FORM W-2 AS TAXABLE COMPENSATION						
	JOANN BARTOLETTI, EXECUTIVE DIRECTOR, PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN THE CONTRIBUTION TO THE PLAN DURING THE YEAR ENDED DECEMBER 31, 2017 IS \$59,421						

Page 3

Schedule J (Form 990) 2017

Schedule 1 (Form 990) 2017

Additional Data Software ID: **Software Version:** EIN: 52-6006937 Name: NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation 1JOANN BARTOLETTI 587,256 (1) 99,498 12,458 699,212 EXECUTIVE DIRECTOR

9,103

8,744

10,787

9.581

8,653

8,310

7,902

7,449

20,620

6,979

21,476

17,238

16,913

16,843

21,350

19,960

195,304

218,099

217,569

209,782

184,628

180,541

168,261

155,979

1,316

2,376

540

4,092

660

252

265

986

(A)	Name	and	Title

1MICHAEL SHIFFLETT

2BEVERLY J HUTTON

DEPUTY EXEC DIR. **PROGRAMS**

DEPUTY EXEC DIR, **PROGRAMS** 4JOAN E AUCHTER

CHIEF FINANCIAL OFFICER

3DENNIS BRUCE SADLER

DIRECTOR, PROFESSIONAL DEVELOPMENT

ANN DENISE POSTLEWAITE DIRECTOR STUDENT **PROGRAMS**

6JONATHAN D MATHIS

DIRECTOR, HONOR SOCIETIES

7META TSHILOMBO

ASSOC DIRECTOR, INFORMATION SYSTEMS

SERVICES 8HARI PAL SINGH

DIRECTOR, INFORMATION

(1)

(1)

(1)

(1)

(1)

(1)

(II)

164,265

200,000

184,766

178.871

158,402

155,136

138,744

127,584

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349330						93493303014458
SCHEDULE O (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. Department of the Treasur Department of the Treasur Department of the Treasur					OMB No 1545-0047 2017 Open to Public Inspection	
Name of the org NATIONAL ASSOCI SCHOOL PRINCIPA 990 Schedule	ATION OF S	SECONDARY pplemental Information	n		Employer identi 52-6006937	fication number
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 1	ES BY E ESS OF MENDA STEERI OF DIRE R RESC PERTAI MMITTE AIRS BY BY THE BUSINE	EXERCISING THE FULL PO THE ASSOCIATION IN BE TIONS TO THE FULL BOAF NG COMMITTEE SHALL NO ECTORS -ADOPT, AMEND, DLUTION OF THE BOARD O NING TO THE ACQUISITIO E SHALL CONSIST OF THI THE BOARD ALL ACTION FULL BOARD THE STEER	WERS AND AUTHOR TWEEN REGULAR B RD AS TO FAIR AND OT HAVE THE POWE OR REPEAL THE B OF DIRECTORS TO A B E PRESIDENT, PRES RS OF THE STEERIN RING COMMITTEE M GULAR MINUTES OF	RD OF DIRECTORS IN ITS OVERITY OF THE BOARD IN THE MEDARD IN THE MEDARD IN REVERENCE OF THE REASONABLE EXECUTIVE COMMITTERS CONTHER COMMITTER OF THE REASONABLE FOR PLEDER, AND THE FIVE IG COMMITTEE OF THE SUMBLE	MANAGEMENT OF /IEWING AND MA DMPENSATION LI /ACANCIES ON TI DMMITTED BY TH IS BOARD -ACT O PERTY THE STE ELECTED COMM BJECT TO RATIFI CCESSARY TO CO	THE BUSIN KING RECOM EVELS THE HE BOARD E BYLAWS O IN MATTERS ERING CO MITTEE CH CATION DINDUCT ITS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE AMENDED TO GIVE THE AUTHORITY TO AMEND THE BYLAWS TO THE BOARD OF DIRECTOR S PREVIOUSLY, THE BYLAWS STATED THAT THE BYLAWS COULD ONLY BE AMENDED BY AN AFFIRMATIVE V OTE OF TWO-THIRDS OF THE VOTING MEMBERS AT THE ANNUAL BUSINESS MEETING OR A SPECIAL MEETIN G OF THE MEMBERS GIVEN THE NATIONAL MEMBERSHIP OF THE ORGANIZATION IT IS IMPRACTICAL TO C ALL A SPECIAL MEETING OF THE MEMBERSHIP AS A RESULT, THE ORGANIZATION ONLY HAD THE OPPORT UNITY TO AMEND ITS BYLAWS AT THE ANNUAL BUSINESS MEETING ACCORDINGLY, THE AMENDMENT WAS P ASSED TO ALLOW THE ORGANIZATION TO ADAPT ITS GOVERNANCE TO MEET CHALLENGES IN INTERPRETING THE BYLAWS AS THEY OCCUR THROUGHOUT THE YEAR AND TO KEEP UP WITH BEST PRACTICES IN NONPROFIT GOVERNANCE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ACTIVE ACTIVE MEMBERS SHALL CONSIST OF THOSE INDIVIDUALS ENGAGED IN THE PRACTICE OR SUPER VISION OF SECONDARY (MIDDLE LEVEL AND/OR HIGH SCHOOL) ADMINISTRATION WITHIN ONE OF THE EIG HT REGIONS AS DEFINED IN ARTICLE II OF THE BYLAWS ASSOCIATE ASSOCIATE MEMBERS SHALL CONS IST OF PERSONS, INSTITUTIONS, OR OTHER ENTITIES THAT DO NOT MEET THE CRITERIA FOR ACTIVE M EMBERSHIP LIFE MEMBERS LIFE MEMBERSHIP MAY BE CONFERRED BY THE BOARD OF DIRECTORS AND PR OVIDES AN INDIVIDUAL WITH ALL OF THE PRIVILEGES OF AN ACTIVE MEMBER, EXCEPT THE ABILITY TO BECOME AN OFFICER, DIRECTOR, OR STATE COORDINATOR OF THE ASSOCIATION

Return Explanation

LINE 7A

FORM 990, PART VI, SECTION A,

Reference	•
PART VI, SECTION A, LINE 7B ONVENTION OR UPON SUCH DATE, TIME, AN OF THE ANNUAL BUSINESS MEETING SHALL G THE ANNUAL BUSINESS MEETING, ACTIVE G MATTERS ONLY I ELECTION OF THE BOA NTS TO THE ARTICLES OF INCORPORATION REASES IV APPROVAL OF ANY PLAN OF ME AGE, PLEDGE, OR OTHER DISPOSITION OF ME	ETING OF THE MEMBERS DURING THE ASSOCIATION'S ANNUAL C ID PLACE AS THE BOARD SHALL DETERMINE WRITTEN NOTICE BE GIVEN AT LEAST 30 DAYS PRIOR TO THE MEETING DURIN MEMBERS SHALL HAVE THE RIGHT TO VOTE ON THE FOLLOWIN RD OF DIRECTORS AND OFFICERS II APPROVAL OF AMENDME OR BYLAWS III APPROVAL OF ANNUAL MEMBERSHIP DUES INC RGER OR CONSOLIDATION V SALE, LEASE, EXCHANGE, MORTG ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OR MATTERS IS EXPRESSLY RESERVED FOR THE BOARD OF DIRE

Return Explanation
Reference

FORM 990, PART VI, OR TO FILING, THE BOARD OF DIRECTORS IS PROVIDED A PERIOD OF REVIEW AND APPROVAL

LINE 11B

Return	Explanation
Reference	
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS DESIGNED TO HELP DIRECTORS, OFFICERS, AND EMPLOYEES OF THE NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS (NASSP) IDENTIFY SITUATIONS THAT P RESENT POTENTIAL CONFLICTS OF INTEREST AND TO PROVIDE NASSP WITH A PROCEDURE THAT, IF OBSE RVED, WILL ALLOW A TRANSACTION TO BE TREATED AS VALID AND BINDING EVEN THOUGH A DIRECTOR, OFFICER, OR EMPLOYEE HAS OR MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTIO N IN THE EVENT THERE IS AN INCONSISTENCY BETWEEN THE REQUIREMENTS AND PROCEDURES PRESCRIB ED HEREIN AND THOSE IN FEDERAL OR STATE LAW, THE LAW SHALL CONTROL ALL CAPITALIZED TERMS ARE DEFINED IN PART 2 OF THIS POLICY ADDITIONALLY, ANY PERSON WHO HAS SERVED OR IS SERVIN G AS AN OFFICER OR DIRECTOR SHALL NOT SOLICIT BUSINESS FROM OR ENTER INTO ANY AGREEMENT OR CONTRACT WITH NASSP FOR A PERIOD OF ONE YEAR AFTER THE CONCLUSION OF HIS OR HER SERVICE A S AN OFFICER OR DIRECTOR OF THE ASSOCIATION EACH RESPONSIBLE PERSON SHALL ANNUALLY COMPLE TE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE A S A DIRECTOR OF OR CONSULTANT TO A NOT-FOR-PROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO NASSP ANY SUCH INFORMATION REGARDING BUSINESS IN TERESTS OF A RESPONSIBLE PERSON OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTE EE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS POLICY A PERSON WHO HAS A CONFILICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTE E SDISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL IN

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS WILL CONDUCT AN ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR SUCH E VALUATION WILL BE BASED ON THE EXTENT TO WHICH THE EXECUTIVE DIRECTOR HAS ADDRESSED THE BO ARD'S STATED GOALS AND OBJECTIVES AS SPECIFIED IN ITS STRATEGIC PLAN IN THIS PROCESS, THE BOARD WILL ALSO REVIEW THE STAFF'S WORKPLAN AS RELATED TO EACH GOAL AND OBJECTIVE WHICH I NCLUDES SPECIFIC TIMELINES AND MEASURABLE OUTCOMES THE PROCESS LAST INCLUDED COMPARABILIT Y DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THIS DELIBERATION AND DECISION IN 2016 KEY S TAFF PERFORMANCE IS REVIEWED BY THE EXECUTIVE DIRECTOR IN ACCORDANCE WITH STANDARD STAFF PERFORMANCE APPRAISAL PROCEDURES COMPENSATION DECISIONS ARE MADE BY THE EXECUTIVE DIRECTOR PERIODIC SALARY COMPARISONS ARE PERFORMED TO ENSURE STAFF COMPENSATION IS IN LINE WITH O THER ASSOCIATIONS OF SIMILAR SIZE AND SCOPE

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	MEMBERSHIP PROGRAM SERVICE EXPENSES 357,565 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISI NG EXPENSES 0 TOTAL EXPENSES 357,565 INVENTORY MANAGEMENT PROGRAM SERVICE EXPENSES 107, 973 MANAGEMENT AND GENERAL EXPENSES 143,029 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 251,0 02 PUBLICATIONS PROGRAM SERVICE EXPENSES 278,827 MANAGEMENT AND GENERAL EXPENSES 0 FUN DRAISING EXPENSES 0 TOTAL EXPENSES 278,827 PROFESSIONAL DEVELOPMENT PROGRAM SERVICE EXPENSES 40,745 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 40 ,745 GRANTS/PARTNERSHIPS PROGRAM SERVICE EXPENSES 843,773 MANAGEMENT AND GENERAL EXPENSE S 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 23,809 EXECUTIVE/GOVERNANCE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 136,015 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 136,015 SCHOLARSHIP ADMINISTRATION PROGRAM SERV ICE EXPENSES 55,875 MANAGEMENT AND GENERAL EXPENSES 0 TOTAL EXPENSES 55,875 STATE ASSOCIATION RELATIONS PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENER AL EXPENSES 31,912 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 TOTAL EXPENSES 136,015 SCHOLARSHIP ADMINISTRATION PROFRESIONAL SERV ICE EXPENSES 31,912 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 TOTAL EXPENSES 136,015 SCHOLARSHIP ADMINISTRATION PROGRAM SERVICE EXPENSES 0 TOTAL EXPENSES 12,912 OTHER PROFESSIONAL SERV ICES PROGRAM SERVICE EXPENSES 0 TOTAL EXPENSES 17,750 FUNDRAISING EXPENSES 608,000 TOTAL EXPENSES 651,318

Return Explanation

Reference	
FORM 990,	CHANGE IN LONG TERM PENSION LIABILITY 153,589 CHANGE IN POSTRETIREMENT HEALTHCARE BENEFITS
PART XI,	LIABILITY 687,909
LINE 9	

Return Explanation Reference

FORM 990. THE AUDIT COMMITTEE OVERSEES THE AUDIT AND SELECTION OF THE AUDIT FIRM. THE PROCESS HAS NOT

PART XII. CHANGED FROM THE PRIOR YEAR LINE 2C

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493303014458 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. Open to Public ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS 52-6006937 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (c) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (d) (a) (b) (c) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity entity?

Section 512(b) (13) controlled Yes No (1) NATIONAL HONOR SOCIETY SCHOLARSHIP FUND SCHOLARSHIPS VA 501(C)(3) 509(A)1 NATONAL ASSOCIATION OF Yes 1904 ASSOCIATION DRIVE SECONDARY SCHOOL PRINCIPALS RESTON, VA 20191 47-5150097 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2017

		1	1		1					ı .			
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	total income	Share of end-of-year assets	Disprop		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	ral or iging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						ızatıon ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)	st during ti	(d)	(e)	(f)		(g)	(H	1)	$\overline{}$	(1)
Name, address, and EIN of related organization	Primary activity	l do (state	egal omicile or foreign untry)		controlling Ty entity (C o	pe of entity corp, S corp, or trust)	Share of total income		of end- year assets	of- Percel owne	ntage	(13	ction 51 3) contr entity
			unu y)									Y	res
													+
								-		_			_
													-

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s). c Gift, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s). e Loans or loan guarantees by related organization(s). 1 prividends from related organization(s). 1 prividends from related organization(s). 1 prividends from related organization(s). 1 prividends from related organization(s). 1 prividends of assets to related organization(s). 1 prividends of assets with related organization(s). 1 prividends organization organization organization organization organization organization organization organization organization organizati	Yes	No No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s). c Gift, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s). 1de Loans or loan guarantees by related organization(s). 1f g Sale of assets to related organization(s). 1g h Purchase of assets from related organization(s). 1g h Purchase of assets from related organization(s). 1i Exchange of assets with related organization(s). 1i Exchange of facilities, equipment, or other assets from related organization(s). 1g k Lease of facilities, equipment, or other assets from related organization(s). 1g h Performance of services or membership or fundraising solicitations by related organization(s). 1i m Performance of services or membership or fundraising solicitations by related organization(s). 1m		No No
a Receipt of (i) interest, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s)	Yes	No
b Gift, grant, or capital contribution to related organization(s)	Yes	No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		
tections or loan guarantees by related organization(s) Loans or loan guarantees by related organization(s) f Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Reformance of services or membership or fundraising solicitations by related organization(s) Im Performance of services or membership or fundraising solicitations by related organization(s) Im		
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s) 1 l Performance of services or membership or fundraising solicitations for related organization(s) 1 m Performance of services or membership or fundraising solicitations by related organization(s) 1		No
I Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
The formalities of services of membership of fundamental states of surface of	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		

					
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s) \ldots				1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Yes	
o Sharing of paid employees with related organization(s)				1o Yes	
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q Yes	
r Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered re	elationships and tra	nsaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount involve	d
(1)NHS SCHOLARSHIP FUND	В	2,200,000	FMV		

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

- See management of garileactors see and accions regarding exclusion													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017