As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492312002339 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 07-01-2018 and ending 06-30-2019 B Check if applicable D Employer identification number C Name of organization North Dakota Association of Secondary ☐ Address change 90-0339295 School Principals ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 125 Slate Drive ☐ Final return/terminated (701) 258-3022 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Bismarck, ND 58503 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **J Tax-exempt status** (check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀ (insert no) □ 4947(a)(1) or □ 527 **K** Form of organization □ Corporation □ Trust ☑ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 2 Program service revenue including government fees and contracts 2 21,420 3 26,270 Membership dues and assessments 4 29 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 0 Less direct expenses from gaming and fundraising events **6**c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b 0 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C **7**c 8 Other revenue (describe in Schedule O) 8 3,864 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 51,583 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 3,520 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 40.541 17 17 Total expenses. Add lines 10 through 16 44,061 7,522 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 83,220 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 90,742 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2018)

-orm 990-E	Z (2018)						Page 2
Part II	Balance Sheets (see the instructions		wastian in this	Dowt II			
	Check if the organization used Schedule	O to respond to any q	uestion in this		eginning of year	• •	(B) End of year
22 Cash. sa	avings, and investments		1	(A) D	eginning of year 83,220	22	90,742
	d buildings				33/223	23	
24 Other as	ssets (describe in Schedule O)					24	
	ssets				83,220	25	90,742
	abilities (describe in Schedule O)					26	
	sets or fund balances (line 27 of column	<u> </u>			83,220	27	90,742
Part Ⅲ	Statement of Program Service A Check if the organization used Schedule				t III) □	(R	Expenses equired for section 501(c)
What is the	organization's primary exempt purpose?	o to respond to diff t	acodon in timo			– (3) and 501(c)(4) ganizations, optional for
Describe the	education in North Dakota e organization's program service accompli y expenses In a clear and concise manne ind other relevant information for each pro	er, describe the service					hers)
28 See Addition	nal Data Table						
(Grants \$)	If this amoun	t includes foreign gran	ts, check here		. ▶ 🗆	28a	
29						29a	
					. \square		
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □		
30						30a	
					. \square		
(Grants \$)		t includes foreign gran	•		. ▶ ⊔		
	ogram services (describe in Schedule O)						
(Grants \$)	If this amoun r ogram service expenses (add lines 28a	t includes foreign gran				31a	
Part IV	List of Officers, Directors, Trustees,						
	Check if the organization used Schedule						
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no enter -0	ition /1099- i t paid,	(d) Health bend contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
See Addition	nal Data Table						
		1					

Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.							
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V .	· · ·	Ī	N -				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No				
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change	33		No				
25-	on Schedule O (see instructions)	34		No				
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No				
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		No_				
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) lotice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Yes					
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a							
b	Did the organization file Form 1120-POL for this year?	37b		No				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were							
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b							
39	Section 501(c)(7) organizations Enter							
а	Initiation fees and capital contributions included on line 9							
b	Gross receipts, included on line 9, for public use of club facilities							
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under							
	section 4911 ▶, section 4912 ▶, section 4955 ▶							
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b						
С	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958							
d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization							
e 41	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T							
42a	List the states with which a copy of this return is filed							
	organization's books are in care of 🏲 Aimee M Copas Telephone no 🕨	(701)	258-302	2				
	Located at ► 125 Slate Dr Ste 7 Bismarck , ND ZIP + 4 ►	58503						
	211 1 4 V	30303						
		[Yes	No				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No				
	If "Yes," enter the name of the foreign country							
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No				
	If "Yes," enter the name of the foreign country							
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶□					
	and enter the amount of tax-exempt interest received or accrued during the tax year	Г						
			Yes	No				
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No				
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No				
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No				
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	444		No				
1F-	explanation in Schedule O	44d 45a		No No				
	, , , , , , , , , , , , , , , , , , , ,	45a		INO				
430	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No				

						Yes	No
6 Did the	e organization engage, directly or indirect ates for public office? If "Yes," complete	tly, in political campaid	n activities on behalf	of or in opposition to			
		·			46		No
art VI	Section 501(c)(3) organization All section $501(c)(3)$ organizations		ons 47- 49b and 52	2, and complete the tab	les for l	nes 50	and
	51. Check if the organization used Schedule	Ω to respond to any α	uestion in this Part VI				П
	Check if the organization asea Schedule	o to respond to any q	descion in this rait vi		•••	Yes	No
Did the	e organization engage in lobbying activit	ies or have a section 50	01(h) election in effect	during the tay year?			
	," complete Schedule C, Part II	· · · · · · · ·		· · · · · · ·	47		
Is the	Is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E						
a Did the	e organization make any transfers to an	exempt non-charitable	related organization?		49a		
If "Yes	," was the related organization a section	527 organization? .			49b		
Comple	ete this table for the organization's five l	nighest compensated ei	mployees (other than o	officers, directors, trustees	and key	employ	ees)
who ea	ach received more than \$100,000 of com	pensation from the org	janization If there is r	none, enter "None "			
(a) i	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation		timated er compe	
NE							
IE	(a) Name and business address of e	each independent contra	actor	(b) Type of service (c) Compe	ensation	<u></u>
i Total	number of other independent contracto	rs each receiving over t	\$100 000 ₂				
	·	-		_			
	the organization complete Schedule A? I pleted Schedule A				► □ Ye	s 🗆 N	lo
	ies of perjury, I declare that I have exar nd belief, it is true, correct, and complet vledge						
	2019-11-08						
n	Signature of officer			Date			
·e	Aimee M Copas Executive Director Type or print name and title						
[]	Print/Type preparer's name Laura G Adair CPA	Preparer's signature	Date				
id		self-employed					
eparer e Only	,	Firm's name ► RITTER ADAIR & ASSOCIATES PC Firm's EIN ► 27-372875					
e Only	Firm's address ► 1900 BURNT BOAT DF BISMARCK, ND 5850			Phone no (701) 751-	3883		
				111011110 (701) 731	3003		

Form 990-EZ (2018)

Page **4**

Additional Data

Software ID: 18007218
Software Version: 2018v3.1

EIN: 90-0339295

Name: North Dakota Association of Secondary

School Principals

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organizat services, as measured number of persons ber	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)			
recommendations regard education in North Dakot	of Secondary School Principals (NDASSP) provides leadership by making studies & ing secondary schools and works to improve the financial commitment to secondary a NDASSP hosted an annual conference and participated in the North Dakota Council of CEL) fall and summer conferences. They also hold a seat on the NDCEL board	28a		
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ ightharpoonup \ \Box$			

Form 990EZ, Part \mathbb{IV} — List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) (a) Name and title (b) Average (c) Reportable (d) Health benefits, (e)Estimated hours per week compensation contributions to amount of devoted to (Forms W-2/1099employee benefit other compensation position MISC) plans, and (If not paid, deferred compensation enter -0-) 0 50 Jennifer Fremstad past president Ω 0 50 Terry Baesler President 0 0 50 Kevin Hoherz Secretary/treas 0 0.50 Ned Clooten Director 0 0.50 Mark Andresen Coordinator 0 2 50 Aimee M Copas Executive Dir 0 0 50 Scott Faul Director 0 0 50 Jared Bilkre Director ٥ 0 50 Aaron Schramm Director 0 0 50 Michael Gilbertson Director 0 0.50 Yvonne Englehart president elect 0 0.50 Scott Strenge Director 0 0 50 Harlan Johnson Director 0 0 50 Warren Strand Director ۵

0

0 50

Scott Ulland Director

Form 990EZ, Part \mathbb{N} — List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) (a) Name and title (b) Average (c) Reportable (d) Health benefits, (e)Estimated hours per week compensation contributions to amount of devoted to (Forms W-2/1099employee benefit other compensation position MISC) plans, and (If not paid, deferred compensation enter -0-) 0 50 Rvan Harty Director

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93492312002339

Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ) ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** North Dakota Association of Secondary School Principals 90-0339295 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

Grassroots ceiling amount

activity

Volunteers?

1

b

Part IV

Return Reference

(b)

Amount

(a)

No

Yes

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 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No 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

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

Explanation

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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efile GRAPH	IIC print - I	DO NOT PROCESS	As Filed Data -		DLI	N: 93492312002339	
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.			ons on n.	2018 Open to Public Inspection	
Namel & the of garization North Dakota Association of Secondary School Principals					Employer ider 90-0339295	ntification number	
Return Reference	e O, Supple	emental Informatio	n	Explanation			
Other Revenue 1	NDSSP Rel	pates \$3864					

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other Conferences, Conventions, and Meetings \$27588
Expenses 1007

990 Schedule O, Supplemental Information Return Explanation Reference

Other miscellaneous \$3498 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference Other Donations \$3000

Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other Board of Directors \$2469
Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 4 Acalympics Expenses \$2242

990 Schedule O, Supplemental Information Return Explanation Reference operations \$1744

Other Expenses 5