Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

A F	or th	e 2017 calendar year, or tax year beginning , 2017, and ending	,		
B _ 0	heck if	applicable: C	D Employer identification number		
			L-1774		
=	iame cl	ORGANIZATIONS INC.	phone nun	nber	
=	nitial re	PO BOX 1091	701) 2	258-9101	
		IBISMARIK NU DODUZTIOZI	up Exer	mption	
		ion pending Nui	mber	······· >	
-		inting Method: ☐ Cash ☑ Accrual Other (specify) ► H Check ►		ganization is not	
		ite: NDANO.ORG required to a			
J .	Гах-ехе	empt status (check only one) — X 501(c)(3)	90-EZ,	or 990-PF).	
K	orm (of organization: Corporation Trust Association Other			
L /	accete	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$	141, 609.	
Pa	rt i	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction Check if the organization used Schedule O to respond to any question in this Part I	יטו צווט	X	
		Contributions, gifts, grants, and similar amounts received	1	56,050.	
	1	Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts	2	33,075.	
	2	Membership dues and assessments.	3	50,833.	
	3	Investment income.	4	147.	
	4	Gross amount from sale of assets other than inventory			
	5 a	Less: cost or other basis and sales expenses			
	b	Gain or (loss) from sale of assets other than inventory (Subtract line 5a).	5 c		
	6	Gaming and fundraising events			
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
٤	h	Gross income from fundraising events (not including \$ of contributions			
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
_		Less: direct expenses from gaming and fundraising events	T.		
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
	7 a	Gross sales of inventory, less returns and allowances	1 3 0		
	b	Less: cost of goods sold	7 c		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	1,504.	
	8	Other revenue (describe in Schedule O)	9	141,609.	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	141,005.	
	10	Grants and similar amounts paid (list in Schedule O)	11		
	11	Salaries, other compensation, and employee benefits	12		
X	12	Professional fees and other payments to independent contractors.	13	69, 265.	
E P E N	13	Occupancy, rent, utilities, and maintenance.	14	4,800.	
S E S	14	the state of the s	15	1,042.	
Š	15	Other expenses (describe in Schedule O). SEE SCHEDULE O	16	51,098.	
	16 17	Total expenses Add lines III infolidir 10	17	126,205.	
-	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,404.	
AS NSE T S		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	19	120,681.	
ŤĘ	20	Other changes in net assets or fund balances (explain in Schedule 0)	20		
S	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	136,085.	
B/	A Fo	or Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2017)	

Par	Balance Sheets (see the instru Check if the organization used Sched	uctions for Part II)	etion in this Part II			X
	Check if the organization used Scheu	ule O to respond to any que	(A)	Beginning of year	r	(B) End of year
	O. I			146,062.	1	158,969.
22	Cash, savings, and investments		its to the state of the state o	140,002.	23	130,303.
23	Land and buildings				24	
24	Other assets (describe in Schedule O)		5	146 060		150 060
25	Total assets	CEE CCUEDIII E		146,062.	-	158,969.
26	Total liabilities (describe in Schedule O).	See Scuenone		25,381.	26	22,884.
27	Net assets or fund balances (line 27 of co	olumn (B) must agree with li	ne 21)	120,681.	27	136,085.
Par	t III Statement of Program Service Acc	omplishments (see the instr	uctions for Part III)	X		Expenses
	Check if the organization used Sch	edule O to respond to any qu	uestion in this Part III.		(Regui	red for section 501
What	is the organization's primary exempt purpose? SEE	SCHEDULE O			(c)(s) i	and 501(c)(4) zations; optional
Desc	is the organization's primary exempl purpose: Seribe the organization's program service ac sured by expenses. In a clear and concise efited, and other relevant information for ea	complishments for each of it manner, describe the servic	s three largest program es provided, the numbe	r of persons	for oth	
bene	efited, and other relevant information for ea	ich program title.			T	
28	SEE SCHEDULE O					
					28 a	EE. 021
	(Grants \$) If this	amount includes foreign gr	ants, check here		20 a	55,831.
29	SEE SCHEDULE O					
						00 100
	(Grants \$) If this	amount includes foreign gr	ants, check here	1	29 a	30,123.
30	SEE SCHEDULE O					
•						
	(Grants \$) If this	s amount includes foreign gr	ants, check here		30 a	28,275.
24	· · · · · · · · · · · · · · · · · · ·	edule O) SEE SCHED	ULE O			
31	(Grants \$) If thi	s amount includes foreign gr	ants, check here	▶ 🔲	31 a	1,466.
	Till and and a symphose (add lin	es 28a through 31a)			32	115,695.
		Frustons and Key Emp	lovees (list each one even	if not compensated - s	ee the in	structions for Part IV)
Pa	rt IV List of Officers, Directors, 1 Check if the organization used Sch	redule O to respond to any o	uestion in this Part IV.			<u> </u>
_	Check if the organization used out			(d) Health benefit contributions to empl	s,	(a) Estimated amount of
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	benefit plans, and det	cyee ferred	(e) Estimated amount of other compensation
	(a) Name and the	position	(if not paid, enter -0-)	compensation		
MATT	RRAY SAGSVEEN, JD					
MĀ	CE PRESIDENT	0.5	0.		0.	0.
	SAN_KOCH	0.5	0.		0.	0.
	CRETARY	0.0				
	M EISSINGER	1	0.		0.	0.
	ESIDENT					
	RRY_ALDRICH	0.5	0.		0.	0.
	RECTOR	0.5	0.			
	B NELSON	0.5	0.		0.	0.
	RECTOR	0.5	0.		- 0.	
	YNA_DEL_VAL		0.		0.	0 -
	RECTOR	0.5	0.		٠.	0 +
	ARA GEIGER				0.	0.
	REASURER	0.5	0.		υ.	0.
	RENT EKSTROM		_			0 :-
<u> </u>	RECTOR	0.5	0.		0.	0.
	AN MADLER				_	•
	IRECTOR	0.5	0.		0.	0.
	AT BROWN					
	IRECTOR	0.5	0.		0.	0.
	YNTHIA SHABB	0.5	0.		0.	0.
	IRECTOR	0				
	YRNA HANSON	0.	0.		0.	0.
	IRECTOR	0	<u> </u>			
	URT_STONER	0.5	5		0.	0.
D.	IRECTOR	0.,				
D.	ANA SCHAAR JAHNER	2	0		0.	0.
	XECUTIVE DIR.	TEEA0812L				Form 990-EZ (2017)
D.	A A	IEEAU812L	UUIGEI I I			()

Pai	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			- I
		*****	Yes	No
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		X
24	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	 Did the organization have unrelated husiness gross income of \$1,000 or more during the year from business activities 			
	(such as those reported on lines 2, fia, and 7a, among others)?	35 a		X
1	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		_
•	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c	li k	Х
26	5: 14th annual action undergonal iguidation, dissolution, termination, or significant			
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37	• Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.	274		57
	b Did the example tion file Form 1120-POI for this year?	37 b		X
38	a 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		Х
	LICING A Colorada Calcada L. Dort II and onter the total			
	amount involved	<u> </u>		
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9	-		
	h Gross receipts. Included on line 9, for public use of club facilities	-		
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		-	
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	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 an any of its prior Forms 990 or 990-F// If Yes. Complete Scriedule L, Fait L	40 b		X
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	managers or disqualified persons during the year under sections 4912, 4935, and 4936	-		
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	an an analysis of the property of a prohibited tax	40.		X
	e All organizations. At any time during the tax year, was the organization a party to a promoted tax shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE	40 e	_	
42	Telephone no. ► (701) Located at ► 1605 E CAPITOL AVE, STE 203 BISMARCK ND ZIP + 4 ► 5850: About time the calendar year, did the organization have an interest in or a signature or other authority over a	1-210	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)? If 'Yes,' enter the name of the foreign country:	42 b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?	42 0		X
4	and enter the amount of tax-exempt interest received or accrued during the tax year		Ye:	N/A N/A s No
4	4a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 2	1	X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	441	0	Х
	Bid the exemptation receive any payments for indoor tanning services during the year?	-4-4 (X
	LK West to line 446, has the organization filed a Form 720 to report these payments?			
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 6		X
4	E. Did the experience have a controlled entity within the meaning of Section 312(b)(13):	458		^
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(0)(13): If res,	451		Х
	Form 990 and Schedule R may need to be completed instead of Form 950-E2 (see instructions).	Form 9	90-E	Z (2017

orm	990-EZ	(2017) NORTH DAKOTA ASSOCI	ATION OF NONPR	OFIT	91-177	4592	Page 4
46	Did the	organization engage, directly or indirectly	ctly, in political campai	gn activities on behalf o	f or in opposition to	46	Yes No
Par	t VI	Section 501(c)(3) organizations All section 501(c)(3) organizatio for lines 50 and 51. Check if the organization used Schedul	only ons must answer q	uestions 47-49b and	d 52, and complete	the table	
							Yes No
48 49 a	Is the o	organization engage in lobbying activities to Schedule C, Part II	ection 170(b)(1)(A)(ii)? exempt non-charitable 527 organization?	If 'Yes,' complete Schele related organization?	dule Edirectors, trustees and k	48 49 a	
	employe	ees) who each received more than \$100,0	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimat	ed amount of npensation
NON	IE						
			-				
51	F Total r Comple compe	number of other employees paid over \$ ste this table for the organization's five high insation from the organization. If there	100,000	pendent contractors who e	ach received more than \$	\$100,000 of	
) Name and business address of each independent			of service	(c) Cor	mpensation
NO	NE			-			
				-			
				-			
				_			
				-			
52	Did th	number of other independent contracto e organization complete Schedule A? I leted Schedule A	Note: All section 501(c)(3) organizations must	attach a	► XY	es No
Unde true,	er penalties correct, ar	s of perjury, I declare that I have examined this return d complete. Declaration of preparer (other than offi	n, including accompanying sch cer) is based on all information	nedules and statements, and to to the of which preparer has any known	ne best of my knowledge and b wledge.	ener, it is	
Sig He		Signature of officer KARA GEIGER			Date TREASURER		
		Type or print name and title	Preparer's signature	Date		PTIN	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Open to Public

Employer identification number NORTH DAKOTA ASSOCIATION OF NONPROFIT Name of the organization 91-1774592 ORGANIZATIONS INC Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) Χ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (ii) FIN (iv) Is the organization listed support (see instructions) support (see instructions) your governing document? Yes No (A) (B) (C) (D) (E) **Total**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support				-1		
Calen Degin	dar year (or fiscal year ning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 (Gifts, grants, contributions, and membership fees received. (Do not nclude any 'unusual grants.')	70,610.	70,808.	77,975.	91,003.	106,883.	417,279.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
5	Total. Add lines 1 through 3 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)	70,610.	70,808.	77,975.	91,003.	106,883.	123,278.
	Public support. Subtract line 5 from line 4						294,001.
Sect	ion B. Total Support						
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	70,610.	70,808.	77,975.	91,003.	106,883.	417,279.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	211.	144.	138.	142.	147.	782.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						418,061.
12	Gross receipts from related acti						0.
13	First five years. If the Form 990 is organization, check this box and	stop nere		nird, fourth, or fifth	tax year as a section	on 501(c)(3)	
Sec	tion C. Computation of Pu	ıblic Support F	Percentage			1.4	TO 00 W
1/	Public support percentage for 2	017 (line 6, colum	n (f) divided by li	ne 11, column (f))	14	70.32 % 68.66 %
15	Public support percentage from	2016 Schedule A	, Part II, line 14				
	33-1/3% support test—2017. If and stop here. The organization	i qualifies as a pu	blicly supported t	n gan nead or need to			
b	33-1/3% support test—2016. If t and stop here. The organizatio	he organization di n qualifies as a pu	d not check a box iblicly supported o	on line 13 or 16 organization	a, and line 15 is 3	33-1/3% or more, o	check this box
1 7 a	10%-facts-and-circumstances or more, and if the organization the organization meets the 'fac	test—2017. If the on meets the 'facts-ts-and-circumstand	rganization did no and-circumstance ces' test. The org	ot check a box on es' test, check this anization qualifies	lline 13, 16a, or 1 s box and stop he s as a publicly sup	6b, and line 14 is re. Explain in Part oported organization	10% t VI how on ►
t	o 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts-a Private foundation. If the organ	test—2016. If the continue the tracks and circumstances'	organization did no and-circumstance test. The organiz	ot check a box or es' test, check this ation qualifies as	i line 13, 16a, 16b s box and stop he a publicly suppor a, or 17b, check th	i, or 17a, and line ere. Explain in Par- ted organization his box and see in:	t VI how the
18	Private foundation. If the organ	nization did not ch	eck a box on line	10, 100, 100, 176	2, 5, 7, 5, 5, 6, 6, 6, 7	hedule A (Form 9	90 or 990-EZ) 2017
					50	HEQUIE A (FUIII) 3	JU UI JUU-LE/ 2017

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calenda	r year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 (Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	T	4 > 001.4	(-) 201E	(d) 2016	(e) 2017	(f) Total
	dar year (or fiscal year beginning in) 🟲	(a) 2013	(b) 2014	(c) 2015	(d) 2010	(6) 2517	(7)
	Amounts from line 6						
10a	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						
11	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.)	·	=etion's first seco	and third fourth	or fifth tax year a	s a section 501(c)	(3)
	organization, check this box and	u Stop nere					
Sec	tion C. Computation of Pu Public support percentage for 2	2017 (line 8 colu	nn (f) divided hy l	ine 13, column (1	f)) ,		%
15	Public support percentage for 2 Public support percentage from	2017 (line a, colui	A Dart III line 15	me re, comment		16	8
16	Public support percentage from	Loctmont Inc.	me Percenter	1e			
Sec	tion D. Computation of In Investment income percentage	vesiment inco	o column / divis	led by line 13 co	olumn (f))	17	o _i
17	Investment income percentage Investment income percentage	107 2017 (line 10	u, commin (1) unvic	e 17			P/o
18							nd line 17
19a	is not more than 33-1/3%, chec	K IIIS DOX aliu s	top nere: The orga	en an line 14 or	line 10a and line	16 is more than 33	3-1/3%, and
20	Private foundation. If the organ	nization did not c	neck a box on line	9 14, 19a, or 19b	, CHECK THE DOX 8	Schedule A (Form	990 or 990-EZ) 201

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

ec	tion A. All Supporting Organizations		Yes	No
	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	За		
Ь	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		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
Ł	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		
Ċ	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.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
1	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	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).	7		
8	Bid 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		
9	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	98		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i> .	91)	
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	90	:	
10	Da Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10	3	

Pa	rt IV Supporting Organizations (continued)	- 1.	V	M-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	11a		
	governing body of a supported organization?	11Ь		_
	b A family member of a person described in (a) above:	l1c	-	
	c A 35% controlled entity of a person described in (a) or (b) above? If fee to a, b, or c, provide detail in factoring			_
Se	ction B. Type I Supporting Organizations		Yes	No
1	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		
	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		
Se	ction C. Type II Supporting Organizations		Yes	No
			res	NO
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations		V	NI-
			Yes	No
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?	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		
	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 instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below.	aetri v	rtions)
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	101140		
	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	2a		
	substantially all of its activities. 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		
	2. Depart 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>	За		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	990 F	7) 25

Sched	ule A (Form 990 or 990-EZ) 2017 NORTH DAKOTA ASSOCIATION OF NONE	PROFI	T 91-17	74592 Page 6
Parl	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nızatio	ons	D 11/10 C
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on Nov s must	r. 20, 1970 (explain in complete Sections A	Part VI). See through E.
Sect	ion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
- 0	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		4
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	10 0 0 0	4		
_	to the prior voor	5		

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

6

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6

5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2017

NORTH DAKOTA ASSOCIATION OF NONPROFIT 91-1

Parl	Type III Non-Functionally Integrated 509(a)(3) Sup	pporung Organiza	dons (continued)	0 V				
ect	ion D — Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purp	ooses						
	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity		s,					
	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
	Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	n is responsive (provide	details					
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount		ura a					
_	tion 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							
C	From 2014							
C	From 2015			W				
•	From 2016							
	f Total of lines 3a through e							
-	Applied to underdistributions of prior years							
	Applied to 2017 distributable amount							
	i Carryover from 2012 not applied (see instructions)							
_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
	Distributions for 2017 from Section D,							
	Applied to underdistributions of prior years							
1	Applied to 2017 distributable amount							
	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. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2017, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j and 4c.							
-8								
_	a Excess from 2013							
_	h Excess from 2014							

e Excess from 2017..... BAA

c Excess from 2015..... d Excess from 2016.....

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to at www.irs.gov/Form990 for instructions and the latest information

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

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

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

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

answered 'Yes.' on Form 990. Part IV. line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

(Prox	v Tax) (see separate instruction	ons), then	see separate mstruct		2.00,
	ection 501(c)(4), (5), or (6) or			Employer identificat	ion number
Name	of organization NORTH DAI	KOTA ASSOCIATION OF NONPROF	TT	91-1774592)
D	ORGANIZAT	ganization is exempt under section	n 501(c) or is a s	ection 527 organiz	ation.
Par	Description of the or	rganization's direct and indirect political ca	ampaign activities in I	Part IV.	
	(see instructions for definition	of 'political campaign activities')			
2	Political campaign activity ext	nenditures (see instructions)		►\$_	
3	Volunteer hours for political c	ampaign activities (see instructions)		6000000 · · · · · · · · · · · · · · · ·	
Day	LIP Complete if the or	ganization is exempt under section	n 501(c)(3).		
1	Enter the amount of any exci-	se tax incurred by the organization under:	section 4955		0.
2	Enter the amount of any exci	se tax incurred by organization managers	under section 4955		
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?	•••	··· Yes No
4 a	Was a correction made?				Yes No
	14 IV I describe in Port IV				
Par	t I-C Complete if the or	ganization is exempt under section	on 501(c) , except	section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt function	n activities 5	
2	Enter the amount of the filing of function activities	rganization's funds contributed to other organ	izations for section 527	7 exempt ►\$	
3	Total exempt function expending 17h	ditures, Add lines 1 and 2. Enter here and	on Form 1120-POL,		
4		F 1100 DOL for this year?			Yes No
5	Enter the names, addresses organization made payments amount of political contribution segregated fund or a political	and employer identification number (EIN) s. For each organization listed, enter the a s received that were promptly and directly de I action committee (PAC). If additional spa	of all section 527 pol mount paid from the livered to a separate pol ace is needed, provid	itical organizations to w filing organization's fund plitical organization, such e information in Part IV	hich the filing ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)			-		
(5)			-		
(6)			-		

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

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the section 501(h)).	organization i	s exempt under section	n 501(c)(3) and fi	led Form 5768 (elec	ction under
		to an affiliated group (and list	in Part IV each affiliate	d group member's name,	
address. EIN	V. expenses, and s	hare of excess lobbying exp	enditures).		
B Check ► if the filing o	organization checke	ed box A and 'limited contro	l' provisions apply.		
<u> </u>	Limits on Lobbyin			(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures				337.	
b Total lobbying expenditures	s to influence a led	islative body (direct lobbying	g)	4,483.	
c Total lobbying expenditures	s (add lines 1a and	1 1b)		4,820.	0.
d Other exempt purpose expenditures	enditures			126,205.	
e Total exempt purpose expe	enditures (add lines	s 1c and 1d)		131,025.	0 .
# Labbuing pontovoble amou	int. Enter the amou	int from the following table	in	26.205	
both columns				26,205.	
If the amount on line 1e, column		he lobbying nontaxable am	ount is:		
Not over \$500,000		% of the amount on line 1e.	#F00.000		
Over \$500,000 but not over \$1,000	,	100,000 plus 15% of the excess over			
Over \$1,000,000 but not over \$1,50		175,000 plus 10% of the excess ove			
Over \$1,500,000 but not over \$17,0		225,000 plus 5% of the excess over	\$1,500,000.		
Over \$17,000,000	\$	1,000,000.		C FF1	0.
g Grassroots nontaxable ame	ount (enter 25% of	f line 1f)		6,551.	0.
h Subtract line 1g from line i Subtract line 1f from line 1	1a. If zero or less,	enter -0		0.	0.
	4	re 1h or line 1i, did the organi -Year Averaging Period Und made a section 501(h) elect bw. See the separate instruc	der section 501(h)	omplete all of the five	Yes No
		ing Expenditures During 4-			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	18,280	20,391.	23,560.	26,205.	88,436.
b Lobbying ceiling amount (150% of line 2a, column (e))					132,654.
c Total lobbying expenditures	5,312	2,106.		4,820.	12,238.
d Grassroots nontaxable amount	4,570	5,098.	5,890.	6,551.	22,109
e Grassroots ceiling amount (150% of line 2d, column (e))					33,164
f Grassroots lobbying expenditures	33	8. 30.		337.	705 1 990 or 990-EZ) 201

BAA

Schedule C (Form 990 or 990-EZ) 2017 NORTH DAKOTA ASSOCIATION OF NONPROFIT Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) (a) For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description **Amount** Yes No of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?.... b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?...... c Media advertisements?.... d Mailings to members, legislators, or the public?.... e Publications, or published or broadcast statements?.... f Grants to other organizations for lobbying purposes?..... g Direct contact with legislators, their staffs, government officials, or a legislative body?..... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?..... j Total. Add lines 1c through 1i.... 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?..... b If 'Yes,' enter the amount of any tax incurred under section 4912..... c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912..... d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?..... 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 1 Were substantially all (90% or more) dues received nondeductible by members?.... 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?..... 2 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?..... Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) 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.

	answered 'Yes.'		
1	Dues, assessments and similar amounts from members	1	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2 a	
	a Current yearb Carryover from last year		
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5		5	

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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NORTH DAKOTA ASSOCIATION OF NONPROFIT ORGANIZATIONS INC

Employer Identification number 91-1774592

FORM 990-EZ, PART I, LINE 8 OTHER REVENUE

COST SAVING PROGRAM/OTHER		504.
COST SAVING PROGRAM/OTHER	\$ 1,	504.

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

OTTIER EX. Elies		
CONFERENCES, CONVENTIONS, AND MEETINGS	\$	33,633. 2,520.
DUES/SUBSCRIPTIONS		1.347.
TNSURANCE		90.
MISCELLANEOUS		210.
OFFICE FYDENCES		7.682.
DDOCDAMS / PROJECTS / GRANTS		3,597.
TELEPHONE/WEBSITE/EMAIL		
TO A MARKET	-	2,019.
TOTAL	\$	51,098.

FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

					BE	GINNING	_	ENDING
ACCOUNTS DEFERRED	PAYABLE REVENUE.	AND	ACCRUED	EXPENSES		6,246. 19,135. 25,381.	\$	5,814. 17,070. 22,884.

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

TO SERVE/STRENGTHEN NORTH DAKOTA NONPROFIT ORGANIZATIONS. AS THE PREMIER ASSOCIATION, LEADER AND VOICE OF NORTH DAKOTA'S NONPROFITS, NDANO WILL STRENGTHEN COMMUNITIES AND ENHANCE QUALITY OF LIFE THROUGH ENGAGING AND ENSURING A STRONG CHARITABLE SECTOR.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TRAINING

HOSTED ANNUAL NONPROFIT LEADERSHIP CONFERENCE IN COLLABORATION WITH THE MINNESOTA COUNCIL OF NONPROFITS. PRESENTED ANNUAL LEADERSHIP AND PARTNERSHIP BUILDING AWARDS. HOSTED EIGHT FOOD FOR THOUGHT EVENTS ACROSS THE STATE. PRESENTED EDUCATIONAL WEBINARS. CONTINUED STRATEGIC PARTNERSHIPS WITH OTHER ORGANIZATIONS BY MARKETING NUMEROUS TRAINING OPPORTUNITIES TO MEMBERS.

Name of the organization NORTH DAKOTA ASSOCIATION OF NONPROFIT ORGANIZATIONS INC

Employer identification number 91-1774592

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

RESOURCES

DEVELOPED ONLINE BEST PRACTICES RESOURCE CENTER. PUBLISHED THE MONTHLY NONPROFIT NETWORK NEWSLETTER. DISTRIBUTED INFORMATION VIA EMAIL AND SOCIAL MEDIA ON TIMELY NONPROFIT ISSUES AND PROVIDED TECHNICAL ASSISTANCE AND REFERRALS TO MEMBERS AND POTENTIAL MEMBERS.

FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ADVOCACY

SUPPORTED STATE LEGISLATIVE BILLS THAT PROTECT PRIVATE DONOR INFORMATION AND CLARIFIED USE OF RESTRICTED ASSETS. DISTRIBUTED SECTOR REPORT TO LEGISLATORS AND OTHER ELECTED OFFICIALS AND STAKEHOLDERS. HOSTED FOURTH NONPROFIT DAY AT THE CAPITOL. PROVIDED WEEKLY STATE LEGISLATIVE UPDATES ON HUNDREDS OF BILLS THAT HAD POTENTIAL TO IMPACT NORTH DAKOTA NONPROFITS. PRESENTED THREE ADVOCACY TRAINING WEBINARS. ADVOCATED FOR NONPROFIT NONPARTISANSHIP AND CHARITABLE GIVING INCENTIVES AT THE FEDERAL LEVEL.

FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION -	GRANTS	PROGRAM SERVICE EXPENSES
NETWORKING AND LEADERSHIP		
ENGAGED 193 NONPROFITS AS MEMBERS AND 26 BUSINESSES, GOVERNMENT AGENCIES AND INDIVIDUALS AS ASSOCIATE MEMBERS. CONNECTED MEMBERS WITH NATIONAL NETWORK THROUGH MEMBERSHIP IN THE NATIONAL COUNCIL OF NONPROFITS. INCLUDES FOREIGN GRANTS: NO		1,466.
TOTAL	\$ 0.	\$ 1,466.