Jennifer Eaton CPA, PC 1640 E Capitol Ave Bismarck, ND 58501-2102 701-751-7123

May 9, 2025

CONFIDENTIAL

NORTH DAKOTA ASSOCIATION OF NONPROFIT ORGANIZATIONS INC PO BOX 1091 BISMARCK, ND 58502-1091

Dear:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Jennifer Eaton CPA, PC

990

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. 1545-0047 2024 Open to Public Inspection

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/Form990 for instructions and the latest information.

For the 2024 calendar year, or tax year beginning and ending C Name of organization NORTH DAKOTA ASSOCIATION OF D Employer identification number Check if applicable: NONPROFIT ORGANIZATIONS INC Address change Doing business as NDANO 91-1774592 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number PO BOX 1091 701-258-9101 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated BISMARCK ND 58502-1091 268,318 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? X No Application pending SHAWN MCKENNA 1605 E CAPITOL AVE H(b) Are all subordinates included? If "No," attach a list. See instructions BISMARCK 58501 **X** 501(c)(3) 501(c) (Tax-exempt status: 4947(a)(1) or 527 www.ndano.org Website: H(c) Group exemption number X Corporation Trust Form of organization: Year of formation: 1997 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: EDUCATE, ADVOCATE, AND CONNECT TO STRENGTHEN NONPROFITS IN NORTH DAKOTA. Activities & Governance 2 Check this box [_] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 4 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 13 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,254 9 Program service revenue (Part VIII, line 2g) 104,702 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,994 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,013 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 111,963 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25)
0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 148,303 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 148,303 19 Revenue less expenses. Subtract line 18 from line 12 -36,340 Beginning of Current Year **End of Year** 232,645 20 Total assets (Part X, line 16) 265,855 21 Total liabilities (Part X, line 26) 2,095 5,225 22 Net assets or fund balances. Subtract line 21 from line 20 263 ,760 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Date Here ANNE STOLL TREASURER Type or print name and title Preparer's name Preparer's signature Check Paid Jennifer Eaton 05/09/25 self-employed P00844503 Preparer Jennifer Eaton CPA, 84-3495256 Firm's name Firm's EIN Use Only 1640 E Capitol Ave Bismarck, ND 58501-2102 701-751-7123 Phone no. May the IRS discuss this return with the preparer shown above? See instructions X Yes No

| | m 990 (2024) NORTH DAKOTA ASSOCIATION OF 91-17/4592 | Page 2 |
|------|--|---|
| Pâ | art III Statement of Program Service Accomplishments | <u></u> |
| 1 | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: | X |
| 1 | EDUCATE, ADVOCATE, AND CONNECT TO STRENGTHEN NONPROFITS IN NORT | ינו האצטשא |
| | 2500112, 15100112, 1215 COMMON TO STIMMONIAN NORTH IN MORE | II DANOIA. |
| | ······································ | ••••• |
| | · · · · · · · · · · · · · · · · · · · | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | |
| | the total expenses, and revenue, if any, for each program service reported. | |
| 4- | /O-d | 100 815 |
| | a (Code:) (Expenses \$ 113,107 including grants of \$) (Revenue \$ See Schedule O | 106,715) |
| 2 | see schedule o | |
| | *************************************** | |
| | | |
| | | |
| | | |
| | *************************************** | |
| | ······································ | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
| N | N/A | |
| | | |
| | | |
| | | |
| | *************************************** | |
| | | |
| | | • |
| | · · · · · · · · · · · · · · · · · · · | |
| | *************************************** | |
| | | |
| | | |
| | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
| N | N/A | |
| | | |
| | · | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | • | |
| 4d | Other program services (Describe on Schedule O.) | |
| . •• | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses 113,107 | |
| | | |

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." 11a X complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

X

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|--------------|--|--------------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| 0.4- | employees? If "Yes," complete Schedule J | 23 | | X |
| 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 | l | | ~~ |
| h | through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | | <u> </u> |
| · | to defease any tax-exempt bonds? | 240 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | <u> </u> |
| 25a | | 24u | | _ |
| 200 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| 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 "Ves." complete Schedule I. Part I. | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule | | | |
| | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | _29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | 37 |
| 24 | conservation contributions? If "Yes," complete Schedule M | 30 | | <u>X</u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | <u>X</u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | | v |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | <u> </u> |
| 33 | sections 201 7701 2 and 201 7701 22 If "Vos." complete School de D. Dort I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | 33 | | -22 |
| • | or IV and Part V line 4 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 1000 | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | |
| Pa | rt 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 | | | |
| | | troin of the | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | 38.29 |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | |

Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

17

If "Yes," complete Form 6069.

17

Form 990 (2024) NORTH DAKOTA ASSOCIATION OF 91-1774592 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. CLEARWATER COMMUNICATIONS 1605 E CAPITOL AVE

BISMARCK

701-355-4458

ND 58501

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week | (de | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | |
|---|---|-----------------------------------|--|---------|---|---|---|---|--|---|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) BECCA BAUMBACH | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (2) TIM CHAPMAN | 1.00 | | | | | | | | | |
| PRESIDENT | 0.00 | X | | x | | | | o | 0 | 0 |
| (3) CASONDRA DUCKWOE | | T- | | | | | | | <u> </u> | |
| (0, 00000000000000000000000000000000000 | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | o | 0 | 0 |
| (4) MICHELLE ERICKSO | | | | | | | | | | |
| . , | 1.00 | | | | | | | · | | |
| DIRECTOR | 0.00 | x | | | | | | o | 0 | 0 |
| (5) MELANIE GAEBE | | | | | | | | | 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11 | - |
| • • | 1.00 | | | | | | ŀ | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) MYRNA HANSON | | | | | | | | | , <u></u> | ************************************** |
| | 1.00 | | | | | | | | | |
| PRESIDENT | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (7) PATRICK KIRBY | | | | | | | | | *** | |
| | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | x | | X | | | | 0 | 0 | 0 |
| (8) TRACY LEDUC | | | | | | | | | | |
| | 1.00 | [[| | | | | l | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) SUE OMDALEN | | | | | | | | | | |
| | 1.00 | | | | | | | | | |
| SECRETARY | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (10) STACY SCHAFFER | | | | | | | | | | |
| | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | _ | 0 | 0 | 0 |
| (11) GAYLA SHERMAN | | | | | | | | | | |
| | 1.00 | _ | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | - 000 |

| Part VII Section A. Officers | , Directors, Tru | stee | s, K | ey E | mpl | oyee | s, a | nd Highest Compensated | l Employees (continued) | |
|--|--|--------------------------------|-----------------------|----------|--------------|---------------------------------|-----------|--|---|---|
| (A) Name and title | (B) Average hours per week (list any hours for | | | | | | an ee) | (D) Reportable compensation from the organization (W-2/ | (E) Reportable compensation from related organizations (W-2/ | (F) Estimated amount of other compensation from the |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | er | Key employee | Highest compensated employee | 1er | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC) | organization and related organizations |
| (12) ANNE STOLL | | | | ļ | | | | | | |
| (12) | 1.00 | | | 4.5 | | | | | | |
| TREASURER (13) LYNDSAY ULRIO | 0.00 | X | _ | X | - | | | 0 | 0 | 0 |
| (13) | 1.00 | | | | | | | | | |
| DIRECTOR (14) DANA HAGAR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (14) DANA HAGAR (14) EXECUTIVE DIRECTOR | 5.00 0.00 | | | x | | | | 0 | 0 | 0 |
| (15) SHAWN MCKENNA | | | | | | | | | | |
| (15) | 5.00 | | | . | | | | | | _ |
| EXECUTIVE DIRECTOR | 0.00 | _ | | X | _ | ļ | | 0 | 0 | 0 |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | : | | | | | |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation shee | | | | | | | | | | |
| d Total (add lines 1b and 1c)2 Total number of individuals (in | cluding but not li | imite | d to | thos | e lis | ted a | bov | l e) who received more than | \$100,000 of | |
| reportable compensation from | | | 0 | | | | | | | Von I No |
| 3 Did the organization list any fo employee on line 1a? If "Yes," 4 For any individual listed on line | complete Sched | dule : | J for | suci | h ina | lividu | ıal . | | | Yes No |
| organization and related organ individual Did any person listed on line 1 | a receive or acc | rue c | comp | ens | atior | fron | n an | y unrelated organization or | individual | 4 X |
| for services rendered to the organical Section B. Independent Contracto | | es, | com | piete | SCI | neau | ie J | тоr sucn person | | 5 X |
| 1 Complete this table for your fiv | e highest compe | ensa | ted i | nder | end | ent c | ontr | actors that received more t | than \$100,000 of | |
| compensation from the organization | zation. Report co (A) business address | ompe | ensa | tion | for th | ne ca | lenc | | in the organization's tax ye (B) tion of services | ear. (C) Compensation |
| Name and | business address | | | | | | _ | Descript | lion of services | Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent of | | | | | | | | se listed above) who | | |
| received more than \$100,000 c | | | | | | | | | 0 | Form 990 (2024) |
| | | | | | | | | | | 1:0HH 444 (2024) |

| | ITV | Check if | | r Revenue edule O cont | ains a | respon | se or note | to any line in thi | s Part VIII | | |
|--|-----|--|------------------------|----------------------------------|---------------------------------------|--------|---------------|--|--|--|--|
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts its | 1a | Federated camp | aigns | | 1a | | | | | Stringer of her | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership due | es | | 1b | | | | | | 100 |
| S, G | С | b Membership dues c Fundraising events | | 1c | | | | | | | |
| Sift lar, | d | Related organiza | ations | | 1d | | | | | | 10000 |
| ir, (| | e Government grants (contributions) | | 1e | | | | | | | |
| tion | f | All other contributions, | gifts, gra | nts, | 4.5 | | 1 254 | | i etti il | | 10000 |
| ibr | g | and similar amounts no Noncash contributions | | | 1f | | 1,254 | | | 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | 10 A |
| do | 3 | lines 1a-1f | | | 1g | \$ | | | | | |
| a a | h | Total. Add lines | Total. Add lines 1a–1f | | | | | 1,254 | | | alit (i) |
| | | | | | | | Business Code | | | | |
| පු | 2a | MEMBERSHIP | . | | | | 90099 | 68,725 | 68,725 | | |
| ervi Je | b | ANNUAL CON | FEREN | CE | | | 90099 | 35,977 | 35,977 | | |
| Program Service Revenue | С | | | | | | | | | | |
| gra | d | | | | | | | | | | |
| Pro | е | | | | | | | | | | |
| | | All other prograr | | | | | | 101 =00 | | 11465-66 | combinity days |
| | | Total. Add lines | | | | | | 104,702 | | | |
| | 3 | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | | 4 000 | | | 4 000 |
| | 4 | other similar amounts) 4 Income from investment of tax-exempt bond proceeds | | | | | 4,829 | | | 4,829 | |
| | | 5 Royalties | | | | | | | | | |
| | 0 | Royalties | | (i) Real | · · · · · · · · · · · · · · · · · · · | | ersonal | | | | |
| | 6a | Gross rents | 6a | (i) Noai | | (11) 1 | or sorial | | | | |
| | b | Less: rental expenses | 6b | | | | | | | | |
| | C | Rental inc. or (loss) | 6c | | | | | | | | |
| | d | Net rental incom | | nss) | | | | | 38 (1990) 34 4 4 4 4 4 1 5 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 | | 24.25 |
| | | Gross amount from | 10 01 (1 | (i) Securities | | 1 | Other | | | | |
| | | sales of assets other than inventory | 7a | 155 | 520 | | | | | | |
| e e | b | D Less: cost or other | | | | | | | | | |
| en | | basis and sales exps. | | | | | | | | | |
| Other Revenue | С | Gain or (loss) | 7c | | -835 | | | | | | |
| ē | d | Net gain or (loss | s) | | | | | -835 | | | -835 |
| ㅎ | | Gross income from | | | | | | | | | |
| | | (not including \$ | | | | | | | | | |
| | | of contributions rep | orted o | n line | | | | | 4 181 | | |
| | | 1c). See Part IV, lir | | | 8a | | | | | | |
| | b | Less: direct expe | | | 8b | | | | 1 1/65 | | ħ, |
| | C | Net income or (le | | | vents | | | and the second s | | US 100 (Kr. 11 748) (Kr. 11 11 | and the second s |
| | 9a | Gross income from | - | _ | _ | | | | | | |
| | | activities. See P | | line 19 | 9a | | | | | | |
| | | Less: direct expe | | | 9b | | | | | | |
| | | Net income or (k | | | rities | | | | | · · · · · · · · · · · · · · · · · · · | |
| | Tua | 0a Gross sales of inventory, less returns and allowances 10a | | | 1 | | | | | | |
| | h | Less: cost of god | | | 10a 10b | | | | | | |
| | | Net income or (le | | | • | | | · "我不是第二章" - 《名语》注题选择 | (4) 14 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | 7. T. S. | |
| <u>, </u> | | | 200) 110 | on the case of the | ory . | | Business Code | | | | |
| Miscellaneous Revenue | 11a | 1a COST SAVINGS PROGRAMS | | | | | | 2,013 | 2,013 | ************************************** | MATERIAL TO A STATE OF THE STA |
| ane Juri | b | • | | | | | | | | | |
| e e | C | • | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| S R | d | All other revenue | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | е | Total. Add lines | | | | | | 2,013 | | | |
| | | Total revenue. | | | | | | 111,963 | 106,715 | 0 | 3,994 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, 7b, Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes _____ 10 Fees for services (nonemployees): 11 90,851 72,681 Management 18,170 Legal 695 Accounting 695 Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 1,199 Office expenses 5,074 3,875 13 Information technology 14 15 Royalties 4,800 4,800 16 Occupancy 859 859 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 36,551 Conferences, conventions, and meetings 36,551 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,410 1,410 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 3,493 TELEPHONE & IT 3,493 DUES & SUBSCRIPTIONS 2,540 2,540 MISCELLANEOUS 2,030 2,030 C d All other expenses 148,303 113,107 Total functional expenses. Add lines 1 through 24e 35,196 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)

Form 990 (2024) NORTH DAKOTA ASSOCIATION OF Part X Balance Sheet

| | X Balance Sheet Check if Schedule O contains a response or | note to any line in t | this Part X | | | | | | |
|-----------------------------|--|---|----------------|---|-----------------|--|--|--|--|
| | | | | (A) Beginning of year | | (B) End of year | | | |
| 1 | Cash—non-interest-bearing | | | 265,855 | 1 | 60,211 | | | |
| 2 | - , | | | | 2 | 172,434 | | | |
| 3 | Pledges and grants receivable, net | | | 3 | | | | | |
| 4 | | | | | 4 | | | | |
| 5 | | | | e a de la proposición de la proposición de la contra de la proposición de la proposición de la proposición de La proposición de la | | | | | |
| | trustee, key employee, creator or founder, substar | itial contributor, or 3 | 55% | | | | | | |
| | controlled entity or family member of any of these | nareone | | 200000000000000000000000000000000000000 | 5 | | | | |
| 6 | | | | Principal Communication (Communication Communication Commu | | | | | |
| _Σ | under section 4958(f)(1)), and persons described i | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | | | | | |
| Assets 2 | | | | | 7 | | | | |
| 8 ک | lanca and a sila a farm a mile and a con- | | | | 8 | | | | |
| 9 | Descript averages and deferred pleasures | | | | 9 | | | | |
| 10 | a Land, buildings, and equipment: cost or other | | | | | | | | |
| | basis. Complete Part VI of Schedule D | 10a | 2,530 | | | | | | |
| | b Less: accumulated depreciation | 1401 | 2,530 2,530 | 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 10c | - Control of the Cont | | | |
| 11 | | | 11 | | | | | | |
| 12 | | | | 12 | | | | | |
| 13 | | | 13 | | | | | | |
| 14 | | | | | 14 | | | | |
| 15 | | | | | 15 | | | | |
| 16 | Total assets. Add lines 1 through 15 (must equal | line 33) | | 265,855 | 16 | 232,645 | | | |
| 17 | | | | • | 17 | | | | |
| 18 | | | | | 18 | | | | |
| 19 | | 2,095 | 19 | 5,225 | | | | | |
| 20 | | | 20 | | | | | | |
| 21 | | | | 21 | | | | | |
| ဖွ 22 | | | 200 | | | | | | |
| Liabilities | trustee, key employee, creator or founder, substar | | 5% | at M. B. Andrews Authorities and Control of the Con | | | | | |
| abi | controlled entity or family member of any of these | persons | | | 22 | 0.2550 0.0000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0 | | | |
| □ 23 | Secured mortgages and notes payable to unrelate | | | | 23 | | | | |
| 24 | | sivel is suffice | | | 24 | | | | |
| 25 | Other liabilities (including federal income tax, paya | bles to related third | | | | | | | |
| | parties, and other liabilities not included on lines 1 | 7-24). Complete Pa | rt X | | | | | | |
| | of Schedule D | | | | 25 | | | | |
| 26 | | | | 2,095 | 26 | 5,225 | | | |
| | Organizations that follow FASB ASC 958, check | chere X | | | | | | | |
| 89 | and complete lines 27, 28, 32, and 33. | | 64 67 82 | | | | | | |
| <u>E</u> 27 | Net assets without donor restrictions | | | 263,760 | 27 | 227,420 | | | |
| 昭 28 | | | · | 28 | | | | | |
| Net Assets or Fund Balances | Organizations that do not follow FASB ASC 956 | 3, check here | 200 | | | | | | |
| 년 | and complete lines 29 through 33. | | 1 | | prikki Minis | | | | |
| Ö 29 | · · · · · · · · · · · · · · · · · · · | *************************************** | | | | | | | |
| g 30 | Paid-in or capital surplus, or land, building, or equi | | | | 30 | | | | |
| ¥ 31 | Retained earnings, endowment, accumulated inco | me, or other funds _. | | | 31 | | | | |
| 를 32 | | | | 263,760 | 32 | 227,420 | | | |
| _ 33 | Total liabilities and net assets/fund balances | | | 265,855 | 33 | 232,645 | | | |

Form **990** (2024)

| | 990 (2024) NORTH DAKOTA ASSOCIATION OF 91-1774592 | | | Paç | ge 12 |
|----|---|----|--|--------------|-------------------------|
| Pá | rt XII Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11 | 1, | 963 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 14 | 18,3 | 303 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3 | 36,3 | 340 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 26 | 53, | 760 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | - | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 22 | 27,4 | 420 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | 146.716 | | |
| | Schedule O. | | Programa Program Program Program Program Program Program Program P | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | # 1 | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | 14.85.530 14.85.6544 |
| | separate basis, consolidated basis, or both. | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | ı |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | a kirata i | | |
| | 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 | | | | ı |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Forn | n 990 | (2024) |

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

NORTH DAKOTA ASSOCIATION OF

OMB No. 1545-0047

2024

Open to Public Inspection

Employer identification number

NONPROFIT ORGANIZATIONS INC 91-1774592 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (III) Type of organization (iv) is the organization (i) Name of supported (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) (B) (C) (D) (E)

Schedule A (Form 990) 2024

Part II Support

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.)

| Sec | tion A. Public Support | | | • • | *************************************** | | | | | | | |
|----------|--|--|--|---------------------|---|------------|------------------|--|--|--|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total | | | | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 58,600 | 130,420 | 46,300 | 66,450 | 1,245 | 303,015 | | | | | |
| 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 | 58,600 | 130,420 | 46,300 | 66,450 | 1,245 | 303,015 | | | | | |
| 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 | - 3 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 | | | | | | | | | | |
| _ | shown on line 11, column (f) | ranjanishawan pranari i | The state of the s | | | 1.4667 | 190,644 | | | | | |
| <u>6</u> | Public support. Subtract line 5 from line 4 tion B. Total Support | ACCORDING TO THE WAY TO SEE THE SECOND TO SECOND THE SECOND TO SECOND THE SEC | | 11 (4.00.49) | | | 112,371 | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total | | | | | |
| 7 | American frame line 4 | 58,600 | 130,420 | 46,300 | | | 303,015 | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 66 | 51 | /2,319 | | | 14,793 | | | | | |
| 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 | | all called | | | | 317,808 | | | | | |
| 12 | Gross receipts from related activities, etc. | | | | *************************************** | | 438,548 | | | | | |
| 13 | First 5 years. If the Form 990 is for the or | - | , | • | ` ' | , | [] | | | | | |
| Sec | organization, check this box and stop her tion C. Computation of Public St | | ane | | *************** | | | | | | | |
| 14 | Public support percentage for 2024 (line 6 | | | an (fi) | | 14 | 25.269/ | | | | | |
| 15 | Public support percentage from 2023 Sch | edule A Part II line | 1/L | | | 1 45 | 35.36% 51.91% | | | | | |
| | 33 1/3% support test — 2024. If the orga | | | | 33 1/3% or more | | 51,9170 | | | | | |
| | box and stop here. The organization qual | | | Al man | | | X | | | | | |
| b | 33 1/3% support test — 2023. If the orga | • • | • • | | | nore check | | | | | | |
| | this box and stop here . The organization | | | ! | | | | | | | | |
| 17a | 10%-facts-and-circumstances test — 20 | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | 10% or more, and if the organization meet | _ | | | | | | | | | | |
| | Part VI how the organization meets the fa- | | | | . , | | | | | | | |
| | organization | | - | • | | | | | | | | |
| b | 10%-facts-and-circumstances test — 20 | 23. If the organizat | tion did not check | a box on line 13, 1 | 6a, 16b, or 17a, a | nd 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 | d not check a box o | on line 13, 16a, 16l | b, 17a, or 17b, che | ck this box and se | е | | | | | | |
| | instructions | | | | | | | | | | | |

Schedule A (Form 990) 2024
Part III Support

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.)

| Sec | tion A. Public Support | | | , р | | ·/ | | |
|-------|--|--|---|----------------------|----------------------|--|---|--|
| Caler | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | WATER AND | |
| C | Add lines 7a and 7b | e dhang er oleyydd ig g | | | Harris de la Company | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | The Charles | | | | | |
| Sec | line 6.) tion B. Total Support | and the second s | * (本語できます。 こと、ことにはなるできますが終める) | | | (1997年) 1997年 - 1997 | | |
| | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total | |
| 9 | Amounts from line 6 | | | (-, | <u> </u> | 1-7-1 | (1) | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| С | Add lines 10a and 10b | | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | - | |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop here | ganization's first, | | • | , | , | | |
| Sec | tion C. Computation of Public Su | | | | | | | |
| 15 | Public support percentage for 2024 (line 8 | | | nn (f)) | | 15 | % | |
| 16 | Public support percentage from 2023 Sche | edule A, Part III, li | ne 15 | | | 16 | % | |
| Sec | tion D. Computation of Investme | <u>nt Income Pe</u> | rcentage | | | | | |
| 17 | Investment income percentage for 2024 (li | ne 10c, column (f |), divided by line 13 | 3, column (f)) | | 17 | % | |
| 18 | Investment income percentage from 2023 | Schedule A, Part | III, line 17 | | | 18 | % | |
| 19a | 33 1/3% support tests — 2024. If the orga | | | | | • | 1 | |
| | 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| b | | | | | | | 1 | |
| 20 | line 18 is not more than 33 1/3%, check th Private foundation . If the organization did | | | | | | | |
| | ato roundation, ii tile vigalitzation dit | OHEOR A DUX | on mic 14, 18a, 01 | 100, 011601 1118 00) | and see instidct | NIID 61101 | | |

Schedule A (Form 990) 2024

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on 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.**
- 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| 1 | | Yes | No |
|---|---|--|--|
| 3a 3b 3c 4a 4b 5a 5b 5c 6 | rand roka | planting for | Property of the control of the contr |
| 3a 3b 3c 4a 4b 5a 5b 5c 6 6 7 7 8 8 9a 9b | CONTRACTOR | TO CAMP | Market Property of the Control of th |
| 3b | | ver rediction | anning to the second |
| 3c | A TRACT | 100 May 100 Ma | ering financial and a constraint of the constrai |
| 4a 4b 4c 5a 5b 5c 6 6 7 7 8 9a 9b 9c | | 11.5 | |
| 4b | | - 86 67 69 - 60 C | 1780 BA |
| 4c | | | |
| 5a | | The second secon | 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 5b 5c 6 7 7 8 8 9a 9b 9c 10a | Property Pro | The second secon | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 6 7 7 8 8 9a 9b 9c 10a | 1 127742 1 167541 1 1675415 | | |
| 7 8 8 9a 9b 9c 10a | | | |
| 9a 9b 9c 10a | | 111111111111 | POLICE CONTROL OF THE |
| 9a 9b 9c 10a | | 2000 1000 1000 1000 1000 1000 1000 1000 | Section and at a section of the section and at a section and at a section at a sect |
| 9b 9c 10a | Constitution of the consti | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Compact of war and a second of the second of |
| 9c 10a | Marion IV Periodi | a de la companya de l | |
| 10a | 6 | ALS TOP | |
| | | 1861 | |
| i ann i | 10a 10b | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | |

| | dule A (Form 990) 2024 NORTH DAKOTA ASSOCIATION OF | 91-1774592 | | Page 5 |
|------------------|---|--|----------------|---|
| га | rt IV Supporting Organizations (continued) | | Yes | N ₁ - |
| 11 a | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | | No |
| b c | A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | 11b | | andri 1347 Mai Lega |
| Sect | tion B. Type I Supporting Organizations | | L | |
| 2 | Did the governing body, members of the governing body, officers acting in their official capacity, or member more supported organizations have the power to regularly appoint or elect at least a majority of the organizatirectors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organize effectively operated, supervised, or controlled the organization's activities. If the organization had more that organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocat supported organizations and what conditions or restrictions, if any, applied to such powers during the tax years in 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 Par | ation's officers, ation(s) n one supported ed among the ear. | Yes | No |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Soct | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 2 | | |
| Seci | tion C. Type ii Supporting Organizations | | T | T |
| 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 | Yes | No |
| Sect | tion D. All Type III Supporting Organizations | | <u> </u> | L |
| | | | 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 pryear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of organization's governing documents in effect on the date of notification, to the extent not previously provide | the d? 1 | | 227 247 257 257 257 257 257 257 257 257 257 25 |
| 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. By reason of the relationship described on line 2, above, did the organization's supported organizations have | on(s). | | Appropriate and the second |
| | 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 | | |
| Sect | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a b c | | |) . | |
| _ | - | | Yes | No |
| 2 a | Activities Test. Answer lines 2a and 2b below. 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 each of its supported organizations, and how the organization determined these activities constituted substantially all of its activities. | | | - 1.00 mg/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/m |
| b | Did the activities described on line 2a, above, 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 lines 3a and 3b below. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| а | 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? If "Yes" or "No," provide details in Part VI. | 3a | letikittibili. | . Heritalitä |

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.*

b

| Schedu | ule A (Form 990) 2024 NORTH DAKOTA ASSOCIATION O | F | 91-1774 | 592 Page 6 |
|--------|--|-----------|--|--|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | ganiza | itions | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on I | Nov. 20, | 1970 (explain in Part VI). | See |
| | instructions. All other Type III non-functionally integrated supporting organizations m | nust com | plete Sections A 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 | | |
| Sect | ion B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | libiliti. | | |
| | instructions for short tax year or assets held for part of year): | | in the second of | |
| а | Average monthly value of securities | 1a | | 300 March 1997 1997 1997 1997 1997 1997 1997 199 |
| b | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | (41226) | | |
| | (explain in detail in Part VI): | | | 20-10-10-10-10-10-10-10-10-10-10-10-10-10 |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | The second secon |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 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 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | and printed the second of the | |
| 2 | Enter 0.85 of line 1. | 2 | and the order of the control of the | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |

5

Schedule A (Form 990) 2024

5 Income tax imposed in prior year

(see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

| Par | Type III Non-Functionally Integrated 509(a)(3) | Supporting Organiza | tions (continued) | |
|------|---|--|--|--|
| Sect | ion D – Distributions | - | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purpo | ses | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purpose | · | | |
| | organizations, in excess of income from activity | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supp | orted organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide de | tails in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organizations | ation is responsive | | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2024 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 11 | 0 |
| | | (i) | (ii) | (iii) |
| Sect | on E – Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| | | | Pre-2024 | Amount for 2024 |
| 1 | Distributable amount for 2024 from Section C, line 6 | | The first control of the control of | 77 27 47 47 SAPA (1911) 21 SAPA (1911) |
| 2 | Underdistributions, if any, for years prior to 2024 | | | |
| | (reasonable cause required–explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2024 | | | |
| | From 2019 | | | |
| | From 2020 | | | |
| | From 2021 | | | 16 |
| | From 2022 | | | |
| е | From 2023 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2024 distributable amount | | | u u |
| i | Carryover from 2019 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2024 from | | | |
| | Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2024 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | PARTICIPATION CO. C. |
| 7 | Excess distributions carryover to 2025. Add lines 3j | | | |
| | and 4c. | Employees with the control of the co | | The state of the s |
| 8 | Breakdown of line 7: | The state of the s | | 10000000000000000000000000000000000000 |
| | Excess from 2020 | The second secon | | 12 12 12 12 12 12 12 12 12 12 12 12 12 1 |
| | Excess from 2021 | | | |
| | Excess from 2022 | | | Carrier and Carrie |
| | Excess from 2023 | OCCUPANTO POR PROPERTY OF THE | <u> </u> | |
| _ | EVODER TROM WWW | Interpretation of the second of | A second of the control of the control | ************************************ |

| Schedule A (For | | | SOCIATION OF anations required by l | 91-1774592 Part II, line 10; Part II, line 17a c | |
|--|---|---|--|--|---|
| Kanadan Kalangan Kanadan Kanad | III, line 12; Part IV, Sectior B, lines 1 and 2; Part IV, S 3a, and 3b; Part V, line 1; | n A, lines 1, 2, 3b, 3d Section C, line 1; Par Part V, Section B, lir | c, 4b, 4c, 5a, 6, 9a, 9l t IV, Section D, lines ne 1e; Part V, Sectior | o, 9c, 11a, 11b, and 11c; Part I\ 2 and 3; Part IV, Section E, line D, lines 5, 6, and 8; and Part \ al information. (See instructions | /, Section s 1c, 2a, 2b, /, |
| | | | | ar intermediation (COO mediations | <u>^,</u> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | *************************************** | |
| | | | | | |
| • | | • | | | |
| | | • | | | |
| | | | | | |
| • | • | | | | |
| | • | | *************************************** | *************************************** | |
| | ••••• | | | | |
| | | | | | |
| | | | | *************************************** | |
| | | | | | |
| | | | | | |
| | | | | *************************************** | |
| | | | | | |
| | | | | | |
| • | | | | | |
| | | | | | |
| | | | | | |
| | . , , , , , , , , , , , , , , , , , , , | | | | |
| | | | | | *************************************** |
| | | | | | |
| | | | | | |
| | | | | *************************************** | ****************** |
| | | | | | |
| | | | | | |
| | | | | | |
| | • | | | | |
| | | | | | |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | *************************************** | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | | ************************* | ••••• | |
| *********** | ,,, | | | | |
| ************ | | *************************************** | *************************************** | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | | | | |
| | | | | | |

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047
2024

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 organization NORTH DAKOTA ASSOCIATION NONPROFIT ORGANIZAT | | | Employer identif | ication number (EIN) 92 | | | |
|------|--|----------------------------------|------------------------|--|---|--|--|--|
| Par | til-A Complete if the organization is exem | pt under section 501(c) | or is a section | 527 organizatio | on. | | | |
| 1 | Provide a description of the organization's direct and indire | ct political campaign activities | in Part IV. See instru | uctions for | | | | |
| | definition of "political campaign activities." | | | | | | | |
| 2 | Political campaign activity expenditures. See instructions | | | \$ | | | | |
| 3 | Volunteer hours for political campaign activities. See instru | ctions | , | | | | | |
| Par | t I-B Complete if the organization is exem | | | | | | | |
| 1 | Enter the amount of any excise tax incurred by the organiz Enter the amount of any excise tax incurred by organizatio | ation under section 4955 | | \$ | | | | |
| 2 | Enter the amount of any excise tax incurred by organizatio | n managers under section 495 | 5 | \$ | | | | |
| 3 | If the organization incurred a section 4955 tax, did it file Fo | rm 4720 for this year? | | | Yes No | | | |
| 4a | Was a correction made? | | | | Yes No | | | |
| b | If "Yes," describe in Part IV. | | , | | | | | |
| Pai | t I-C Complete if the organization is exem | pt under section 501(c | <u>, except sectio</u> | n 501(c)(3). | | | | |
| 1 | Enter the amount directly expended by the filing organization | on for section 527 exempt func | tion | | | | | |
| | activities | | | \$ | | | | |
| 2 | Enter the amount of the filing organization's funds contribu | - | | | | | | |
| | 527 exempt function activities | | | \$ | | | | |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Ent | er here and on Form 1120-PO | -, | | | | | |
| | line 17b Sid the filing experiention file Form 1120 POL for this year? | | | | | | | |
| 4 | Did the filing organization file Form 1120-POL for this year? | | | | | | | |
| 5 | | | | | | | | |
| | For each organization listed, enter the amount paid from the | | | • | | | | |
| | contributions received that were promptly and directly deliv | | | - | | | | |
| | segregated fund or a political action committee (PAC). If a | dditional space is needed, prov | ide information in Pa | art IV. | , | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political | | | |
| | | , | | filing organization's funds. If none, enter -0 | contributions received and promptly and directly | | | |
| | | | | idilds. If flotte, effet -0 | delivered to a separate | | | |
| | | | | | political organization. | | | |
| | | | | | If none, enter -0 | | | |
| (1) | | | | | | | | |
| | H designation of the second of | | | | | | | |
| (2) | | | | | | | | |
| | <u></u> | | | | | | | |
| (3) | | | | | : | | | |
| | | | | | | | | |
| (4) | | | | | | | | |
| /E\ | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (0) | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| | Lobbying Expendit | ures During 4-Year | Averaging Period | | |
|--|-------------------|--------------------|---|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| 2a Lobbying nontaxable amount | 22,399 | 22,565 | 27,346 | 29,661 | 101,971 |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | 798 | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | 152,957 |
| c Total lobbying expenditures | 368 | · | 1,091 | 0 | 1,459 |
| d Grassroots nontaxable amount | 5,600 | 5,641 | 6,837 | 7,415 | 25,493 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | 40.74.1 | | 38,240 |
| f Grassroots lobbying expenditures | | | | 0 | |

Schedule C (Form 990) 2024

Schedule C (Form 990) 2024

| ror e | (election under section 501(h)). | | a) | (b) | | | |
|-----------------------|--|--|---------------|--------|------------------------|------|--------------------|
| desc | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity. | Yes | No | | Amo | ınt | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local | 1000 | 70 | Series | gravious. Total and | | o. o |
| | legislation, including any attempt to influence public opinion on a legislative matter or | Phylod | | | | | |
| | referendum, through the use of: | 14-15-15-15-15-15-15-15-15-15-15-15-15-15- | 351 | | | | |
| а | Volunteers? | | | | Wishelif. | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | PASS. | | | ر الراقع أعداده |
| С | Media advertisements? | | | | | | |
| d | Mailings to members, legislators, or the public? | | ļ | | | | |
| е | Publications, or published or broadcast statements? | | | | | , | |
| f | Grants to other organizations for lobbying purposes? | | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | | |
| i | Other activities? | | | | | | |
| - | Total. Add lines 1c through 1i | | 180.5 | | | | |
| 2a | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | ļ | ă. | | | - 19 |
| | If "Yes," enter the amount of any tax incurred under section 4912 | Product. | | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | 1 6 0 0 0 1 0 0 0 | | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | 1900 | J. | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). | c)(5), | or s | ectio | n | | |
| | | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | 1 | | |
| | 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 campaign activity expenditures from the prior year | | | | 3 | | |
| | tilli-B Complete if the organization is exempt under section 501(c)(4), section 501 | | | ectio | n 501(| c)(6 |) |
| | and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Pa | rt III- | ۹, lin | e 3, i | S | | • |
| | answered "Yes." | | | | | | |
| 1 | Dues, assessments, and similar amounts from members | | 1 | | | | |
| | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of | | | | | | |
| 2 | | | | | | | |
| 2 | political expenses for which the section 527(f) tax was paid). | | | | | | |
| | | | 2a | | | | |
| а | Current year | | 2a 2b | | | | |
| a b c | Current year Carryover from last year Total | | | | | | |
| a b c | Current year Carryover from last year | | 2b | | | | |
| a b c | Current year Carryover from last year Total | | 2b 2c | i | | | |
| a b c | Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 2b 2c | | | | |
| a b c | Current year Carryover from last year Total 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 | | 2b 2c 3 | | | | |
| a b c 3 4 | Current year Carryover from last year Total 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 expenditures next year? Taxable amount of lobbying and political expenditures. See instructions | | 2b 2c 3 | | | | |
| а | Current year Carryover from last year | | 2b | | | _ | |

| Schedule C (Form | n 990) 2024 | NORTH | DAKOTA A | ASSOCIATIO | N OF | 91-1774592 | Page 4 |
|------------------|---|-----------------|---|---|---|---|---------------|
| Schedule C (Form | Supplemer | ntal Informatio | n (continued | () | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | * | • | | | |
| | | | • | | | | |
| | | | | • | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| , | | | | | | | |
| | | | | | | | |
| , | | | | | | | |
| , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | *************************************** | • | ••••••••••••••••••••••••••••••••••••••• | |
| , | | | | *************** | • | ••••••••••••• | |
| , | | | | | | *************************************** | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| , | | | | | | | |
| | | | | | | | |
| | | | | • | | | |
| , | | | | | | | |
| | | | | | • | | |
| | | | | | | | |
| , | | | | | | | |
| , | | | | | | | |
| , | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | ****************************** | |
| , | | | | • | | *************************************** | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| , | | | | | | | |
| | | | | | | *************************************** | |
| | | | | | | | |
| | | | | | | *************************************** | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | ••••• | |
| | | | | • | | ••••• | |
| | | | | | | | |
| | | | • | • | | ••••• | |

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number NORTH DAKOTA ASSOCIATION OF NONPROFIT ORGANIZATIONS INC 91-1774592 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 \$

2,530

Schedule D (Form 990) (Rev. 12-2024)

2,530

c Leasehold improvements

d Equipment

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

| Part VII | Investments – Other Securities Complete if the organization answered "Yes" on F | Form 990. Part IV. I | ine 11b. See Form 990. Part X. line 12 |
|---|---|--------------------------|---|
| | (a) Description of security or category | (b) Book value | (c) Method of valuation: |
| (4) [[| (including name of security) | | Cost or end-of-year market value |
| (1) Financial (| | | |
| (2) Closely lie (3) Other | eld equity interests | | |
| (3) Other | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| | n (b) must equal Form 990, Part X, line 12, col. (B)) | | |
| Part VIII | Investments – Program Related | | Section 1 Clares 1 - XXXXII restantia (RESPONDED) - Professional (Professional) |
| t as an extensive the constitution of the | Complete if the organization answered "Yes" on F | Form 990, Part IV. I | ine 11c. See Form 990. Part X. line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: |
| | | | Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Columi | n (b) must equal Form 990, Part X, line 13, col. (B)) | | |
| Part IX | Other Assets | | |
| | Complete if the organization answered "Yes" on F | Form 990, Part IV, I | ine 11d. See Form 990, Part X, line 15. |
| | (a) Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | 1000 |
| (7) | | | |
| (8) | | | |
| (9) | (1) | | |
| | 1 (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities | | , |
| Part X | Complete if the organization answered "Yes" on F | Form OOO Dort IV I | ing 110 or 11f Con Form 000 Bort V |
| | line 25. | om 990, Part IV, I | ine Tie or Tit. See Form 990, Part X, |
| 1. | (a) Description of liability | | (In Deal code) |
| | income taxes | | (b) Book value |
| (2) | ilicollie taxes | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | n (b) must equal Form 990, Part X, line 25, col. (B)) | | |
| | uncertain tax positions. In Part XIII, provide the text of the footn | inte to the organization | e financial statements that reports the |
| | uncertain tax positions. In Part Alli, provide the text of the footh | | |

| Schedule D (Form 990) (Rev. 12-2024)NORTH DAKOTA ASS | SOCIATION | OF | 91-1774592 | Page 5 |
|--|-----------|----|------------|---|
| Part XIII Supplemental Information (continued) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| · | | | | |
| | | | | , |
| | | | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | • | |
| • | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | , | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | ••••• |
| • | | | | |
| | | | | |
| · | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | • |
| • | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| | The second secon |
|--|--|
| Name of the organization NORTH DAKOTA ASSOCIATION OF | Employer identification number |
| NONPROFIT ORGANIZATIONS INC | 91-1774592 |
| Form 990, Part III, Line 4a - First Accomplishment | |
| NDANO is the statewide membership association for the | |
| nonprofit sector. Our members work in all mission are | eas, from human |
| services and the environment to education and the art | |
| sizes, from small volunteer-run nonprofits to multi- | |
| organizations, in all corners of the state. In 2024 v | |
| mission to educate, advocate, and connect to strength | |
| following: | |
| Educate: Hosted the annual Nonprofit Leadership Confe | arence in Rismarck with |
| 110 nonprofit leaders and partners attending. NDANO | |
| partnerships in person and virtually to promote nonpu | continued many |
| opportunities. | rorre rearning |
| Advanta MPANO washed with multiple washes to show | |
| Advocate: NDANO worked with multiple partners to char | mpion nonprofit causes |
| in North Dakota. | |
| Connect: NDANO acts as a networking hub for nonprofit | t organizations to |
| successfully connect with one another across North Da | akota. |
| | |
| Form 990, Part VI, Line 1a - Authority Delegated to 0 | Committee Explanation |
| THE FOUR OFFICERS SERVE AS THE MEMBERS OF THE EXECUT | IVE COMMITTEE. |
| (PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER) THE | E EXECUTIVE COMMITTEE |
| SHALL REVIEW THE PERFORMANCE OF THE EXECUTIVE DIRECTO | OR. EXCEPT FOR THE |
| POWER TO AMEND THE ARTICLES OF INCORPORATION AND BY-1 | LAWS, THE EXECUTIVE |
| COMMITTEE SHALL HAVE ALL THE POWERS AND AUTHORITY OF | THE BOARD OF DIRECTORS |
| IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DI | RECTORS SUBJECT TO THE |
| DIRECTION AND CONTROL OF THE BOARD OF DIRECTORS. | ·===================================== |
| | *************************************** |
| Form 990, Part VI, Line 3 - Management Delegated | *************************************** |
| NDANO CONTRACTS WITH CLEARWATER COMMUNICATIONS, INC. | AN IINDET ATED |
| ASSOCIATION MANAGEMENT COMPANY, TO PROVIDE EXECUTIVE | |
| ONE STAFF MEMBER SERVING AS THE NDANO EXECUTIVE DIRECT | |
| DIRECTOR REPORTS TO THE NDANO BOARD OF DIRECTORS AND | TO DECEMBER TOD |
| | |
| DAY-TO-DAY OPERATIONS. CLEARWATER IS PAID BY NDANO I | |
| SERVICES. EMPLOYEES OF CLEARWATER ALSO SERVE OTHER (| |
| THE EXECUTIIVE DIRECTOR CHANGE THE COMPENSATION SPEC | LFICALLY RELATING TO |
| NDANO ARE NOT READILY DETERMINABLE AT THIS TIME. | |
| · <u>····································</u> | |
| Form 990, Part VI, Line 11b - Organization's Process | to Review Form 990 |
| FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE | |
| BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS | • |
| | |
| Form 990, Part VI, Line 19 - Governing Documents Disc | closure Explanation |
| DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. | |
| | |
| | |
| | |
| | |
| | |
| ••••••••••••••••••••••••••••••••••••••• | |
| | |