Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.

2017
Open to Public Inspection

Α	For the	2017 calendar year, or tax year beginning and	ending								
В	Check if applicable	C Name of organization		D Employer ider	ntification number						
	Addres	S ASSOCIATION OF OLD CROWS									
	Name change	Doing business as		52-	-0952593						
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 1000 NORTH PAYNE STREET	Room/suite	E Telephone number 703-549-1600							
_	—lreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	l	G Gross receipts \$	3,646,943.						
Г	Amend			H(a) Is this a grou							
F	Application			for subordinates? Yes X No							
_	pendin	SAME AS C ABOVE		H(b) Are all subordinal							
$\overline{\Gamma}$	Tax-exe	mpt status: 501(c)(3) _ X 501(c) (6) ◀ (insert no.) 4947(a)(1)	or 527	1 ` ′	h a list. (see instructions)						
J	J Website: ► N/A H(c) Group exemption number ►										
K	Form of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile: DC						
		Summary									
4	1 1	Briefly describe the organization's mission or most significant activities: AOC									
Governance		PROGRAMS TO OVER 13,000 MEMBERS ENGAGED I	N THE	PROFESSIO	N OF						
rna	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net							
o ve	3				3 14						
S S	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 14						
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5 11						
:Ξ	6	Total number of volunteers (estimate if necessary)			6 0						
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.						
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····		7b 0.						
		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	Prior Year	Current Year 0.						
ne	8	Contributions and grants (Part VIII, line 1h)		2,978,931							
Revenue	9	Program service revenue (Part VIII, line 2g)		36,07							
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		41,145							
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,056,153							
_		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.						
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.						
	45 (Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		674,145							
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)			0. $0.$						
Expenses	h loa	Fotal fundraising expenses (Part IX, column (D), line 25) 43,0	78.		,,						
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,074,743	3. 2,194,996.						
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,748,888							
		Revenue less expenses. Subtract line 18 from line 12		307,265							
or of	í	•	Ве	ginning of Current Ye	ar End of Year						
sets	20	Fotal assets (Part X, line 16)		3,643,397							
ASS	21	Total liabilities (Part X, line 26)		528,762	729,222.						
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		3,114,635	3,579,718.						
P	art II	Signature Block									
	-	ties of perjury, I declare that I have examined this return, including accompanying schedule			f my knowledge and belief, it is						
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.							
		Charles of affine		D-11-							
Sig	ın	Signature of officer		Date							
He	re	SHELLEY FROST, EXECUTIVE DIRECTOR									
		Type or print name and title	T r	Date Check	PTIN						
De!	,	Print/Type preparer's name Preparer's signature] '	if							
Pai	1	RICHARD S. BADGER, CPA	· · · · · ·	mployed							
	parer	Firm's name BADGER SUMRALL & COMPANY Firm's address 7410 HERITAGE VILLAGE PLAZA		Firm's EIN	D4-1045404						
USE	Only	Firm's address 7410 HERITAGE VILLAGE PLAZA GAINESVILLE, VA 20155		Phone no.	(703) 938-7088						
N/a	v the ID	•		j Pilotie 110.							
ivia	y trie iH	S discuss this return with the preparer shown above? (see instructions)			X Yes No						

732002 11-28-17

2,460,396.

3,234,741.

Form **990** (2017)

2,460,396. including grants of \$

Form 990 (2017) ASSOCIATION OF OLD CROWS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		Х
4	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	4		
5	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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	6		Х
7	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	Ė		
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	ا		
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ا ا		
10		10		х
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		21
11				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
а		11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Ia	21	
D	·	11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		- 21
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
٨	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	110		- 21
u		11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
'	the organization's separate of consolidated infancial 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	115		х
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza		40-	Х	
	Schedule D, Parts XI and XII	12a	22	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		У
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G. Part III	19	000	X

$\begin{array}{c|cccc} \textbf{Form 990 (2017)} & \textbf{ASSOCIATION} & \textbf{OF} & \textbf{OLD} \\ \hline \textbf{Part IV} & \textbf{Checklist of Required Schedules} & \textit{(continued)} \end{array}$

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 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 through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes "			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A company of format and financial discrete and the state of the state	28a		х
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
32	,	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
25.	Part V, line 1		- 21	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
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		\vdash
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		 ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	Х	
	Note. All Form 990 filers are required to complete Schedule O	38		(2017)

Form 990 (2017) ASSOCIATION OF OLD CROWS Part 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	<u></u>	<u></u>	<u></u>				
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming					
	(gambling) winnings to prize winners?			1c		X		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	11					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a					
financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country: ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).					
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a				
				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired					
	to file Form 8282?			7c				
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	.0	7.				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e 7f				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for							
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			,,,				
Ü	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413)	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	-			13a				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	l					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c				77		
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u> </u>		
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b	900	(0047)		
				⊢orm	990	(2017)		

ASSOCIATION OF OLD CROWS 52-0952593 Form 990 (2017) 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X 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 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 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? Х 10b Х 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 in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b 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 List the states with which a copy of this Form 990 is required to be filed ▶VA Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Another's website X Upon request ___ Other (explain in Schedule O) Own website Describe in 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.

Form **990** (2017)

300208 1

State the name, address, and telephone number of the person who possesses the organization's books and records:

THE ASSOCIATION - 703/ 549-1600

1000 NORTH PAYNE STREET, ALEXANDRIA. VA

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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organiza (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(de		Pos	ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	d a di	recto	r/trust	ee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	truste		e e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) AMANDA KAMMIER	1.00	=	=	0	×	Τ ω	<u> </u>			
DIRECTOR		Х						0.	0.	0.
(2) BRIAN HINKLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(3) CRAIG HARM	1.00									
DIRECTOR		Х						0.	0.	0.
(4) DARIN NIELSEN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) DAVE HIME	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(6) DON QUINN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) GENE MCFALLS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) GLENN CARLSON	1.00									
DIRECTOR		Х						0.	0.	0 .
(9) JEFF WALSH	1.00									
DIRECTOR		Х						0.	0.	0 .
(10) JESS BOURQUE	1.00									
SECRETARY		Х		Х				0.	0.	0 .
(11) JIM PRYOR	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JOSEPH KOESTERS	1.00									
TREASURER		X		Х				0.	0.	0.
(13) LISA FRUGE-CIRILLI	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(14) STEPHEN WATTERS	1.00									
VICE PRESIDENT		Х						0.	0.	0.
(15) SAM ROBERTS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) SHELLY K FROST	40.00									
EXECUTIVE DIRECTOR		Х		Х				129,081.	0.	23,959.
(17) TODD CARUSO	1.00									
DIRECTOR		Х						0.	0.	0.

732007 11-28-17

Form 990 (2017) ASSOCIATI	ON OF C	LI) C	RO	WS	5			52-09	52	593	Р	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(C	C) ition	,		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck i ss per	more	than		Reportable compensation	Reportable compensation	,		timate nount	
	week			nd a di				from	from related	.		other	
	(list any	ector						the	organizations	- 1		pensa	
	hours for related	or dir	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS)		om th	
	organizations	trustee	al trus		yee	m ben		(88-27 1099-18113C)				anizat d relat	
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner					ınizati	
	line)	Indi	Insti	Officer	Key	E High	Former						
(18) GREG PATSCHKE	1.00												•
DIRECTOR (19) SUE ROBERTSON	1.00	Х				\vdash		0.		0.			0.
DIRECTOR	1.00	х						0.		0.			0.
(20) NINO AMOROSO	1.00	25				\vdash				•			•
DIRECTOR		Х						0.		0.			0.
(21) MICHAEL DOLIM	40.00												
FORMER EXECUTIVE DIRECTOR							Х	86,760.		0.		2,6	72.
		1											
						_				\dashv			
		-											
						\vdash				\dashv			
		1											
										\neg			
		1											
							Ļ	21 5 0 4 1		$\overline{}$	2.		2.1
1b Sub-total								215,841.		0.	4	0,0	31.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								215,841.		0.	2.0	5 . 6	$\frac{0.}{31.}$
Total number of individuals (including but not not not not not not not not not no							o re	· · · · · · · · · · · · · · · · · · ·		<u>• • </u>		, , ,	<u> </u>
compensation from the organization						,		,					1
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for so											3	X	
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	X	
rendered to the organization? If "Yes." com											5		х
Section B. Independent Contractors	Dicto Ochedan	001	01 30	<u>acii ,</u>	<i>J</i> C/13	OH				···			
Complete this table for your five highest cor	mpensated inc	depe	nde	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensat	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)	1-1			_				(B)		_	(C		
Name and business	address	N	ONI	<u> </u>			\dashv	Description of s	ervices		omper	isatio	n
							\dashv						
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation				()							

		Charle if Sahadula O cant	toine a reenence	or note to any lin	o in this Dort VIII			
		Check if Schedule O cont	tains a response	or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>ა</u> ა	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues			-			
يَ ق		Fundraising events						
ffts, r A		Related organizations						
<u>e</u>		Government grants (contribut			-			
Sin		All other contributions, gifts, gran			-			
e E	'		· I I					
έş		similar amounts not included abo	·		-			
o d	-	Noncash contributions included in lines						
O a	n	Total. Add lines 1a-1f						
		CONTENED ON DECE	ידיחתכ	Business Code		1 445 042		
<u>ic</u>		CONVENTION RECE		541900	1,445,943.	1 104 202		
er re		PROF. COURSES/C			1,184,303.	1,184,303.		
n S		MEMBERSHIP DUES	<u> </u>	541900	437,438.	437,438.		
ra Sev		ROYALTIES		541900	103,564.			
Program Service Revenue		JED SUBSCRIPTIO		541900	63,493.	63,493.		
۵.		All other program service reve			2 224 544			
_	g	Total. Add lines 2a-2f			3,234,741.			
	3	Investment income (including			20 015			20 01 5
		other similar amounts)			39,915.			39,915.
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties		<u> </u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	·. <u></u>	<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	363,077.					
	b	Less: cost or other basis						
		and sales expenses	347,453.					
	С	and sales expenses Gain or (loss)	15,624.					
		Net gain or (loss)			15,624.			15,624.
_		Gross income from fundraising						
Jue		including \$	•					
š		contributions reported on line						
Other Revenu		Part IV, line 18	•					
he	b	Less: direct expenses						
₽		: Net income or (loss) from fund		>				
		Gross income from gaming ac	-					
	- 4	Part IV, line 19						
	h	Less: direct expenses						
		: Net income or (loss) from gam		>				
		Gross sales of inventory, less	· ·					
	10 a	and allowances		9,210.				
	h	Less: cost of goods sold		5,616.	-			
				•	3,594.			3,594.
	C	Net income or (loss) from sale						3,354.
-	44	Miscellaneous Revenu		Business Code				
	11 a							
	b							
	C							
	d	All other revenue			-			
	e	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.			2 202 074	2 22/ 7/1	0.	59,133.
ı	12	LOTAL REVENUE See Instructions		•	U,433,0/4.	U.4J4./41.	U.	. JJ.TJJ.

Form 990 (2017) ASSOCIATION OF OLD CROWS 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)	(B)	(C) Management and	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
_	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	120 001	120 001							
_	trustees, and key employees	129,081.	129,081.							
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
-	persons described in section 4958(c)(3)(B)	499,540.	358,729.	121,608.	19,203.					
7	Other salaries and wages	493,340•	330,143.	121,000.	19,403.					
8	Pension plan accruals and contributions (include	16 03/	8 658	7 055	201					
9	section 401(k) and 403(b) employer contributions)	16,034. 91,182.	8,658. 49,238.	7,055.	321. 1,824.					
10	Other employee benefits	51,433.	27,774.	22,630.	1,029.					
11	Payroll taxes Fees for services (non-employees):	JI, IJJ •	41,114	22,000	1,049.					
	Management									
a h	Legal	4,456.		4,456.						
Č	Accounting	54,900.		54,900.						
d	Lobbying	02,000		02,000						
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	12,815.	12,815.							
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)	60,785.	60,785.							
12	Advertising and promotion	34,255.	28,716.		5,539. 3,913.					
13	Office expenses	141,516.	82,654.	54,949.	3,913.					
14	Information technology									
15	Royalties									
16	Occupancy	96,880.	52,315.	42,628.	1,937.					
17	Travel	35,068.	28,315.	6,459.	294.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	1 060 000	1 060 054	44.4						
19	Conferences, conventions, and meetings	1,063,807.	1,063,374.	414.	19.					
20	Interest									
21	Payments to affiliates	60 202	27 260	30 440	1 201					
22	Depreciation, depletion, and amortization	69,202. 22,595.	37,369. 12,201.	30,449.	1,384. 452.					
23	Other expenses. Itemize expenses not covered	44,333.	14,401.	3,344.	434.					
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule 0.) PROFESSIONAL FEES	221,774.	218,250.	2,344.	1,180.					
	ADMINISTRATIVE COST	97,770.	52,796.	43,019.	1,180.					
b	MEMBERSHIP SERVICES	91,730.	89,893.	43,019.	1,837.					
c d	OPERATIONS	67,409.	36,401.	29,660.	1,348.					
	All other expenses	120,034.	111,032.	8,159.	843.					
е 25	Total functional expenses. Add lines 1 through 24e	2,982,266.	2,460,396.	478,792.	43,078.					
26	Joint costs. Complete this line only if the organization	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_, _, _, , , , , , , , ,		20,0,00					
_5	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
					5 000 (2247)					

<u>Par</u>	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note to	any line in this Part >	〈 <u>.</u>			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		L	1,464,096.	1	1,879,726.
	2	Savings and temporary cash investments			1,351,860.	2	1,339,527.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			94,335.	4	39,178
	5	Loans and other receivables from current and former			·		•
		trustees, key employees, and highest compensated	, ,	e			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified					
		section 4958(f)(1)), persons described in section 495	•				
		employers and sponsoring organizations of section		Juling			
						6	
Assets	7	employees' beneficiary organizations (see instr). Co			7		
Ass	7	Notes and loans receivable, net		19,276.	8	22 023	
`	8	Inventories for sale or use	32,474.	9	22,923 36,529		
	9		I		32,474.	9	30,323
	10a	Land, buildings, and equipment: cost or other	2 250	411			
	_	basis. Complete Part VI of Schedule D Less: accumulated depreciation 1)a 4,338,	411.	612 220		6E0 0EE
		Less: accumulated depreciation1	0b 1,707,	220.	613,228.	10c	650,855 340,202
	11	Investments - publicly traded securities			68,128.	11	340,202
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal lines 1)			3,643,397.	16	4,308,940
	17	Accounts payable and accrued expenses	L	160,014.	17	450,124	
	18	Grants payable	L		18		
	19	Deferred revenue		L	289,872.	19	186,863
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete Part	IV of Schedule D			21	
S	22	Loans and other payables to current and former off	cers, directors, truste	es,			
ii li		key employees, highest compensated employees, a	nd disqualified person	ns.			
Liabilities		Complete Part II of Schedule L		L		22	
<u> </u>	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated th	rd parties			24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17		I .			
		Schedule D			78,876.	25	92,235.
	26	Total liabilities. Add lines 17 through 25			528,762.	26	92,235. 729,222.
		Organizations that follow SFAS 117 (ASC 958), c					
_s		complete lines 27 through 29, and lines 33 and 3					
Š	27	Unrestricted net assets			3,114,635.	27	3,579,718.
lar	28	Temporarily restricted net assets				28	-
ĕ	29					29	
ŭ		Organizations that do not follow SFAS 117 (ASC					
느		and complete lines 30 through 34.	,,				
S O	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equip				31	
As	32	Retained earnings, endowment, accumulated incon				32	
'	UZ	Hotaliou callillus, chuowilicht, accullulated ilicoli			UZ		
Net Assets or Fund Balances	33	Total net assets or fund balances			3,114,635.	33	3,579,718.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	, 29	3,8	<u>74.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,98	2,2	66.		
3	Revenue less expenses. Subtract line 2 from line 1	3		31	1,6	08.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5		15	3,4	75.		
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 in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	3	,57	9,7	18.		
Pai	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 in Schedule	Э.						
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 reviewed	on a				1		
	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 separate					1		
	consolidated basis, or both:					1		
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Aud	lit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	it					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

2017

OMB No. 1545-0047

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
	ASSOCIA	TION OF OLD CROW	S		52-0952593
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes." describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	<u>)(3).</u>
1	Enter the amount directly expended	I by the filing organization for se	ction 527 exempt funct	tion activities > \$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
	exempt function activities			> \$	
3	· · · · · · · · · · · · · · · · · · ·			,	
	line 17b			> \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en		•	•	• •
	made payments. For each organization		0 0		·
	contributions received that were pro			•	e segregated fund or a
	political action committee (PAC). If	additional space is needed, prov r	ride information in Part	IV.	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			1		

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

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Part II-A Complete if the org section 501(h)).	anization is exen	npt under section	501(c)(3) and file		ection under			
A Check ► if the filing organiza expenses, and shar	e of excess lobbying e		Part IV each affiliated	group member's nam	ie, address, EIN,			
Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to influ	uence public opinion (g	grass roots lobbying)						
b Total lobbying expenditures to influ	uence a legislative bod	ly (direct lobbying)						
c Total lobbying expenditures (add li	c Total lobbying expenditures (add lines 1a and 1b)							
d Other exempt purpose expenditure								
e Total exempt purpose expenditure								
f Lobbying nontaxable amount. Ente								
If the amount on line 1e, column (a) o		bying nontaxable am	ount is:					
Not over \$500,000 Over \$500,000 but not over \$1,000		the amount on line 1e. 00 plus 15% of the exc	ess over \$500 000					
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc						
Over \$1,500,000 but not over \$17,		00 plus 5% of the exces						
Over \$17,000,000	\$1,000,	•						
 h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this 	g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all							
	<u> </u>	ate instructions for lir						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total			
2a Lobbying nontaxable amount								
b Lobbying ceiling amount (150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 ASSOCIATION OF OLD CROWS 52-09525 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public?	5	NI.	1	(b)	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?		No	Amo	ount	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 					
c Media advertisements?					
u Mailings to members, registators, or the public:					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5),	or sec	tion		
501(c)(6).					
			Yes	N	
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	X		
	vear?	3			
Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (b			e 3, i	
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300208_1

SCHEDULE D (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ASSOCIATION OF OLD CROWS

Employer identification number 52-0952593

6 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	Par	Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (auring year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all chorns 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? 6 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 impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of states where property subject to conservation easements is located by a visit of the National Register Number of states where property subject to conservation easements in located by and such as a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year by and section 170ph)(4(B)(B)(0) and section 170ph)(4(B)(0) In Part XIII, describe how the organization reports conservation easements of section 170ph)(4(B)(B)(0) and section 170ph)(4(B)(B)(0) In Part XIII, describe how the organization reports conservation easements in its reve		organization answered "Yes" on Form 990, Part IV, line	e 6.	
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the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	_			• \$
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

3 Using the organization is acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a	Par	t III Organizations Maintaining Co	ollections of Art	, Histo	rical Tre	asures, o	r Other S	Similar	Assets	(continue	d)
a Public exhibition d Loan or exchange programs b Scholarly research c Preservation for future generations c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization socilections and explain how they further the organization's exempt purpose in Part XIII. Part IV Excrow and Custodial Arrangements. Complete if the organization answered "yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodial or or the intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c	3	Using the organization's acquisition, accession	n, and other records	s, check a	any of the f	following tha	t are a sign	ificant use	e of its c	ollection ite	ms
b Scholarly research e		(check all that apply):									
c	а	Public exhibition	d		oan or exc	hange progra	ams				
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	е		ther						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 2	С	Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	lections and explain	how the	y further th	ne organizatio	on's exemp	t purpose	in Part	XIII.	
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization or other intermediary for contributions or other assets not included on Form 990, Part X! Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered "Yes" or Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" or Form 990, Part IV, line 10. Government Funds. Complete if the organization answered "Yes" or Form 990, Part IV, line 10. Government Funds. Complete if the organization in answered "Yes" or Form 990, Part IV, line 10. Government Funds. Complete if the organization in answered "Yes" or Form 990, Part IV, line 10. Government Funds. Fun	5	During the year, did the organization solicit or	receive donations o	f art, hist	orical treas	sures, or othe	er similar as	ssets			
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount C		reported an amount on Form 990, Part	: X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custodia	ın or other intermedi	ary for co	ontributions	s or other as:	sets not ind	cluded			
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c		on Form 990, Part X?							\square	Yes	X No
c Beginning balance d Additions during the year 1 to d 1d	b										
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b If Yes,** explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XI, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶										Amount	
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2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	е	Distributions during the year						1e			
Bo If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. line 10. The provided on Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 10. The provided on Part XIII the intended uses of the organization is listed as required on Schedule R? Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value depreciation (d) Book value	f	Ending balance						1f			
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) Pr	ior year	(c) Two yea	rs back (c	I) Three yea	ars back	(e) Four yea	ars back_
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b	Contributions									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses									
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities									
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses									
a Board designated or quasi-endowment	g	End of year balance									
b Permanent endowment ▶	2	Provide the estimated percentage of the curre	ent year end balance	(line 1g,	column (a))) held as:					
c Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other cost of depreciation 1a Land 336,757. b Buildings 1,814,708. 1,584,981. 229,727. c Leasehold improvements	b	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iiii) related organizations (iiii) related organizations (iiiii) related organizations (iv) unrelated organizations (iv) unrelated organizations (iv) unrelated organizations (iv) unrelated organizations (ivi) related organizations (С	Temporarily restricted endowment	%								
by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 336, 757. b Buildings 1,814,708. 1,584,981. 229,727. c Leasehold improvements		The percentages on lines 2a, 2b, and 2c should	ld equal 100%.								
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 1a Land 1b Buildings 1c Leasehold improvements 1c Leasehold improvements	3a	Are there endowment funds not in the posses	sion of the organiza	tion that	are held ar	nd administe	red for the	organizati	on	_	
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 5 Buildings 1 1, 814, 708 11, 584, 981 229, 727 cLeasehold improvements		by:								Ye	s No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 5 Buildings 1 1,814,708. 1 1,584,981. 2 29,727. C Leasehold improvements										3a(i)	\bot
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.										3a(ii)	\perp
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 336,757. 336,757. 1,814,708. 1,584,981. 229,727.	b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Scl	nedule R?					3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land Buildings Leasehold improvements Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) 1336,757 336,757 336,757 1,814,708 1,584,981 229,727	_			vment fu	nds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 336,757. 336,757. b Buildings 1,814,708. 1,584,981. 229,727. c Leasehold improvements	Par										
basis (investment) basis (other) depreciation 1a Land 336,757. 336,757. b Buildings 1,814,708. 1,584,981. 229,727. c Leasehold improvements 00,500.005. 100,500.005. 100,500.005.		Complete if the organization answered	"Yes" on Form 990	, Part IV,							
1a Land 336,757. 336,757. b Buildings 1,814,708. 1,584,981. 229,727. c Leasehold improvements 005,045. 100,575.		Description of property	1 ' '		٠,					(d) Book va	alue
b Buildings	12	Land	- ` ` 			· ,				336 -	757.
c Leasehold improvements	_						1.58	34.98	1.		
						,	,_,	,		===1	
d Fauinment		Equipment			20	6,946.	1:	22,57	5.	84.	371.
e Other						- ,		, _ ,		/	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)				K column	1 (R) line 1	0c.)				650,	855.

Schedule D (Form 990) 2017

Part VII	Investments -	Other Securities.

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value			d-of-year market value
(A) E:	(b) Book value	(c) Metriod or van	uation. Oost of end	a-or-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	on Form 990 Part IV	line 11c See Form 990 Pa	art X line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)	()			, , , , , , , , , , , , , , , , , , ,
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" or	on Form 990, Part IV,	line 11d. See Form 990, Pa	art X, line 15.	
	Description	<u> </u>	·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		>	
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11e or 11f. See Form 9	990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO CHAPTERS		92,235.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	92,235.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Par	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Revenue per Re	turn.	
1				1	3,440,150.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	153,475.		
b	Donated services and use of facilities		, -		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 1	5,616.		
e	Add lines 2a through 2d			2e	159,091.
3	Subtract line 2e from line 1			3	159,091. 3,281,059.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,815.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	12,815.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,815. 3,293,874.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,975,067.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses		F 616		
d	Other (Describe in Part XIII.)		5,616.		г с1с
_	Add lines 2a through 2d			2e	5,616. 2,969,451.
3	Subtract line 2e from line 1			3	2,909,451.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما	12 915		
a	Investment expenses not included on Form 990, Part VIII, line 7b		12,815.		
b	Other (Describe in Part XIII.) Add lines 4a and 4b			40	12 815
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I. line 18.)			4c	12,815. 2,982,266.
	t XIII Supplemental Information.				2,302,200.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lines 1b	and 2b: Part V. line 4	: Part)	(, line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			,	,, , ,
PAF	T IV, LINE 2B:				
	,				
THE	ASSOCIATION ESCROWS FUNDS OWNED BY RELATE	D LOCA	AL CHAPTERS		
PAF	T X, LINE 2:				
<u>AS</u>	OF DECEMBER 31, 2015, AOC HAS NO UNCERTAIN	TAX I	POSITIONS T	HAT	QUALIFY
FOF	EITHER RECOGNITION OR DISCLOSURE IN THE F	TNANCI	ат. Статеме	NTS	_
101	BITTER RECOGNITION OR DIDCHODORE IN THE I	TIVATICE	AL DINIL	1110	•
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:				
COS	T OF SALES SHOWN AS REVENUE ADJUSTMENT				
	m vit iine 2n _ Omuen aniicmwenme.				
PAL	T XII, LINE 2D - OTHER ADJUSTMENTS:				
COS	T OF SALES SHOWN AS REVENUE ADJUSTMENT				

Schedule D (Form 990) 2017 ASSOCIATION OF OLD CROWS	52-0952593 Page 5
Schedule D (Form 990) 2017 ASSOCIATION OF OLD CROWS Part XIII Supplemental Information (continued)	*
(continued)	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number ASSOCIATION OF OLD CROWS 52-0952593

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	. 2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		I

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) SHELLY K FROST	(i)	123,081.	6,000.	0.	4,106.	19,853.	153,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	79,760.	7,000.	0.	2,603.	69.	89,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1 1/5 200\ 2047

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION OF OLD CROWS

Employer identification number .0952593

ASSOCIATION OF OLD CROWS	34-0934393
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
ELECTRONIC DEFENSE.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
TOTAL PROGRAM EXPENSES	
EXPENSES \$ 2,460,396. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 3,234,741.
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BEFORE IT IS SIGNED BY EXECUTIVE COMM	ITTEE IN
REFERENCE TO FINANCIAL STATEMENTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS WERE PUBLISHE	D IN THE JOURNAL
OF ELECTRONIC DEFENSE AND LISTED IN DUNN AND BRADSTREET.	
	_
	_

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ASSOCIATION O	F OLD CROWS					52-09525	93	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity					Direct c	(f) controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	on answered "Yes" on Form 99	0, Part IV, line 34,	because it had one o	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity Direction		(f) ect controlling entity	conf	g) 512(b)(13 rolled tity?
				501(c)(3))			Yes	No
ASSOCIATION OF OLD CROWS - EDUCATIONAL FOUNDATION - CHAPTERS - 54-1520328, 1000								
NORTH PAYNE STREET, ALEXANDRIA, VA 22314	EDUCATIONAL GRANTS	VIRGINIA		501(C)(3)				Х
ASSOCIATION OF OLD CROWS - CHAPTERS -								
54-1511460, 1000 NORTH PAYNE STREET,								
ALEXANDRIA, VA 22314	CHAPTER ADMINISTRATION	VIRGINIA	501(C)(6)					х
ASSOCIATION OF OLD CROWS - EDUCATIONAL								
FOUNDATION - 54-1337848, 1000 NORTH PAYNE	7							
STREET, ALEXANDRIA, VA 22314	EDUCATIONAL GRANTS	VIRGINIA		501(C)(3)				Х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organization reacted at a particular form											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin	Percentage ownership
ğ		foreign	,	excluded from tax under		assets		IUUIIS?	20 of Schedule	partner*	<u>'</u>
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
	1										
	1										
	1										
	1										
	1										
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Percentage ownership		(i) Section 512(b)(13) controlled entity?
		Couriery)						Yes	No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

X

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X				
С					1c	X				
d	Loans or loan guarantees to or for related organization(s)				1d	X				
е	e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f	X				
	Sale of assets to related organization(s)				1g	X				
h	h Purchase of assets from related organization(s)									
i	Exchange of assets with related organization(s)				1i	X				
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х				
	I Performance of services or membership or fundraising solicitations for related organization(s)									
	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r	Other transfer of cash or property to related organization(s)				1r	X				
s	Other transfer of cash or property from related organization(s)				1s	X				
2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," and "Yes,"	ho must complete th	is line, including covered relat	ionships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	ıvolved					
(1)										
(2)		sfer of cash or property from related organization(s) ver to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount involved								
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partne	(k) Percentage ownership
									000) 004