# 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.

Open to Public

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

DIVISION 1-A DIRECTORS 'ASSOCIATION   31-1239472	<b>B</b> 0	heck if	C Name of organization		D Employer identifi	cation number						
Store   Doing business as   LEAD   ASSOCIATION   Number and street (or P.0. box of main and relevered to street address)   Room/Sulfs   Telephone number   Start   S	a											
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City or town, state or province, country, and ZIP or foreign postal code  MARSHALL, VA 20115  H(s) Is this a group return for subordinates?  Name and address of principal officer THOMAS MCMILLEN SAME AS C ABOVE  I Taccessment status:  Significial Status:  Signi	느	_return										
MARSHALL, VA 20115	L	Jreturn/		STE .								
Name and address of principal officer THOMAS MCMILLEN   SAME AS C ABOVE   No SAME AS C ABOV	_	ated										
SAME AS C ABOVE   Taxexempt status	<u> </u>	Jreturn				eturn						
Taxexempt status   5016(X)	_	⊒tiòn										
J Website: D LEADIASSOCIATION. COM   THIC) Group exemption number   No.   Form of organization:   Corporation   Trust   X Association   Other   L Year of formation: 1988   M State of legal domicile: VA Part I   Summary		SAME AS C ABOVE										
Variable	<u></u>	ax-exe		101 ;	<del></del>							
Part   Summary				111 1								
Brefly describe the organization's mission or most significant activities TO SPONSOR COLLEGE ATHLETICS ON A NATIONAL LEVEL SERVING THE GROUP'S TINFORMATION AND COMMUNITY  2 Check this box E if the organization discontinued its operations or disportance or dispo	_			1	car or formation: = > 0 of f	Otato or logar dominano.						
A NATTONAL LEVEL SERVING THE GROUP'S INFORMATION AND COMMUNITY  Check this box	_	1 6	Briefly describe the organization's mission or most significant activities TO S	PONS	OR COLLEGE AT	HLETICS ON						
B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  1, 003, 721. 1, 067, 500.  9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses (Part IX, column (A), line 12) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Net assets or fund balances. Subtract line 21 from line 20 26 Total assets of fund balances. Subtract line 21 from line 20 27 Total fundraising amounts paid (Part IX), column (A), line 25) 28 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Total assets of fund balances. Subtract line 21 from line 20 38 Net assets or fund balances. Subtract line 21 from line 20 39 ThoMAS MCMILLEN, CEO 30 Total assets or fund balances. Subtract line 21 from line 20 30 Total subsets of fund balances. Subtract line 21 from line 20 30 Total subsets of fund balances. Subtract line 21 from line 20 30 Total subsets of fund balances. Subtract line 21 from line 20 30 Total subsets of fund balances. Subtract line 21 from line 20 30 Total subsets of fund balances. Subtract line 21 from line 20 30 Total subsets of fund the best of my knowledge.  30 Total subsets of fund balances	nce		A NATIONAL LEVEL SERVING THE GROUP'S INF	'ORMA'	TION AND COMM	UNITY						
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19 Revenue less expenses Subtract line 18 from line 12  19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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  THOMAS MCMILLEN, CEO  Type or print name and title  Print/Type preparer's name  Print/Type preparer's name				Ì								
Beginning of Current Year   End of Year			·		450,333.	101,535.						
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.  Sign Here  THOMAS MCMILLEN, CEO Type or print name and title  Print/Type preparer's name  Print/Type preparer's name	- S				Beginning of Current Year	End of Year						
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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.  Sign Here  THOMAS MCMILLEN, CEO Type or print name and title  Print/Type preparer's name  Print/Type preparer's name	ASS d Bee											
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Sign Here  Print/Type preparer's name  Thomas McMillen  Print/Type preparer's name	Pa											
Sign Here  THOMAS MCMILLEN, CEO Type or print name and title  Print/Type preparer's name  Thomas mcmillent title  Print/Type preparer's name  Thomas mcmillent title  Print/Type preparer's name						y knowledge and belief, it is						
Sign Here THOMAS MCMILLEN, CEO Type or print name and title  Print/Type preparer's name  Date  Print/Type preparer's name	true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepa		1-11-6						
Here THOMAS MCMILLEN, CEO Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name						20 // 0						
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Use Only Firm's address 6010 EXECUTIVE BLVD, SUITE 900  ROCKVILLE, MD 20852 Phone no. (301)770-5100	USE	Unity			Phone no (3	01)770-5100						
May the IRS discuss this return with the preparer shown above? (see instructions)	May	the IR	<u> </u>	•	Tr none no. ( 5							

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Forn	1990 (2017) DIVISION 1-A DIRECTORS' ASSOCIATION 31-1239472 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO SPONSOR COLLEGE ATHLETICS ON A NATIONAL LEVEL SERVING THE GROUP'S
	INFORMATION AND COMMUNITY NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prìor Form 990 or 990-EZ?
	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?
	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.
4a	(Code ) (Expenses \$ 1,209,490. including grants of \$ ) (Revenue \$ )
	EXPENSES INCURRED IN EXCUTING THE ORGANIZATION'S EXEMPT PURPOSE OF
	SPONSORING COLLEGE ATHLETICS.
4b	(Code) (Expenses \$
70	(COURT) (Expenses \$
4c	(Code) (Expenses \$
	<del></del>
	<del></del>
4d	Other program services (Describe in Schedule O.)
4 -	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1,209,490.
<u>4e</u>	
	Form <b>990</b> (2017)

Part IV Checklist of Required Schedules

1 Is the organization described in section SD (c)(3) or 4947(a)(1) other than a private foundation?  If "Yes," complete Schedule A. Schedule B. Schedule B. Schedule of Contributors  2 Is the organization required to complete Schedule B. Schedule of Contributors  3 J X  2 Is the organization required to complete Schedule B. Schedule Contributors  3 J X  3 Section SD (c)(3) organizations. Did the organization engage in direct or indirect political campaging activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization as eaction SD (c)(4), 501(c)(6), organization that receives membership dues, assessments, or aimilar amounts as defined in Review Proceedings 98:197 If "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advesed funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization maintain any donor advesed funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  8 Did the organization maintain and title part X, line 21, for escrew or custodial account liability, serve as a custodial for amounts not isled in Part X, inc. Part X, line 21, for escrew or custodial account liability, serve as a custodial for amounts not isled in Part X, or provide caddic conselling, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II  9 Did the organization diversity or through a related organization, hold assets in temporarily restricted endowments, permanent and endowments, or quasiendowments? If "Yes," complete Schedule D, Part X, line 10 If If Yes, complete Schedule D, Part X, line 10 If If Yes, complete Schedule D, Part X, line 10 If If Yes, complete Schedule D, Part X, line 10 If If Yes, complete Schedule D, Part X, line 10 If If Yes, complete Schedule D, Part X, line 10 If If Yes, complete Schedule D, Part X, line 10 If If Yes, complete Schedule D, Part X, line 10 If Yes, complete Schedule D, Part X, line				res	NO
2 Is the organization required to complete Schedule 8, Schedule 6 Contributorial 3 Did the organization regiger in direct or indirect political campagn activities on behalf of or in opposition to candidates for public officer (If Yes, "complete Schedule C, Part II" 4 Section 801(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 III" 5 Is the organization as extinon 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If Yes, "complete Schedule C, Part III of the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or vinvestiment of amounts in such funds or accounts? If Yes, "complete Schedule D, Part II" 6 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assess? If Yes, "complete Schedule D, Part III" 7 Did the organization recept or through a related organization, hold assests in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes, complete Schedule D, Part IV III II the organization report an amount for lend, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part V III III the organization report an amount for westments - other securities in Part X, line 10? If Yes," complete Schedule D, Part X III Did the organization report an amount for other labilities 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 X III Did the organization report an amount for other labilities in Part X, line 18? If Yes, complete Schedule D, Part X III Did the organization separate, independent audited fi	1	·	1		x
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dump the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 50(c)(s), 501(c)(S), or 501(c)(S) or 501(c)(S) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  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 III  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures III "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  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  If the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV  If the organization is exported or organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part IV  Did the organization report an amount for investments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part XIII  Did the organization report an amount for other assets 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 XIII  Did the organization is liability for uncertain tax positions under IRII 48 (ASC 740)? If "Yes," complete Schedule D, Part XIII  Did the organization separate or consolidated financial st			3		Х
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Schedule D, Part III 9 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization seport an amount for liand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities 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 VI 14 Did the organization report an amount for other liabilities 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 VI 16 Did the organization report an amount for other liabilities 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 VI 16 Did the organization oreport an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II 18 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, investment, and program service activates outside the United States? 19 Did the organization in Part IX, column (A), line 3, more than \$1,000 for grants or other ass	_		<del>- /</del> -		^
9 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 V	8	·	Я		x
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  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  d 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  d Did the organization report an amount for other liabilities 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 XIII  d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11 Did the organization of balan separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  13 Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X  12 III X  12 III X  12 III X  13 III X  14 III X  15 III X  16 Did the organization maintain an office, employees, or agents outside of the United States?	۵		Ů		
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or more? If "Yes," complete Schedule F, Parts I and IV  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 foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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  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  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	b				
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foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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  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  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	15		170		<del></del>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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  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  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	10		15		х
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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  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  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	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  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  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  X  X  X  X  18  X  X  19  X		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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  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  X	17				,.
1c and 8a? If "Yes," complete Schedule G, Part II  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  18			17		X
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	18				, v
complete Schedule G, Part III	40		18		_^_
semplete consecute of ratin	19	· · · · · · · · · · · · · · · · · · ·	10		х
		Complete Schedule G, Fart III		990	

Part IV Checklist of Required Schedules (continued)

			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	1	}	
	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			l
	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	1		1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l	.,	
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ŀ		
	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		X
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	04-		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<del> </del>
200	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	200		
_	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		Х
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)	<b> </b>		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	l		37
	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		_^_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_		х
21	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del>~~</del>		_ <del>-</del> -
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," 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		
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	2017)

•				
orm	990 (2017) DIVISION 1-A DIRECTORS' ASSOCIATION 31-1239	472	P	age 5
	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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17			,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		'	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	ننا	تت ا
	(gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	7.3	`	<b>]</b> .
	filed for the calendar year ending with or within the year covered by this return			,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►	1	•	۾ ا
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<u></u>		نـــــا.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
	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		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			\ <b>.</b>
	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 contributions or gifts	i		
	were not tax deductible?	6b		<del>  </del>
7	Organizations that may receive deductible contributions under section 170(c).		1	<del></del>
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		$\vdash$
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		
	to file Form 8282?	7c	\$.	<del>                                     </del>
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		أنست
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		╁
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<del></del>
В	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>-/"-</del>		100
0	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	ļ
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	7.5		a
	Initiation fees and capital contributions included on Part VIII, line 12	ľ	ľ.	- '
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	ļ	٠ -	,
	Gross income from members or shareholders	1	٠.	. 7
	Gross income from other sources (Do not net amounts due or paid to other sources against	1	;	
_	amounts due or received from them.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. '4 ";	۰.	-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ. ~ .		1
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	-	7 (	* 24
	-			

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b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

13b

c Enter the amount of reserves on hand

organization is licensed to issue qualified health plans

Form 990 (2017) DIVISION 1-A DIRECTORS' ASSOCIATION 31-1237412 Page
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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	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 1b 18			
2	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?			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
	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?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, a		
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		
		 8a	x	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	OU		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
202	organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		
566	tion B. Folicies (This Section B requests information about policies not required by the internal nevertue code)		Yes	Nie
100	Did the eventuation have level shorters byseehee as offiliates?	10a	res	No X
	Did the organization have local chapters, branches, or affiliates?	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40h		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		X
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		İ	
40	In Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
15	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?		$\overline{\mathbf{x}}$	
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	Х	
	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		<u> </u>	
	taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		i	
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 540-364-8131			
	4147 OLD STOCKYARD RD , NO. STE F, MARSHALL, VA 20115			
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## 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 organizatio (A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	(do		Posi		than	one	Reportable	Reportable	Estimated
	hours per	ьох	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of other
	week		I			7, 11 0 0	,	from	from related	
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	50 00	ate e			Highest compensated employee		(W-2/1099-MISC)	(** 27 :000 111100)	organization
	organizations	truste	institutional trustee		yee	ш		(,,		and related
	below	lgng	reto l	ᡖ	Key employee	est co	JĘŁ			organizations
	line)	a f	Instri	Officer	Key	돌	Former			
(1) TOM BOWEN	2.00					1			_	_
MEMBER SERVICES COMMITTEE CHAIR		X						0.	0.	0.
(2) STAN WILCOX	2.00									_
DIRECTOR		X						0.	0.	0.
(3) JIM PHILLIPS	2.00									
COMMUNICATIONS COMMITTEE CHAIR		X						0.	0.	0.
(4) CHRIS PLONSKY	2.00									
DIRECTOR	- · · · · ·	X						0.	0.	0.
(5) CHRIS MASSARO	2.00									. =
DIRECTOR		Х						0.	0.	0.
(6) JOEL NIELSEN	2.00									
DIRECTOR		X						0.	0.	0.
(7) DOUG KNUTH	2.00									
DIRECTOR		X						0.	0.	0.
(8) RICK GEORGE	2.00									
CHAIRMAN		X						0.	0.	0.
(9) SCOTT WOODWARD	2.00			-						
2ND VICE CHAIRMAN		Х						0.	0.	0.
(10) JEREMY MCCLAIN	2.00									
DIRECTOR		X						0.	0.	0.
(11) BERNARD MUIR	2.00									
DIRECTOR		X						0.	0.	0.
(12) DAN RADAKOVICH	2.00	Г								
FINANCE CHAIRMAN		X						0.	0.	0.
(13) JACK SWARBRICK	2.00									
IMMEDIATE PAST CHAIRMAN		Х						0.	0.	0.
(14) ROB MULLENS	2.00									
DIRECTOR		X						0.	0.	0.
(15) JENNIFER COHEN	2.00					Π				-
DIRECTOR		Х						0.	0.	0.
(16) BUBBA CUNNINGHAM	2.00					Г				
NACDA PRESIDENT		X			Ì			0.	0.	0.
(17) OLIVER LUCK	2.00					Г		-		
DIRECTOR		X						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus		ploy	ye <u>es</u>			ighe	st (				
(A)	(B)			•	<b>(C)</b> Position			(D)	(E)		(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable		Estimated
	hours per week		k, unle icer ar						compensation from related	1	amount of other
	(list any	Ē			Π			the	organizations		compensation
	hours for	direc	ļ	ļ	ļ	25		organization	(W-2/1099-MIS		from the
	related	ee or	stee			Safe		(W-2/1099-MISC)	`	<i>'</i>	organization
	organizations	E	la tr		e e	E .					and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensate employee	崑			ļ	organizations
(18) BOB VECCHIONE	2.00	Ĕ	Ĕ	5	<u>5</u> .	호	2	<u> </u>		$\dashv$	<del></del>
DIRECTOR	2.00	x	1	l	l		ł	0.		0.	0.
(19) THOMAS MCMILLEN	40.00			$\vdash$		t	H			+	
СЕО		1		x		l		400,040.		0.	30,000.
(20) MIKE BRIGANTE	40.00								* * -		
VP FINANCE		<u> </u>		X	<u> </u>			102,542.		0.	2,500.
(21) BILL YATES	35.00	1	ļ	٠,,				44 020		,	0
OFFICER	<u> </u>			Х	_	├		44,039.		0.	0.
		1									
	<del></del>	╁	┢	-	-			<del> </del>		$\dashv$	
	<b></b>	1			l					ł	
										$\exists$	
		<u> </u>				L					
		ļ						<del></del>			
	<u> </u>										
1b Sub-total	<u></u>	L			l	<u> </u>	_	546,621.		0.	32,500.
c Total from continuation sheets to Part V	II Section A							0.		<del>ŏ.</del>	0.
d Total (add lines 1b and 1c)	ii, Section A					ı		546,621.		<del>0.</del> 1	32,500.
Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	no re	<del></del>	,000 of reportable		<u> </u>
compensation from the organization											2
											Yes No
3 Did the organization list any former officer,			e, ke	y en	npio	yee,	or	highest compensated ei	mployee on		النبين المسانية
line 1a? If "Yes," complete Schedule J for s	uch individual									Ļ	3 X
4 For any individual listed on line 1a, is the su									the organization	.	لـــا ـــا
and related organizations greater than \$15										-	4 X
5 Did any person listed on line 1a receive or a	•				-		elat	ted organization or indivi	dual for services	ì	5 X
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaui	e J i	or st	icn j	pers	ion			***		5   X
Complete this table for your five highest co	mpensated inc	dene	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of comp	ensa	ition from
the organization. Report compensation for											
(A)						-		(B)			(C)
Name and business	address	NO	ONE	<u> </u>			$\downarrow$	Description of s	ervices	Cc	mpensation
							-		ļ		
							-	<del></del>			· <del></del>
<del></del>	·						$\dashv$				
				·			7				
							_				
		_									
	<del></del>									<del> </del>	
2 Total number of independent contractors (i		ot Iır	mite	d to	thos		ted	above) who received m	ore than	٠. د گرک	
\$100,000 of compensation from the organia	zation >									<u></u>	orm <b>990</b> (2017)
										T	UIII 939 (2017)

15 /4 .	1	Check if Schedule O cont	laine a resnonse	or note to any lu	ne in this Part VIII		•	
			ains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ifts, Grants ar Amounts	b	Federated campaigns     Membership dues     Fundraising events     Related organizations	1a 1b 1 ,	067,500.	A Company			
Contributions, Gifts, Grants and Other Similar Amounts	e	e Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	tions) 1e					
Cont	٠ -	Noncash contributions included in lines  Total. Add lines 1a-1f	3 1a-1f \$	<u> </u>	1,067,500.			
ervice Je	2 a	)	EETINGS	Business Code	243,300.	243,300.		
Program Service Revenue	c e	i						
ፈ	f	All other program service reverse Total. Add lines 2a-2f	enue		243,300.			
	3	Investment income (including other similar amounts) Income from investment of ta	•	•	225.	100		225.
	5	Royalties .	(i) Real	(ii) Personal				
	b	Gross rents Less rental expenses Rental income or (loss)						
	7 a	Net rental income or (loss)     Gross amount from sales of assets other than inventory     Less cost or other basis	(i) Securities	(ii) Other				
	C	and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of	, , , , , , , , , , , , , , , , , , ,				
Other	С	Less direct expenses     Net income or (loss) from fund     Gross income from gaming ac	<b>b</b> draising events	<b></b>				
	b	Part IV, line 19 Less direct expenses Net income or (loss) from gan	· a					
	10 a	Gross sales of inventory, less and allowances Less cost of goods sold						
	11 a	Net income or (loss) from sale Miscellaneous Revenu		Business Code				2037230
	b					,		
	e 12	• Total. Add lines 11a-11d  Total revenue. See instructions.		<b>&gt;</b>	1,311,025.	243,300.	0.	225.

Form 990 (2017) DIVISION 1-A
Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must c	omplete column (A)	
	Check if Schedule O contains a respon		this Part IX	· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				4 4
	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			,	3 = 1
	individuals. See Part IV, lines 15 and 16				34 <del>44</del> 9
4	Benefits paid to or for members				<u>.                                    </u>
5	Compensation of current officers, directors, trustees, and key employees	579,121.	579,121.		
6	Compensation not included above, to disqualified	3,3,222	0.0,00	-	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	56,791.	56,791.		
8	Pension plan accruals and contributions (include	·			
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	28,967.	28,967.		
11	Fees for services (non-employees)				
а	Management				
b	Legal	14,984.	14,984.		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		No. of the second	1,	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	100 004	102 024		
	column (A) amount, list line 11g expenses on Sch O.)	103,934.	103,934.		
12	Advertising and promotion	24 020	34,939.		
13	Office expenses	34,939.	34,939.		
14	Information technology				
15	Royalties	23,041.	23,041.		
16	Occupancy	65,608.	65,608.		<u> </u>
17	Travel	03,000.	03,000.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	263,307.	263,307.		
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,731.	21,731.		
23	Insurance	·	· ·		
24	Other expenses. Itemize expenses not covered				4' ,
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	•			6.5
	amount, list line 24e expenses on Schedule 0.)		*	P	
а	BANK AND PAYROLL SERVIC	11,682.	11,682.		<u></u>
b	TELEPHONE	5,385.	5,385.		
С					
d					
е	All other expenses		4 600 406		
25	Total functional expenses. Add lines 1 through 24e	1,209,490.	1,209,490.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				l

ŀРа	rt X	Balance Sheet		<del></del>		
	<u> </u>	Check if Schedule O contains a response or not	e to any line in this Part X	<del>                                     </del>		
				(A) Beginning of year	1	(B) End of year
	<del></del>			l	ــــــ	
	1	Cash - non-interest-bearing	678,460.	1	794,035	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3	47 420	
	4	Accounts receivable, net	a base a many design of the con-	4	47,439	
	5	Loans and other receivables from current and for		200		
		trustees, key employees, and highest compensa	ated employees. Complete	2.4		
		Part II of Schedule L	manufactures for the property reproductive to the	5	· back the propositions a service as acres a	
	6	Loans and other receivables from other disquali		K.		
		section 4958(f)(1)), persons described in section			1	
		employers and sponsoring organizations of sect		Track to the control		PART - TOTAL T
Assets	١.	employees' beneficiary organizations (see instr).		6		
Ass	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use			8	12 076
	9	Prepaid expenses and deferred charges		a manage of a management of the second	9	12,076
	10a	Land, buildings, and equipment cost or other	00.740		1	
		basis Complete Part VI of Schedule D	10a 82,748.		100	C1 017
	1 .	Less accumulated depreciation	10b 21,731.	35,868.	10c	61,017.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	714 220	15_	014 567	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	714,328.	16	914,567. 16,905.
	17	Accounts payable and accrued expenses	4,002.	17	10,303.	
	18	Grants payable			18	577,500.
	19	Deferred revenue			19	377,300.
	20	Tax-exempt bond liabilities		ļ	20	
	21	Escrow or custodial account liability Complete F		Proposition of the first of the state of the	21	ME PATAMENTE SACREY! A 199 WA
ties	22	Loans and other payables to current and former			1	
Liabilities		key employees, highest compensated employee	s, and disqualified persons.		200	
Ľ.		Complete Part II of Schedule L	And Moud and a		22	
	23	Secured mortgages and notes payable to unrela		<u> </u>	23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines Schedule D	17-24). Complete Part X of	1,099.	25	0.
	26			5,701.	26	594,405.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)	shock hare X and	And a second second second second of	20	U. WENDEL PROPERTY OF
G		complete lines 27 through 29, and lines 33 and				The second of
č	27	Unrestricted net assets	u 54.	708,627.	27	320,162.
alar	28	Temporarily restricted net assets		700,02.0	28	020,2020
ĕ	29	Permanently restricted net assets		<del></del>	29	
Ĕ	23	Organizations that do not follow SFAS 117 (A	SC 958) check here	Secretary Transport	23 Th	Reserve the second of the
F L		and complete lines 30 through 34.	THE PROPERTY OF			
ts c	30	Capital stock or trust principal, or current funds		TATE OF THE STATE	30	THE COLUMN TWO AND ADDRESS OF THE COLUMN TWO
SSe	31	Paid-in or capital surplus, or land, building, or eq	unment fund	<del></del>	31	<del></del>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			32	<del></del>
Se	33	Total net assets or fund balances	Joine, or other fallus	708,627.	33	320,162.
	34			714,328.	34	914,567.
	<u> </u>	Total liabilities and net assets/fund balances		,11,0200	5	711,007.

Form 990 (2017)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

review, or compilation of its financial statements and selection of an independent accountant?

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

2c

За

Act and OMB Circular A-133?

## SCHEDULE C

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

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

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

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

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

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

•	Section 501	1(c)(4), (5), or (6) organiza	tions: Complete Part III				
	ne of organi		tions complete rait in.			Emple	over identification number
	.o o. o.ga		N 1-A DIRECTORS'	ASSOCTATIO	N	•	31-1239472
Pa	rt I-A	Complete if the ord	ganization is exempt und	er section 501(c)	or is a section 5	27 o	
<u></u>		- The contract of the contract	Janization to exempt and	201 00011011 00 1(0)			<u> </u>
_	D	J		and narrangement and writing i	un Dort IV		
			zation's direct and indirect politic	cai campaign activities i	in Part IV.	•	
		impaign activity expendit				<b>&gt;</b> \$	
3	Volunteer	hours for political campa	ign activities				
Pa	rt I-B	Complete if the org	ganization is exempt und	der section 501(c)	(3).		
1	Enter the a	amount of any excise tax	incurred by the organization un-	der section 4955		▶ \$	
2	Enter the a	amount of any excise tax	incurred by organization manag	ers under section 4955	i	▶ \$	
3	If the orga	nization incurred a section	in 4955 tax, did it file Form 4720	for this year?			Yes No
4a	Was a con	rection made?					Yes No
þ	If "Yes," de	escribe in Part IV.					
Pa	rt I-C	Complete if the org	janization is exempt und	der section 501(c),	except section		
1	Enter the a	amount directly expended	d by the filing organization for se	ection 527 exempt funct	tion activities	▶ \$	
2	Enter the a	amount of the filing organ	ization's funds contributed to of	ther organizations for se	ection 527		
	exempt fur	nction activities				▶\$	
3	Total exem	npt function expenditures	s. Add lines 1 and 2 Enter here a	and on Form 1120-POL	•		
	line 17b					▶\$	
4	Did the filir	ng organization file Form	1120-POL for this year?				Yes No
5	Enter the r	names, addresses and er	nployer identification number (E	IN) of all section 527 po	olitical organizations to	o whic	h the filing organization
			tion listed, enter the amount pa				
	contributio	ns received that were pr	omptly and directly delivered to	a separate political orga	anization, such as a s	epara	te segregated fund or a
	political ac	tion committee (PAC). If	additional space is needed, pro	vide information in Part	IV.		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid t	rom	(e) Amount of political
		(-)	(4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	\-, -	filing organizatio		contributions received and
					funds. If none, ent	er -0	promptly and directly
							delivered to a separate political organization
							If none, enter -0
		<del></del>					
					-		
		<del> </del>					

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990 EZ) 2017  Partill-A' Complete if the or section 501(h)).					239472 Page 2 ection under
	ation belongs to an aff	ılıated group (and list ii	n Part IV each affiliated	d group member's nam	e, address, EIN,
	are of excess lobbying	expenditures).			
B Check ► if the filing organiz	ation checked box A a	nd "limited control" pr	ovisions apply.	<u> </u>	<u>г</u>
	its on Lobbying Expe iditures" means amou		)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion (	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to inf	luence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and 1b)				
d Other exempt purpose expenditu				<del></del>	
e Total exempt purpose expenditur	•	•			
f Lobbying nontaxable amount. En				DOMESTIC OF ALL WAS NOT A	2. Machine course to a material
If the amount on line 1e, column (a)		bying nontaxable am			4 A A A A A A A A A A A A A A A A A A A
Not over \$500,000		the amount on line 1e			
Over \$1,000,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1, Over \$1,500,000 but not over \$17		00 plus 10% of the exc 00 plus 5% of the exce			
Over \$17,000,000	\$1,000,		:55 0ver \$1,500,000.		
Over \$17,000,000	<u> </u>	000.		20 12 1	
g Grassroots nontaxable amount (e	nter 25% of line 1f)	<del> </del>	<del></del>	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	478 2 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
h Subtract line 1g from line 1a. If ze	•				
i Subtract line 1f from line 1c. If zer					
j If there is an amount other than ze	-	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?	·			Yes No
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d</b> ) 2017	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount	THE DESCRIPTION	1377分别型	2012年1112	是是多数	
(150% of line 2a, column(e))		DALT'S MANAGE	The season of th		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	1000 (A. M. A. M. M. M.	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Managara Denga	<b>专用的特别的</b>	
(150% of line 2d, column (e))	書名の表記	<b>经上海</b>		的特理和通	
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

## 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)).

		1			<u>-\</u>
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity.	Yes	No		o) ount
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.  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?	<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Other activities?				
j	Total. Add lines 1c through 1i	为有种的	ST.		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>		THE REAL PROPERTY.	STATE OF
þ	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1 45. 45.	<b>经产生</b>		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from tt.lll-B Complete if the organization is exempt under section 501(c)(4), section 501	the prior yea	r? 3	otion	X
i,ui	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1	1,06	7,500.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	is in		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information		-		
⊃rovi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	p list); Part II	-A, lines 1 a	and 2 (see	
nstru	ictions), and Part II·B, line 1. Also, complete this part for any additional information.				

## **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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

A DIDECTOR I ACCOCTATION

Employer identification number 31 – 1 2 3 9 4 7 2

Pa	rt I Organizations Maintaining Donor Advise		or Accounts Complete if the
<u> </u>	<del></del> _		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o.  (a) Donor advised funds	(b) Funds and other accounts
	To be a second of	(a) Donor advised failes	(b) I dilds and other accounts
1	Total number at end of year	- · · · · · · · · · · · · · · · · · · ·	
2	Aggregate value of contributions to (during year)		···
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	
	are the organization's property, subject to the organization's	exclusive legal control?	└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
ď		, .	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the or	<del></del>
•	year >	outout, oximigatoriou, or torrimated by the or	gariization dariing the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U	Total and volunteer flours devoted to monitoring, inspecting,	manding of violations, and emorcing conser	valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n assamants during the year
•	\$\int\text{S}\$	ming of violations, and emorcing conservation	ri easements during the year
8	Does each conservation easement reported on line 2(d) abov	a catacity the requirements of section 170/h)/	(A)(D)(3)
0		e satisfy the requirements of section 17 office	Yes No
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	e organization's accounting for
Dai	conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or Othe	er Similar Assets
Га	<b></b> _ *	•	er Sillilar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS	*	
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement an	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, 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		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial ga	aın, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$
		······································	

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

•			
Schedule D (Form 990) 2017 DIVISION 1-1	A DIRECTORS'	ASSOCIATION	31-1239472 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1) Financial derivatives		<u> </u>	
(2) Closely-held equity interests			·
(3) Other		<u> </u>	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	<u></u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		CANADA MARINE SERVICE	FACTOR WAS NOT THE STATE OF THE
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, III	ne 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)	<del></del>		
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	IN HER TO SERVED TO SERVED TO A	THE PARTIES POR LE
Part IX' Other Assets.		THE COURT OF THE PARTY OF THE P	As a programment and programme
Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11d. See Form 990. Part X. lu	ne 15.
	Description	, , , , , , , , , , , , , , , , , , ,	(b) Book value
(1)		<del></del>	
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)	<del></del>	<del></del>	
(4)		<del></del>	
(5)	<del></del>	<del></del>	
(6)			
(7)	<del></del>	·	
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		
Part X Other Liabilities	10)		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25.)	<b>&gt;</b>	

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 X

Part XIII Supplemental Information.

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE SOCIETY TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY IF IT IS MORE LIKELY THAN NOT THAT UNCERTAIN TAX POSITIONS TAKEN WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE SOCIETY HAS ANALYZED TAX POSITIONS TAKEN AND HAS CONCLUDED THAT, AS OF DECEMBER 31,2017, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE SOCIETY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIOD IN PROGRESS.TAX RETURNS ARE GENERALLY SUBJECT TO AUDIT FOR THREE YEARS.

732054 10-09-17

Schedule D (Form 990) 2017	DIVISION 1-A	DIRECTORS'	ASSOCIATION	<u>31-1239472</u>	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Info	rmation (continued)			<del></del>	
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## SCHEDULĘ 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.

2017 Open to Publication

OMB No 1545-0047

Name of the organization

Part I: Questions Regarding Compensation

Department of the Treasury

DIVISION 1-A DIRECTORS' ASSOCIATION

Employer identification number 31-1239472

			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,		3.6	1,0
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		110	1
	First-class or charter travel  Housing allowance or residence for personal use	75.0	9.7	
	Travel for companions Payments for business use of personal residence	23	5 13	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	18.30	C Sh	YE.
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)		0.2	2 44
		3.5	1	A.D
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	37.15	- 3	1
	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,			, 67° 2
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		10.0	J. 11.4	200
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	19.95		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	2.5		17. ·
	establish compensation of the CEO/Executive Director, but explain in Part III.		7	- 4
	Compensation committee Written employment contract	22 10		1
	Independent compensation consultant Compensation survey or study	£ 500	0	
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Tom Good of other organizations		2.5	
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		1	
а	Receive a severance payment or change-of-control payment?	4a		X
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
		4c		X
·	Participate in, or receive payment from, an equity-based compensation arrangement?	533.53	<u>्य शक्ष</u>	1303
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	£ 25.	30	43.
	Only position 504/5/(2) 504/5/(4) and 504/5/(00) supplies tions must complete lines 5.0	1	12	
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		4	
J	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	₫ņ=	(C)	18
_	contingent on the revenues of.	المتنسط	92.	والمعسنة
	The organization?  Any related organization?	5a 5b		
U	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III	50 t 7	₹. £1	1
^	·		1	3 (2)
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		2 6	激素
	contingent on the net earnings of	تتشت	عنف	الاستاد
	The organization?	6a		
b	Any related organization?	6b > Q ⊴∜		P* 1
_	If "Yes" on line 6a or 6b, describe in Part III		er je	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	إنكنا	A. * ***	<u> </u>
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		. <b></b>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	190 7	<u> </u>	
	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		7 5 1	3
	Regulations section 53.4958-6(c)?	9		

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(y)(B)	ın column (B) reported as deferred on prior Form 990
(1) THOMAS MCMILLEN	Ξ	400,040.	0	0	0	30,000.	430,040.	0
	<b>E</b>	0	0	0	0	0	0	0
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## **SCHEDULE 0**

(Form 990 or 990-EZ)

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 990-EZ.

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

2017
Open to Public
Inspection

Name of the organization

DIVISION 1-A DIRECTORS' ASSOCIATION

Employer identification number 31-1239472

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEEDS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS BEFORE
FILING.
FORM 990, PART VI, SECTION B, LINE 15:
THERE IS A REVIEW PROCESS BY WHICH THE ORGANIZATION'S OFFICER'S AND KEY
EMPLOYEES' WAGES ARE APPROVED. THEY USE COMPARABLE DATA IN ORDER TO
DETERMINE APPROPRIATE COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST.
FORM 990, PART XII, LINE 2C
THE BOARD OF DIRECTORS' PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT
HAS NOT CHANGED.