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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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the **2009** calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type
 See Specific Instructions

C Name of organization
ASSOCIATION OF OLD CROWS - EDUCATIONAL FOUNDATION - CHAPTERS
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1000 NORTH PAYNE STREET
 City or town, state or country, and ZIP + 4
ALEXANDRIA, VA 22314-1696

D Employer identification number
54-1520328

E Telephone number
703-549-1600

G Gross receipts \$ **377,416.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number **▶ 3235**

I Tax-exempt status: 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527

J Website: **▶ N/A**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1964** **M** State of legal domicile: **DC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **EACH CHAPTER PROVIDES AWARDS AND SCHOLARSHIPS TO QUALIFIED MEMBERS AND THEIR FAMILIES.**

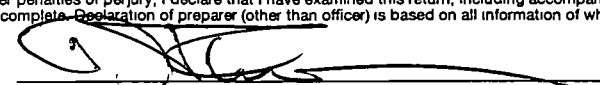
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of employees (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross 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.

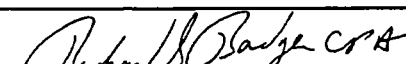
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	274,285.	247,935.
9 Program service revenue (Part VIII, line 2g)	128,150.	124,756.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<73,136.>	<74,147.>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	329,299.	298,544.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	160,577.	171,110.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	106,598.	79,495.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	267,175.	250,605.
19 Revenue less expenses. Subtract line 18 from line 12	62,124.	47,939.
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	753,824.	743,144.
22 Net assets or fund balances. Subtract line 21 from line 20	753,824.	743,144.

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.

Sign Here  **09/09/2010**
 Signature of officer Date
DONALD RICHETTI, EXECUTIVE DIRECTOR AOC
 Type or print name and title

Paid Preparer's Use Only

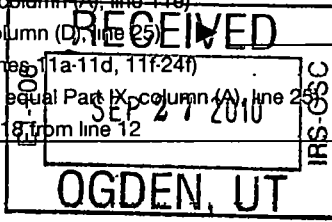
Preparer's signature  Date **08/18/10** Check if self-employed Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 **BADGER, SUMRALL & CO., PC**
302 MAPLE AVENUE WEST, STE 6
VIENNA, VIRGINIA 22180

EIN **▶** Phone no. **▶ 703-938-7088**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED OCT 04 2010



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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: **NONE**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **250,605.** including grants of \$) (Revenue \$)
EACH EDUCATIONAL FOUNDATION CHAPTER PROVIDES AWARDS AND SCHOLARSHIPS TO QUALIFIED RECIPIENTS

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ **250,605.**

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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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> • 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? <i>If "Yes," complete Schedule D, Part VIII.</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			19
b	Enter the number of voting members that are independent		
1b			19
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
12c			
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	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 taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ASSOCIATION OF OLD CROWS - 703-549-1600
ALEXANDRIA, VA 22314

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Part VIII Statement of Revenue						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	247,935.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		247,935.			
	Program Service Revenue	2 a FOUNDATION ACTIVITIES	Business Code 541900	124,756.	124,756.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			124,756.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,725.		4,725.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses	78,872.			
		c Gain or (loss)	<78872.>			
	d Net gain or (loss)		<78,872.>	<78,872.>		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		298,544.	45,884.	0.	4,725.	

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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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	171,110.	171,110.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EDUCATIONAL SEMINARS	55,778.	55,778.		
b OPERATIONS	23,717.	23,717.		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	250,605.	250,605.	0.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	753,824.	2	743,144.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	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 line 34)	753,824.	16	743,144.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	753,824.	27	743,144.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	753,824.	33	743,144.	
34 Total liabilities and net assets/fund balances	753,824.	34	743,144.	

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Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? ...		X
b Were the organization's financial statements audited by an independent accountant?		X
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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 Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name of the organization **ASSOCIATION OF OLD CROWS - EDUCATIONAL FOUNDATION - CHAPTERS** Employer identification number **54-1520328**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

ASSOCIATION OF OLD CROWS - EDUCATIONAL

Schedule A (Form 990 or 990-EZ) 2009

FOUNDATION - CHAPTERS

54-1520328 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,587.	101,193.	194,111.	402,435.	372,691.	1,119,017.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	48,587.	101,193.	194,111.	402,435.	372,691.	1,119,017.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						1,119,017.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	48,587.	101,193.	194,111.	402,435.	372,691.	1,119,017.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,650.	43,639.	23,898.	5,736.	4,725.	83,648.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,650.	43,639.	23,898.	5,736.	4,725.	83,648.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	106,762.	114,311.				221,073.
13 Total support (Add lines 9, 10c, 11, and 12)	160,999.	259,143.	218,009.	408,171.	377,416.	1,423,738.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	78.60 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	65.61 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	5.88 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	8.50 %

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047
2009
Open to Public
Inspection

Name of the organization **ASSOCIATION OF OLD CROWS - EDUCATIONAL
FOUNDATION - CHAPTERS** Employer identification number
54-1520328

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED SCHEDULE # B			171,110.	0.			

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

**ASSOCIATION OF OLD CROWS - EDUCATIONAL
FOUNDATION - CHAPTERS**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

**ASSOCIATION OF OLD CROWS - EDUCATIONAL
FOUNDATION - CHAPTERS**

Employer identification number

54-1520328

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BEFORE IT IS
SIGNED BY EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND OTHER
INFORMATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**ASSOCIATION OF OLD CROWS - EDUCATIONAL
FOUNDATION - CHAPTERS**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

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

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 other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer 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) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



Association of Old Crows

2009 Board of Directors

1000 North Payne Street
Alexandria, VA 22314

	Term	Name	Telephone	Ext	Cell Phone	E-Mail
Executive Committee						
President	2009	Kermit Quick	(703) 588-1917		(703) 399-1914	keq@cox.net
V Pres	2009	Christopher Glaze	(843) 725-3941		(843) 327-1449	christopher.l.glaze@l-3com.com
Secretary	2009	Judith Westerheide	(937) 431-1644	101	(937) 532-3555	jwest@dramail.com
Treasurer	2008	Kenneth Parks	(757) 478-5456		(757) 515-2119	ken.parks@itt.com
At Large Directors						
At Large	2009	Matthew Smith-Meck	(815) 444-9946		(815) 575-6950	smithmec@earthlink.net
At Large	2009	Scott Martin	(808) 477-8272		(319) 389-5519	scootrea6@aol.com
At Large	2009	Linda Palmer	(256) 964-5239		(256) 777-8354	lpalmer@colsa.com
At Large	2010	Richard Morgan	(314) 232-5104			richard.j.morgan3@boeing.com
At Large	2010	David Hime	(937) 904-9847		(937) 671-5143	david.hime@wpafb.af.mil
At Large	2010	Kenneth Parks	(757) 478-5456		(757) 478-5456	ken.parks@itt.com
At Large	2011	Mick Riley	(478) 213-5262		(478) 213-5262	mriley@southernmarketing.com
At Large	2011	Buck Clemons	(256) 325-3283		(912) 659-0810	buckclemons@hotmail.com
At Large	2011	Steven Umbaugh	(937) 427-0255		(937) 532-4222	sumbaugh@nciinc.com
Immediate Past President						
Past Pres	2009	Walter Wolf	(603) 885-4183		(603) 540-9053	wolf@crows.org
Regional Directors						
Central	2009	Judith Westerheide	(937) 431-1644	101	(937) 532-3555	jwest@dramail.com
Mid-Atl	2009	Harvey Dahljelm	(703) 790-6329		(703) 628-8060	harvey.dahljelm@itt.com
No Pacific	2009	Joe Johnson	(360) 299-4503		(360) 391-8558	jjohnson@AEA-Inc.biz
So Pacific	2009	Vincent Battaglia	(949) 706-0836		(949) 887-9884	vincebattaglia@cox.net
Int'l I	2010	Rene Kaenzig	+41313243869		+41792512239	rene.kaenzig@vtg.admin.ch
Int'l II	2010	Gerry Whitford	+61 8 8480 7799		+61 419 520 232	gerry.whitford@baesystems.com
Southern	2011	Tim Freeman	(478) 327-8784		(478) 973-2861	tbfreeman@aol.com
Mtn-West	2011	Jesse Bourque	(210) 977-3754		(210) 324-1050	jujbork@yahoo.com
No East	2011	Nino Amoroso	(978) 902-7783		(978) 902-7783	sicilya@aol.com
Appointed Directors						
Appointed	2009	Mary Ann Tyszko	(315) 452-8301		(315) 383-1962	tyszko@srctecinc.com
Appointed	2009	Robert Giesler	(703) 676-6384			robert.j.giesler@saic.com
Appointed	2009					
Appointed	2009					
Headquarters Staff (703) 549-1400						
Executive Director		Don Richetti		215	(703) 582-4696	richetti@crows.org
Director, Operations		Norm Balchunas			(334) 462-4480	balchunas@crows.org
Director, Meeting Services		Shelley Frost		208	(703) 855-5630	frost@crows.org
Director, Conferences		Kent Barker		205	(703) 445-7798	barker@crows.org
Director, Education		Joel Harding		204	(703) 362-8582	harding@crows.org
Director, Gov't, Industry & Public Rel.		Ken Miller		206	(703) 869-8269	kmiller@crows.org
Director, Administration		Carole Vann		201		vann@crows.org
Director, Membership Operations		Glorianne O'Neilin		203	(571) 235-1365	oneilin@crows.org
Member/Chapter Support Manager		Tanya Miller		202	(202) 531-6211	tmiller@crows.org
Conference Manager		Jackie Kelly		207	(301) 275-7446	kelly@crows.org
Registrar		Jennifer Bahler		209	(703) 623-3036	bahler@crows.org
Marketing Manager		Stew Taylor		210	(540) 226-3517	taylor@crows.org
Member Services/Receptionist		NaTasha Miller		200		tmiller@crows.org
IT Manager		Justin O'Neilin		212	(703) 855-4696	joneilin@crows.org
Editor-in-Chief - JED		John Knowles			(978) 509-1450	knowles@crows.org

February 23, 2009

PROPRIETARY INFORMATION

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Educational Foundation Chapters - # 300228

ASSOCIATION OF OLD CROWS EDUCATIONAL FOUNDATION AOC EDUCATIONAL FOUNDATION CHAPTER FINANCIAL REPORTS

	BEG. BAL. 2009	NAT'L SUPPORT	CONTRIBU	INTEREST	OTHER	OPS	SCHOLAR AWARDS	OTHER	EOY BAL. 2009
Billy Mitchell	\$ 33,996	\$ -	\$ 8,445	\$ 69	\$ 5,551		\$ (14,451)	\$ (201)	\$ 33,409
Cabrillo Crows	\$ 1,921	\$ 1,073				\$ (26)	\$ (700)		\$ 2,268
Capitol Club	\$ 5,592			\$ 22	\$ 56		\$ (1,000)		\$ 4,670
Chesapeake Bay Ch	\$ 4,108		\$ 3,115		\$ 285	\$ (340)	\$ (6,400)	\$ (90)	\$ 677
Cochise Roost	\$ 161,724			\$ (42,487)			\$ (4,000)		\$ 115,237
Dallas Chapter	closed								\$ -
Dixie Crows Chapter	\$ 2,394	\$ 2,000	\$ 1,200		\$ 37,540		\$ (41,009)		\$ 2,125
Eglin Chapter	\$ 2,908	\$ 1,389		\$ 3			\$ (800)		\$ 3,500
Empire Chapter	\$ 1,169			\$ 9					\$ 1,177
Ft. Worth Chapt	\$ 100							\$ (100.00)	\$ -
Garden State Chapter	\$ 60,626		\$ 148,926		\$ (10,873)	\$ (40)	\$ (10,000)	\$ (574.35)	\$ 188,064
Gateway Roost Ch	\$ 5,215			\$ 0					\$ 5,215
Golden Gate Chapter	\$ 2,154				\$ 6	\$ (30)			\$ 2,130
Granite State Chpt	\$ 2,010		\$ 1,000	\$ 2		\$ (4)	\$ (1,000)		\$ 2,008
Independence Chapt	\$ 9,713			\$ 151			\$ (2,250)		\$ 7,614
Kiryhawk Chapter	\$ 34,411		\$ 8,197	\$ 438	\$ 12,165	\$ (3,603)	\$ (18,000)	\$ (6,389)	\$ 27,219
Metropolitan Chapter	\$ 51,683		\$ 13,550	\$ 78	\$ 39,827	\$ (17,050)	\$ (13,000)	\$ (19,826)	\$ 55,262
Mugu Chapter	\$ 7,533								\$ 7,533
Niagara Frontier Ch	\$ 17,485			\$ 565				\$ (3,589)	\$ 14,461
Patriots Roost	\$ 43,614		\$ 34,627	\$ 1,040	\$ 891		\$ (26,000)	\$ (10,309)	\$ 43,862
Peachtree Roost	\$ 2,167	\$ 1,000					\$ (1,000)		\$ 2,167
Pikes Peak Roost	\$ 6,155	ok							\$ 6,155
Powler Roost	\$ 86,934			\$ 2,161	\$ 23,548	\$ 29	\$ (4,000)	- 04	\$ 108,672
Querque Crows Cha	\$ 10,942								\$ 10,942
Santa Barbara Chapt	\$ 26				\$ 1,000				\$ 1,026
Silver State Chapter	\$ 2,806			7.08					\$ 2,813
Southwestern Crows	\$ 2,193	\$ 400	\$ 631	\$ 29	\$ 251	\$ (58)		\$ (251)	\$ 3,195
Strategic Roost	\$ 10,408		\$ 12,383	\$ 152		\$ (2,014)	\$ (9,500)	\$ (453)	\$ 10,977
Windy City Illini Ro	\$ 125,230		\$ 10,000	\$ (36,385)	\$ 14,509	\$ (581)	\$ (18,000)	\$ (13,996)	\$ 80,767
Total	\$ 695,206	\$ 5,862	\$ 242,073	\$ (74,147)	\$ 124,756	\$ (23,717)	\$ (171,110)	\$ (55,778)	\$ 743,144

2009 Scholarships

Prefix	First Name	Last Name	State/ Territory	Amount
SSG	Kenneth	Albury	GA	\$1,000.00
Ms.	Kayci	Alligood	GA	\$250.00
	Virgille	Arquisola	GA	\$1,000.00
Mr.	Clifton	Bell	GA	\$1,000.00
Mr.	Clinton	Blackburn	GA	\$1,000.00
Mr.	Nathan	Boehm	GA	\$250.00
Ms.	Salena	Boyd	GA	\$250.00
Mr.	Dathan	Boyd	GA	\$250.00
Mr.	Marcus	Bryant	GA	\$1,000.00
Ms.	Tammy	Bushnell	GA	\$250.00
Ms.	Molly	Butler	GA	\$250.00
Ms.	Sharon	Christian	GA	\$250.00
Mr.	Ken	Cofer	GA	\$250.00
Ms.	Katie	Cofer	GA	\$250.00
MS.	Crystal	Coley	GA	\$1,000.00
Mr.	Ricardo	Correia	GA	\$250.00
Mr.	Stephen	Coshatt	GA	\$250.00
Ms.	Michelle	Crockett	GA	\$250.00
Mr.	Darin	Crowley	GA	\$250.00
Mr.	Myron	Cuttrell	GA	\$250.00
	Devarshi	Desai	GA	\$250.00
Mr.	Clifford	Diaz	GA	\$250.00
Mr.	Josh	Dykes	GA	\$250.00
	Terry	Ellington	GA	\$250.00
Ms.	Laura	Epps	GA	\$1,000.00
Mr.	Lee	Farris	Ga	\$1,000.00
Ms.	Tina	Foskey	GA	\$250.00
Mr.	Cody	Fowler	GA	\$1,000.00
Mr.	James	Garner	GA	\$250.00
Mr.	Santiago	Goins	GA	\$250.00
Ms.	Jennifer	Goodwin	GA	\$250.00
Ms.	Chemeka	Gulley	GA	\$250.00
Mr.	Cody	Hall	GA	\$1,000.00
Mr.	James	Herring	GA	\$1,000.00
Mr.	Jacob	Hopkins	GA	\$1,000.00
Ms.	Julie	Horton	GA	\$250.00
	Jourdyn	Hunsaker	GA	\$1,000.00
Mr.	Dane	Kalejta	GA	\$1,000.00
Mr.	Harold	Kimball	GA	\$1,000.00
Mr.	Brian	Lee	GA	\$1,000.00
Ms.	Brandy	Lockett	GA	\$250.00
Mr.	Jason	Lucas	GA	\$1,000.00

Ms.	Alesha	McComb	GA	\$250.00
	Terri	McInvale	GA	\$250.00
Mr.	Mitch	Miller	GA	\$250.00
Ms.	Erika	Ostgaard	GA	\$250.00
Ms.	Andrea	Pinnell	GA	\$250.00
	Chase	Quinton	GA	\$1,000.00
Mr.	Joel	Revis	GA	\$1,000.00
Mr.	William	Rhoades	GA	\$250.00
Mr.	Richard	Rodriguez	GA	\$250.00
Mr.	Brad	Sanders	GA	\$250.00
Mr.	Joseph	Shone	GA	\$250.00
	Molex	Simeus	GA	\$250.00
Ms.	Cindy	Simon	GA	\$250.00
Mr.	Jonathan	Skoczylas	GA	\$1,000.00
Mr.	Ron	Smith	GA	\$250.00
Mr.	Lee	Stokes	GA	\$1,000.00
Mr.	Edgar	Stonecipher	GA	\$250.00
Mr.	Alger	Taylor	GA	\$250.00
Mr.	Bennett	Unsworth	GA	\$250.00
	Saranail	Velazquez	GA	\$250.00
Mr.	Vincent	Vinson	GA	\$1,000.00
Mr.	Michael	Walter	GA	\$1,000.00
Mr.	Michael	Watts	GA	\$1,000.00
Mr.	Wilshorz	Qilliams	GA	\$1,000.00
	Johnnie	Winn	GA	\$250.00
Ms.	Sondra	Wisenske	GA	\$250.00
Ms.	Desera	Wofford	GA	\$250.00
SrA	Scott	Floyd	PA	\$500.00
Mr.	Johnathan	Baker	PA	\$500.00
TSGT	Edward	Youmans	FL	\$300.00
SSGt	Steven	Lee	FL	\$200.00
Mr.	Luke	Gregory	NH	\$1,000.00
Mr.	Michael	Parter	PA	\$750.00
Ms.	Theresa	Henry	PA	\$750.00
Mr.	Nicholas	Forte	NY	\$3,750.00
Mr.	Russell	Kraner	Ny	\$3,250.00
	Yifan	Peng	NY	\$3,000.00
Mr.	Thomas	Wilson	CA	\$1,000.00
Mr.	Peter	Marshall	CA	\$1,000.00
Mr.	Brian	Miller	CA	\$1,000.00
Mr.	Nathan	Burke	NE	\$500.00
Mr.	David	Guthman	NE	\$500.00
Mr.	Jared	Svagera	NE	\$500.00
Mr.	Michale	Acierno	NE	\$500.00
Mr.	Steven	Baker	NE	\$500.00
MR.	MATthew	Muschall	NE	\$1,000.00
Mr.	Matthew	Fischer	NE	\$1,000.00

Mr.	Tyler	Beene	NE	\$1,000.00
Mr.	William	Barrett	NE	\$1,000.00
MS.	Kayla	Smith	NE	\$1,000.00
Mr.	David	Bailey	NE	\$500.00
Mr.	Robert	Dooling	NE	\$500.00
Mr.	Robert	Engdahl	NE	\$500.00
Mr.	Brett	Thompson	NE	\$500.00
Mr.	RObert	Schmid	NE	\$500.00
Mr.	Adam	Broton	IL	\$2,500.00
Mr.	Jeffreu	Chiles	IL	\$2,500.00
Mr.	Max	Irishfrazin	IL	\$2,500.00
Mr.	Benjamin	Goldberg	IL	\$2,500.00
Mr.	Matthew	Kormatz	IL	\$2,500.00
Mr.	Chris	Garby	IL	\$2,500.00
Mr.	Joshua	Hernandez	IL	\$2,500.00

ASSOCIATION OF OLD CROWS EDUCATIONAL FOUNDATION

AOC EDUCATIONAL FOUNDATION CHAPTER FINANCIAL REPORTS		INTEREST		OTHER		OPS		SCHOLAR AWARDS		OTHER		EOY BAL.				
BEG. BAL		NAT'L SUPPORT		CONTRIBU		NAT'L		CONTRIBU		INTEREST		OTHER		2009		
2009		SUPPORT		CONTRIBU		NAT'L		CONTRIBU		INTEREST		OTHER		2009		
Billy Mitchell	\$ 33,996	\$ -	\$ 8,445	\$ 69	\$ 5,551									\$ (14,451)	\$ (201)	\$ 33,409
Cabrillo Crows	\$ 1,921	\$ 1,073						\$ (26)	\$ (700)							\$ 2,268
Capitol Club	\$ 5,592							\$ 22	\$ 56					\$ (1,000)		\$ 4,670
Chesapeake Bay Ch	\$ 4,108		\$ 3,115		\$ 285			\$ (340)	\$ (6,400)					\$ (90)		\$ 677
Cochise Roost	\$ 161,724				\$ (42,487)				\$ (4,000)							\$ 115,237
Dallas Chapter	closed															\$ -
Divie Crows Chapte	\$ 2,394	\$ 2,000	\$ 1,200		\$ 37,540				\$ (41,009)							\$ 2,125
Eglin Chapter	\$ 2,908	\$ 1,389			\$ 3				\$ (800)							\$ 3,500
Empire Chapter	\$ 1,169				\$ 9											\$ 1,177
Ft Worth Chapt	\$ 100													\$ (100.00)		\$ -
Garden State Chaple	\$ 60,626		\$ 148,936		\$ (10,873)			\$ (40)	\$ (10,000)					\$ (574.35)		\$ 188,064
Gateway, Roost Ch	\$ 5,215							\$ 6	\$ (30)							\$ 5,215
Golden Gate Chapter	\$ 2,154							\$ (4)	\$ (1,000)							\$ 2,130
Granite State Chpt	\$ 2,010		\$ 1,000	\$ 2					\$ (2,250)							\$ 2,008
Independence Chapt	\$ 9,713			\$ 151					\$ (18,000)							\$ 7,614
Kittyhawk Chapter	\$ 34,411		\$ 8,197	\$ 438	\$ 12,165			\$ (3,603)	\$ (18,000)					\$ (6,389)		\$ 27,219
Metropolitan Chapte	\$ 51,683		\$ 13,550	\$ 78	\$ 39,827			\$ (17,050)	\$ (13,000)					\$ (19,826)		\$ 55,262
Mugu Chapter	\$ 7,533															\$ 7,533
Niagara Frontier Ch	\$ 17,485													\$ (3,589)		\$ 14,461
Patriots Roost	\$ 43,614		\$ 34,627	\$ 1,040	\$ 891				\$ (26,000)					\$ (10,309)		\$ 43,862
Peachtree Roost	\$ 2,167	\$ 1,000							\$ (1,000)							\$ 2,167
Pikes Peak Roost	\$ 6,155	ok														\$ 6,155
Prowler Roost	\$ 86,934			\$ 2,161	\$ 23,548			\$ 29	\$ (4,000)					\$ -04		\$ 108,672
Querque Crows Cha	\$ 10,942															\$ 10,942
Santa Barbara Chapl	\$ 26				\$ 1,000											\$ 1,026
Silver State Chapter	\$ 2,806															\$ 2,813
Southwestern Crows	\$ 2,193	\$ 400	\$ 631	\$ 29	\$ 251			\$ (58)						\$ (251)		\$ 3,195
Strategic Roost	\$ 10,408		\$ 12,383	\$ 152				\$ (2,014)	\$ (9,500)					\$ (453)		\$ 10,977
Windy City Illini Ro	\$ 125,220		\$ 10,000	\$ (36,385)	\$ 14,509			\$ (581)	\$ (18,000)					\$ (13,996)		\$ 80,767
Total	\$ 695,206	\$ 5,862	\$ 242,073	\$ (74,147)	\$ 124,756	\$ (24,717)	\$ (171,110)	\$ (55,778)	\$ 743,144							

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print	Name of Exempt Organization ASSOCIATION OF OLD CROWS - EDUCATIONAL FOUNDATION - CHAPTERS	Employer identification number 54-1520328
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 NORTH PAYNE STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314-1696	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ASSOCIATION OF OLD CROWS

• The books are in the care of **ALEXANDRIA, VA - 22314**

Telephone No. **703-549-1600**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **3235**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

WAITING FOR ADDITIONAL INFORMATION, IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **EXECUTIVE DIRECTOR AOC** Date

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization ASSOCIATION OF OLD CROWS - EDUCATIONAL FOUNDATION - CHAPTERS	Employer identification number 54-1520328
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 NORTH PAYNE STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. ALEXANDRIA, VA 22314-1696	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

ASSOCIATION OF OLD CROWS

- The books are in the care of ▶ **ALEXANDRIA, VA - 22314**
Telephone No ▶ **703-549-1600** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **3235** If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2009** or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization		Employer identification number
	ASSOCIATION OF OLD CROWS - EDUCATIONAL FOUNDATION - CHAPTERS		54-1520328
	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only
	1000 NORTH PAYNE STREET		
	City, town or post office, state, and ZIP code For a foreign address, see instructions.		
	ALEXANDRIA, VA 22314-1696		

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ASSOCIATION OF OLD CROWS

• The books are in the care of **ALEXANDRIA, VA - 22314**

Telephone No. **703-549-1600** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **3235**. If this is for the whole group, check this box . If it is for part of the group, check this box **X** and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

7 State in detail why you need the extension _____

WAITING FOR ADDITIONAL INFORMATION, IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Richard W. Sadge* Title *Principal* Date *8-9-10*