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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2008

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public  
Inspection

<b>A For the 2008 calendar year, or tax year beginning</b>		Oct 1	<b>, 2008, and ending</b>	Sep 30	<b>, 2009</b>
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
Address change	<b>Please use IRS label or print or type. See Specific Instructions.</b>	BOYS CLUB FUND OF THE OPTIMIST CLUB OF ARLINGTON CO. VA		54-6076330	
Name change		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
Initial return		4309 PLANTERS COURT			(703) 978-3815
Termination		City or town, state or country, and ZIP + 4			
Amended return		ANNANDALE		VA 22003-3740	<b>F Group Exemption Number</b>
Application pending					
<b>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>					
<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►					
<b>H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>					
<b>I Website:</b> ► N/A					
<b>J Organization type (check only one)</b> — <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return     </b>					
<b>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ</b> ► \$ 128,459.					

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	4,583.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	4,183.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	119,538.
	a Gross revenue (not including \$ 4,583. of contributions reported on line 1)	6b	67,013.
	b Less: direct expenses other than fundraising expenses	6c	52,525.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a		
7a Gross sales of inventory, less returns and allowances	7b		
b Less: cost of goods sold	7c		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	155.	
8 Other revenue (describe ► See Other Revenue Statement)	9	61,446.	
<b>9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)</b>			
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	50,989.
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Other Expenses Statement)	16	5,440.
	<b>17 Total expenses (add lines 10 through 16)</b>	17	56,429.
	<b>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</b>	18	5,017.
	<b>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</b>	19	373,093.
<b>20 Other changes in net assets or fund balances (attach explanation)</b>	20		
<b>21 Net assets or fund balances at end of year Combine lines 18 through 20</b>	21	378,110.	

<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ				
(See the instructions for Part II)				
ASSETS	<b>RECEIVED</b>	<b>(A) Beginning of year</b>	<b>(B) End of year</b>	
	22 Cash, savings, and investments	373,093.	22	378,110.
	23 Land and buildings 2010	0.	23	0.
	24 Other assets (describe ► )	0.	24	0.
	<b>25 Total assets</b>	373,093.	25	378,110.
	<b>26 Total liabilities (describe ► )</b>	0.	26	0.
	<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	373,093.	27	378,110.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)



## Part V | Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

	Yes	No
33		X
34		X
35a		X
35b		

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

37a	0.
37b	X
38a	X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or were** any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38b	
39a	
39b	

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations Enter:

39a	
39b	
40b	X

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_

40b	X
40c	
40d	
40e	X

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I

40c	
40d	
40e	X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40d	
40e	
40f	
40g	

	Yes	No
42b		X
42c		X

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42a The books are in care of ► LAWRENCE A. GAYDOS, M.D. Telephone no ► (703) 978-3815  
Located at ► 4309 PLANTERS COURT ANNANDALE VA ZIP + 4 22003

42b	
42c	

	Yes	No
42b		X
42c		X

	Yes	No
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43	□

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		X

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>NONE</u>				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of other independent contractors receiving over \$100,000 ►		

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.

<b>Sign Here</b>	<i>L. A. Gaydos, M.D., Treasurer</i> Signature of officer	<i>1/20/09</i> Date
	<i>L. A. GAYDOS, M.D., TREASURER</i> Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>[Signature]</i>	Date 11/24/09	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>Tax Matters Associates</i> ► <i>3601 N. Fairfax Dr.</i> ► <i>Arlington</i>	VA 22201	EIN ►	Phone no ► (703) 522-3828

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No

Form 990-EZ (2008)

**Supporting Statement of:**

Form 990-EZ/Line 4

Description	Amount
VA COMMERCE YOUTH FUND	164.
VA COMMERCE YOUTH FUND MM	2,614.
ALL OTHER INTEREST INCOME	1,405.
Total	<u>4,183.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6a

Description	Amount
CHRISTMAS TREE SALES	119,538.
Total	<u>119,538.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6b

Description	Amount
CHRISTMAS TREE EXPENSES	63,082.
OTHER CHRISTMAS TREE	3,931.
Total	<u>67,013.</u>

**Supporting Statement of:**

Form 990-EZ/Line 22, Column (B)

Description	Amount
FUND RAISING ACCOUNT	23,432.
YOUTH ACCOUNT	46,193.
GENERAL CHECKING ACCOUNT	16,121.
LPL FINANCIAL	74,939.
MEGA SAVINGS ACCOUNT	40,479.
VA COMMERCE BANK CHECKING ACCOUNT	100.
VA COMMERCE BANK CD	100,000.
WACHOVIA SMALL BUSINESS MONEY MKT	703.
WACHOVIA HIGH PERFORMANCE MONEY MKT	76,143.
Total	<u>378,110.</u>

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2008

**Open to Public  
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**Name of the organization**

**Employer identification number**

BOYS CLUB FUND OF THE OPTIMIST CLUB OF ARLINGTON CO. VA

54-6076330

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Check whether the organization raised funds through any of the following activities. Check all that apply

- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations
- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4- through 7 in column (d)				►
	9 Net income summary Combine lines 3 and 8 in column (d)				►

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				►

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain:

-----

YES	NO
9a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

-----

10a	

11 Does the organization operate gaming activities with nonmembers?

11	

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

12	

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility
- b** An outside facility

13a	%	YES	NO
13b	%		

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address: ► \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c** If 'Yes,' enter name and address

Name. ► \_\_\_\_\_

Address. ► \_\_\_\_\_

**16** Gaming manager information

Name. ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided: ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► \$ \_\_\_\_\_

15a		
17a		

Depreciation and Amortization  
(Including Information on Listed Property)

2008

Name(s) shown on return

BOYS CLUB FUND OF THE OPTIMIST CLUB OF ARLINGTON CO. VA

Business or activity to which this form relates

Form 990 / Form 990EZ

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A			
17 MACRS deductions for assets placed in service in tax years beginning before 2008	17		47.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here			

## Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

## Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

## Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	47.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

24a Do you have evidence to support the business/investment use claimed?									<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost					
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									25				
26 Property used more than 50% in a qualified business use:													
27 Property used 50% or less in a qualified business use:													
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1									28				
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1									29				

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) <b>31</b> Total commuting miles driven during the year <b>32</b> Total other personal (noncommuting) miles driven <b>33</b> Total miles driven during the year Add lines 30 through 32 <b>34</b> Was the vehicle available for personal use during off-duty hours? <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? <b>36</b> Is another vehicle available for personal use?	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners <b>39</b> Do you treat all use of vehicles by employees as personal use? <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) <i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles</i>	<b>Yes</b>	<b>No</b>

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year					
44 Total. Add amounts in column (f) See the instructions for where to report					
					43
					44

Form 990-EZ, Part I, Line 8  
**Other Revenue Statement**

Other revenue (describe)	
BANK REFUND	5.
BANK ERROR	150.
Total	<u>155.</u>

Form 990-EZ, Part I, Line 16  
**Other Expenses Statement**

Other expenses (describe)	
ARLINGTON PEDIATRIC CENTER	3,500.
BANK SERVICE CHARGE	5.
CORPORATE REGISTRATION FEE	25.
MISCL. EXPENSE	250.
TAX PREP.	1,600.
POSTAGE	13.
Depreciation	47.
Total	<u>5,440.</u>

Form 990-EZ, Page 2, Part IV  
**List of Officers, Directors, Trustees, & Key Employees Stmt**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SUZANNE GARTNER 3420 N. GEORGE MASON DRIVE ARLINGTON VA 22207	Title DIRECTOR Hours/Week 5.00	0.	0.	
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WILLIAM SWANSON 609 ALMA STREET VIENNA VA 22180	Title DIRECTOR Hours/Week 5.00	0.	0.	
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> GREGORY CLOUGH 4121 34TH. ROAD NORTH ARLINGTON VA 22207	Title DIRECTOR Hours/Week 5.00	0.	0.	
Foreign city _____ Foreign country _____				

Form 990-EZ, Page 2, Part IV

Continued

## List of Officers, Directors, Trustees, &amp; Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>TRICIA O'HARA</u> <u>2911 S COLUMBUS STREET</u> <u>ARLINGTON</u> <u>VA</u> <u>22206</u>	Title DIRECTOR	0.	0.	
Foreign city _____ Foreign country _____	Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>RICHARD KNIGHT</u> <u>4013 N STUART STREET</u> <u>ARLINGTON</u> <u>VA</u> <u>22007</u>	Title DIRECTOR	0.	0.	
Foreign city _____ Foreign country _____	Hours/Week 5.00	0.	0.	

**Supporting Statement of:****Form 990-EZ/Other Program Service Exp**

Description	Amount
YOUTH ESSAY CONTEST	1,175.
YOUTH ORATORICAL CONTEST	2,663.
YOUTH BASKETBALL CAMP	620.
YOUTH GRADUATION NIGHT PARTY	750.
YOUTH CHRISTMAS BREAKFAST	1,469.
YOUTH HOCKEY PROGRAM	5,000.
YOUTH JUNIOR GOLF	100.
SCHOLARSHIP PROGRAM	20,875.
YOUTH COACH NIGHT	987.
Total	<u>33,639.</u>