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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations 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

A For the 2008 calendar year, or tax year beginning Oct 1 , 2008, **and ending** Sep 30 , 2009

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

C Name of organization
BOYS CLUB FUND OF THE OPTIMIST CLUB OF ARLINGTON CO. VA
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
4309 PLANTERS COURT
 City or town, state or country, and ZIP + 4
ANNANDALE VA 22003-3740

D Employer identification number
54-6076330

E Telephone number
(703) 978-3815

F Group Exemption Number ►

G Accounting method ☒ Cash ☐ Accrual
 Other (specify) ►

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► **N/A**

J Organization type (check only one) — ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ 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.

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 ► \$ **128,459.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

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	
5b	Less: cost or other basis and sales expenses	5b	
5c	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	Gross revenue (not including \$ 4,583. of contributions reported on line 1)	6a	119,538.
6b	Less: direct expenses other than fundraising expenses	6b	67,013.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	52,525.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ► See Other Revenue Statement)	8	155.
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	61,446.
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.
17	Total expenses (add lines 10 through 16)	17	56,429.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,017.
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)	19	373,093.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	378,110.

Part II Balance Sheets. 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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	373,093.	378,110.
23 Land and buildings	0.	0.
24 Other assets (describe ►)	0.	0.
25 Total assets	373,093.	378,110.
26 Total liabilities (describe ►)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	373,093.	378,110.

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

Form 990-EZ (2008)

950

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**

What is the organization's primary exempt purpose? **TO PROMOTE YOUTH ATHLETIC, SCHOLARSHIP,**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	YOUTH BASEBALL		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	11,700.
29	YOUTH RIFLE TEAM		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,400.
30	YOUTH GIRLS BASKETBALL		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	250.
31	Other program services (attach schedule) 33639		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	33,639.
32	Total program service expenses (add lines 28a through 31a)	32	50,989.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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
JOHN B WHITLOW 3231 VALLEY LANE FALLS CHURCH VA 22044	PRESIDENT 5.00	0.	0.	
LARRY HYNSON P.O. BOX 7005 ARLINGTON VA 22207	SECRETARY 5.00	0.	0.	
JOHN KARINSHAK 1611 NORTH KENILWORTH ST ARLINGTON VA 22205	VICE-PRESIDENT 5.00	0.	0.	
JENNIFER WONG 1744A S HAYES STREET ARLINGTON VA 22202	PAST PRESIDENT 5.00	0.	0.	
LAWRENCE A GAYDOS, M.D. 4309 PLANTERS COURT ANNANDALE VA 22003	TREASURER 5.00	0.	0.	
WILMER MOUNTAIN 5406 YORKTOWN BLVD ARLINGTON VA 22207	VICE-PRESIDENT 5.00	0.	0.	
BRUCE ARNOLD 4017 40TH. ST NORTH ARLINGTON VA 22207	DIRECTOR 5.00	0.	0.	
CHRISTOPHER BYRNE 5821 MAGNOLIA LANE FALLS CHURCH VA 22041	DIRECTOR 5.00	0.	0.	
SANDRA BUSHUE 2902 13TH. ROAD SOUTH #302 ARLINGTON VA 22204	DIRECTOR 5.00	0.	0.	
LLOYD HICKS 2704 NORTH LEXINGTON ST ARLINGTON VA 22207	DIRECTOR 5.00	0.	0.	
DELK HAMAKER 6940 FAIRFAX DRIVE #300 ARLINGTON VA 22213	DIRECTOR 5.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
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		X
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		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		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

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country: ▶

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country: ▶

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

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 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

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

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?**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
NONE				
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
NONE		
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.

Sign HereSignature of officer *L.A. Gaydos, M.D., Treasurer*Date *1/20/10*Type or print name and title *L.A. GAYDOS, M.D., TREASURER***Paid Preparer's Use Only**

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

*Tax Matters Associates**3601 N. Fairfax Dr.**Arlington*

Date

*11/24/09*Check if self-employed ☐

Preparer's Identifying Number (See instructions)

EIN

Phone no *(703) 522-3828*

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

☐ Yes ☐ No

BAA

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 PREFORMANCE MONEY MKT	76,143.
Total	<u>378,110.</u>

Department of the Treasury
Internal Revenue Service

► **Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Open to Public Inspection

Employer identification number

54-6076330

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

- 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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	NONE (total number)	(Add col (a) through col (c))
REVENUE	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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
REVENUE	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:

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

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

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?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**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?**15a****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?**17a****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 ▶ \$ _____

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008Attachment
Sequence No **67**

Name(s) shown on return

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

Identifying number

54-6076330

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 <input type="checkbox"/>		

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	
i Nonresidential real property			39 yrs	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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 06/12/08

Form 4562 (2008)

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?					Yes	No	24b If 'Yes,' is the evidence written?		Yes	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.

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

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).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 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.		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

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					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

BANK REFUND	5.
BANK ERROR	150.
Total	155.

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	5,440.

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 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WILLIAM SWANSON 609 ALMA STREET VIENNA VA 22180 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> GREGORY CLOUGH 4121 34TH. ROAD NORTH ARLINGTON VA 22207 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

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"/> TRICIA O'HARA 2911 S COLUMBUS STREET ARLINGTON VA 22206 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RICHARD KNIGHT 4013 N STUART STREET ARLINGTON VA 22007 Foreign city _____ Foreign country _____	Title DIRECTOR 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>