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

OMB No 1545-1150

**2009**Department 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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning** 7/01 , **2009, and ending** 6/30 , **2010****B** Check if applicable:

- ☐ Address change  
☒ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C**

Naval Officers Wives Club  
New Name "Naval Officers' Spouse Club"  
c/o Washington Navy Yard, Bldg 172  
Washington, DC 20374

**D** Employer identification number

20-3377624

**E** Telephone number**F** Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ►**I Website:** ► N/A**J Tax-exempt status (check only one)** — ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 206,776.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	81.
	2	Program service revenue including government fees and contracts	2	198,796.
	3	Membership dues and assessments	3	7,604.
	4	Investment income	4	295.
	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	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 \$ of contributions reported on line 1)		
6b	Less: direct expenses other than fundraising expenses			
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			
7a	Gross sales of inventory, less returns and allowances			
7b	Less: cost of goods sold			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
8	Other revenue (describe ► )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	206,776.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	52,500.
	11	Benefits paid to or for members	11	
	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	1,261.
	15	Printing, publications, postage, and shipping	15	5,438.
	16	Other expenses (describe ► See Statement 2)	16	146,801.
17	<b>Total expenses.</b> Add lines 10 through 16	17	206,000.	
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	776.
	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	40,596.
	20	Other changes in net assets or fund balances (attach explanation)	20	3,733.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	45,105.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	40,596.	45,105.
23 Land and buildings		
24 Other assets (describe ► )		
25 <b>Total assets</b>	40,596.	45,105.
26 <b>Total liabilities</b> (describe ► )	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	40,596.	45,105.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

Form 990-EZ (2009)

<b>Part III</b>	<b>Statement of Program Service Accomplishments (See the instructions.)</b>
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## Expenses

What is the organization's primary exempt purpose? See Statement 4

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

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.

28 Temptations Boutique - Retail store run by 30 volunteers. The net profits are used exclusively for Scholarships and Donations.

(Grants \$ ) If this amount includes foreign grants, check here

28a	113,824.
-----	----------

29 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here ☐ 29 a

(Grants \$ ) If this amount includes foreign grants, check here

30 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here ☐ 30 a

(Grants \$ ) If this amount includes foreign grants, check here

**31** Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

32	Total program service expenses (add lines 28a through 31a).	32	113,824.
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<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instrs )
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[illegible]

**Part V Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 6

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> 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 why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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 outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>0.</b> , section 4912 <b>0.</b> , section 4955 <b>0.</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>None</b>		

**42a** The organization's books are in care of **Pauline Arredondo** Telephone no **\_\_\_\_\_**  
 Located at **c/o Washington Navy Yard, Bldg 172 Washington DC** ZIP + 4 **20374**

	Yes	No
<b>b</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 <b>42b</b>		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> 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 <b>42c</b>		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** ☐ N/A ☐ N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44</b>		X
<b>45</b> 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 <b>45</b>		X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

**50** Complete this table for the organization's 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				

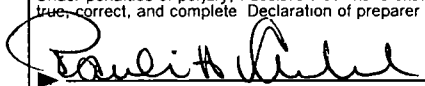
**f** Total number of other employees paid over \$100,000 ▶

**51** Complete this table for the organization's 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		

**d** Total number of other independent contractors each 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.

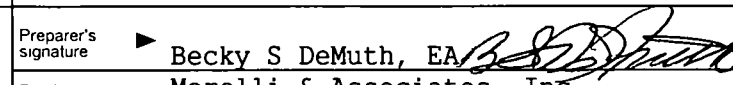
**Sign Here**  1-31-11

Signature of officer Date

**Pauline Arredondo** Treasurer09-10

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature 	Date <span style="float: right;">1-31-11</span>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <span style="float: right;">N/A</span>
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN <span style="float: right;">N/A</span>		
Becky S DeMuth, EA Morelli & Associates, Inc. 3182 Golansky Blvd, Suite 201 Woodbridge, VA 22192-4264	Phone no <span style="float: right;">703-670-5551</span>		

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

☒ Yes ☐ No



**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
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)			9,861.	9,184.	7,685.	26,730.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-through 3	0.	0.	9,861.	9,184.	7,685.	26,730.
<b>5</b> 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)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						26,730.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	0.	0.	9,861.	9,184.	7,685.	26,730.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,094.	406.	295.	1,795.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10						28,525.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	579,536.
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	93.7 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	0.0 %
<b>16a 33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test – 2008.</b> 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"/>		
<b>17a 10%-facts-and-circumstances test – 2009.</b> 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>b 10%-facts-and-circumstances test – 2008.</b> 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"/>		
<b>18 Private foundation.</b> 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"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**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 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 ☐

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**2009****Federal Statements****Page 1****Client 09N-001****Naval Officers Wives Club  
New Name "Naval Officers' Spouse Club"****20-3377624**

1/25/11

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**Statement 1  
Form 990-EZ, Part I, Line 10  
Grants and Similar Amounts Paid**

Donee's Name:	Air Compasson		
Donee's Address:	4620 Haygood Rd Ste 1		
	Virginia Beach, VA 23455		
Cash Amount Given:		\$	1,000.
Donee's Name:	American Red Cross Nat Cap Area		
Donee's Address:	9716 Middleton Rd		
	Ft Belvoir, VA 22060		
Cash Amount Given:		\$	5,000.
Donee's Name:	Armed Services YMCA		
Donee's Address:	6359 Walker Ln # 200		
	Alexandria, VA 22310		
Cash Amount Given:		\$	1,000.
Donee's Name:	Books 4 Kids		
Donee's Address:	225 West 35th St 3rd floor		
	New York, NY 10001		
Cash Amount Given:		\$	1,000.
Donee's Name:	Comfort for American Uniform Services		
Donee's Address:	6315 Bren Mar Drive, Suite 175		
	Alexandria, VA 22312		
Cash Amount Given:		\$	1,500.
Donee's Name:	National Military Family Association		
Donee's Address:	2500 N Van Dorm St #102		
	Alexandria, VA 22303		
Cash Amount Given:		\$	1,000.
Donee's Name:	Naval Services Family Line		
Donee's Address:	, Bldg 154 S Ste 1		
	Washington Navy Yard, DC 20374		
Cash Amount Given:		\$	2,000.
Donee's Name:	Navy-Marine Corp Relief Society		
Donee's Address:	Ste 225		
	Arlington, VA 22203		
Cash Amount Given:		\$	4,000.
Donee's Name:	Navy Arlington Ladies		
Donee's Address:	Arlington National Cemetary		
	Arlington, VA 22211		
Cash Amount Given:		\$	1,000.
Donee's Name:	Navy Marine Coast Guard Residence		
Donee's Address:	6251 Old Dominion Drive		
	McLean, VA 22010		
Cash Amount Given:		\$	4,000.

**2009****Federal Statements****Page 2****Client 09N-001****Naval Officers Wives Club  
New Name "Naval Officers' Spouse Club"****20-3377624**

1/25/11

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**Statement 1 (continued)  
Form 990-EZ, Part I, Line 10  
Grants and Similar Amounts Paid**

Donee's Name:	Tragedy Assistance Program for Survivor	
Donee's Address:	1777 F Street NW, Suite 60	
	Washington, DC 20006	
Cash Amount Given:		\$ 2,000.
Donee's Name:	United Through Reading	
Donee's Address:	d, sSte 203	
	San Diego, CA 92121	
Cash Amount Given:		\$ 2,000.
Donee's Name:	USO of Washington DC	
Donee's Address:	P O Box 96322	
	Washington, DC 20090	
Cash Amount Given:		\$ 1,000.
Donee's Name:	Scholarships	
Donee's Address:	for multiple individuals	
	Washington, DC 20374	
Cash Amount Given:		\$ 26,000.

**Statement 2  
Form 990-EZ, Part I, Line 16  
Other Expenses**

Bank Charges	\$ 3,468.
Books	2,069.
Chinese Auction Expenses	1,576.
Cost of Goods for Temptations	113,824.
Gifts/Promotions	248.
Insurance	581.
Miscellaneous	2,269.
Office Expenses	577.
Refunds	142.
Shop Displays	116.
Speaker Fees	750.
Supplies	1,669.
Tax - DC	231.
Tax Sales	8,869.
Travel	878.
Venue expenses	9,534.
Total	<u>\$ 146,801.</u>

**Statement 3  
Form 990-EZ, Part I, Line 20  
Other Changes In Net Assets Or Fund Balances**

Accounting Adjustment to correct beginning balance	\$ 3,733.
Total	<u>\$ 3,733.</u>

Client 09N-001

 Naval Officers Wives Club  
 New Name "Naval Officers' Spouse Club"

20-3377624

1/25/11

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**Statement 4**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

NOSC is primarily in existence for charitable and educational purposes. The club offers opportunities for members to acquaint themselves with the Washington, DC area in an atmosphere of fellowship and enjoyment. NOSC 100% volunteer run.

**Statement 5**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Kelly Beckner Hruska 4904 Tarheel Way Annandale, VA 22003	President 09-10 0	\$ 0.	\$ 0.	\$ 0.
Elizabeth Biddle 6217 Thornwood DR Alexandria, VA 22310	1st VP 09-10 0	0.	0.	0.
Betty Kamp 5509 N 23rd Street Arlington, VA 22205	2nd VP 09-10 0	0.	0.	0.
Lynn Dysart 6409 Gregory Ct Springfield, VA 22152	3rd VP 09-10 0	0.	0.	0.
Michelle Kalantzis 2805 Flagmaker Dr Falls Church, VA 22042	RecrdngSec09-10 0	0.	0.	0.
Celia Jacoby 3214 Juniper Lane Falls Church, VA 22044	CorrespSec09-10 0	0.	0.	0.
Pauline Arredondo 305 Hillwood Ave Falls Church, VA 22046	Treasurer09-10 0	0.	0.	0.
Elizabeth Biddle 6217 Thornwood DR Alexandria, VA 22310	President 10-11 0	0.	0.	0.
Pauline Arrendondo 305 Hillwood Ave Falls Church, VA 22046	1st VP 10-11 0	0.	0.	0.
Betty Kamp 5509 N 23rd Street Arlington, VA 22205	2nd VP 10-11 0	0.	0.	0.

2009

## Federal Statements

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Client 09N-001

 Naval Officers Wives Club  
 New Name "Naval Officers' Spouse Club"

20-3377624

1/25/11

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**Statement 5 (continued)**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Lynn Dysart 6409 Gregory Ct Springfield, VA 22152	3rd VP 10-11 0	\$ 0.	\$ 0.	\$ 0.
Colleen Doolin 1007 Priscilla Ln Alexandria, VA 22308	RecrdngSec10-11 0	0.	0.	0.
Celia Jacoby 3214 Juniper Lane Falls Church, VA 22044	CorrespSec10-11 0	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

**Statement 6**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No