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# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545 1150

Department of the Treasury  
Internal Revenue ServiceUnder 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

2009

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<b>A For the 2009 calendar year, or tax year beginning</b>		Oct 1	, 2009, and ending	Sep 30	, 2010
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change	<input type="checkbox"/> Please use IRS label or print or type	BOYS CLUB FUND OF THE OPTIMIST CLUB OF ARLINGTON CO. VA		54-6076330	
<input type="checkbox"/> Name change	<input type="checkbox"/> See Specific Instructions	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
<input type="checkbox"/> Initial return		4309 PLANTERS COURT			(703) 978-3815
<input type="checkbox"/> Termination		City or town, state or country, and ZIP + 4			
<input type="checkbox"/> Amended return		ANNANDALE		VA 22003-3740	<b>F Group Exemption Number</b>
<b>G Accounting method</b>		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
<b>H Check ►</b> <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)					
<b>I Website:</b> ► N/A					
<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K Check ►</b> <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 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					
<b>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</b> ► \$ 399,501.					

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I)		See L-10 Stmt	1	2,174.
			2	
1 Contributions, gifts, grants, and similar amounts received		3		
2 Program service revenue including government fees and contracts		4	2,208.	
3 Membership dues and assessments		5a		
4 Investment income		5b		
5a Gross amount from sale of assets other than inventory		5c		
b Less cost or other basis and sales expenses				
c 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	107,120.	
a Gross revenue (not including \$ 107,120.00) of contributions		6b	45,711.	
b Less direct expenses other than fundraising expenses		6c	61,409.	
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	287,999.	
8 Other revenue (describe ► ADJUST BALANCE TO ACTUAL PRIOR YEARS )		9	353,790.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		10	18,125.	
10 Grants and similar amounts paid (attach schedule)		11		
11 Benefits paid to or for members		12		
12 Salaries, other compensation, and employee benefits		13		
13 Professional fees and other payments to independent contractors		14		
14 Occupancy, rent, utilities, and maintenance		15		
15 Printing, publications, postage, and shipping		16	2,155.	
16 Other expenses (describe ► See Other Expenses Statement )		17	20,280.	
17 Total expenses. Add lines 10 through 16		18	333,510.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		19	38,579.	
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)		20	32,782.	
20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt		21	404,871.	
21 Net assets or fund balances at end of year Combine lines 18 through 20				

<b>Part II Balance Sheets.</b> 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 )	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
			38,405.22	403,480.
22 Cash, savings, and investments		0.23	0.	
23 Land and buildings		174.24	1,391.	
24 Other assets (describe ► See L-24 Stmt )		38,579.25	404,871.	
25 Total assets		0.26	0.	
26 Total liabilities (describe ► )		38,579.27	404,871.	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)				

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

Form 990-EZ (2009)

g9

Part III Statement of Program Service Accomplishments (See the instructions)					Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>TO PROMOTE YOUTH ATHLETIC, SCHOLARSHIP,</u> 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 <u>ARLINGTON PEDIATRIC CENTER</u>					
(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>					28a 3,500.
29 <u>ARLINGTON SOCCER ASSN.</u>					
(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>					29a 500.
30 <u>YOUTH BASKETBALL</u>					
(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>					30a 800.
31 Other program services (attach schedule) <u>SCHEDULE ATTACHED</u> (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>					31a 46,293.
32 Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>					32 51,093.
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.		
GREG CLOUGH 4121 34TH. ROAD ARLINGTON VA 22201	PRESIDENT ELECT 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.		
RICHARD MCHUGH 6448 SLEEPY RODGE ROAD FALLS CHURCH VA 22042	DIRECTOR 5.00	0.	0.		
LLOYD HICKS 2704 NORTH LEXINGTON ST ARLINGTON VA 22207	DIRECTOR 5.00	0.	0.		
NEIL STERN 7318 SCARLET OAK COURT FAIRFAX STATION VA 22039	DIRECTOR 5.00	0.	0.		

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33  Yes  No

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34  Yes  No

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 why the organization did not report the income on Form 990-T 35a  Yes  No

a 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? 35b  Yes  No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 36  Yes  No

36 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 37a  Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a  Yes  No

b Did the organization file **Form 1120-POL** for this year? 37b  Yes  No

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 outstanding at the end of the period covered by this return? 38a  Yes  No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No

a Initiation fees and capital contributions included on line 9 39b  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 39c  Yes  No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40b  Yes  No

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 40c  Yes  No

c 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 40d  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e  Yes  No

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 40f  Yes  No

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

42a The organization's 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 ► \_\_\_\_\_

	Yes	No
42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
44	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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 45  Yes  No

**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
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			46	X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II			47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E			48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?			49a	X
	b If 'Yes,' was the related organization a section 527 organization?			49b	
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.'				

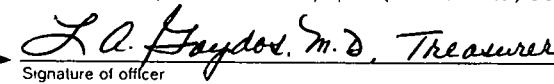
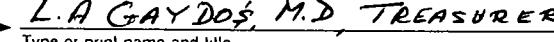
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
-----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

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 ► \_\_\_\_\_

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 Signature of officer  Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date 01/30/11	Check if self employed ► <input type="checkbox"/>
	Firm's name (or yours if self employed) ► <u>TAX MATTERS ASSOCIATES, PC</u>		Preparer's Identifying Number (See instructions)
	address, and ZIP + 4 ► <u>3601 FAIRFAX DR</u> <u>ARLINGTON</u>		EIN ►
VA 22201-2352		Phone no ► (703) 522-3828	

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

BAA

►  Yes  No  
Form 990-EZ (2009)

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

## Public Charity Status and Public Support

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

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

**Employer identification number**

**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 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 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 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

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

**h** Provide the following information about the supported organizations

Total

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

**Schedule A (Form 990 or 990-EZ) 2009**

**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) ►

- 1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')
- 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf
- 3 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
- 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

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

- 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 ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7						
8						
9						
10						
11						
12						
13						

**Section C. Computation of Public Support Percentage**

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))
- 15 Public support percentage from 2008 Schedule A, Part II, line 14

14	%
15	%

16a **33-1/3 support test – 2009.** 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 ► 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 ► 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 ► 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 ► 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 ► 

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
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants")	1,000.	9,200.	6,000.	4,583.	2,174.	22,957.
2 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	143,589.	143,538.	133,671.	119,538.	2,208.	542,544.
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	0.	0.	0.	0.	0.	0.
5 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>144,589.</b>	<b>152,738.</b>	<b>139,671.</b>	<b>124,121.</b>	<b>4,382.</b>	<b>565,501.</b>
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<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					0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6)						<b>565,501.</b>

**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>144,589.</b>	<b>152,738.</b>	<b>139,671.</b>	<b>124,121.</b>	<b>4,382.</b>	<b>565,501.</b>
<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 in 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 Ins 9, 10c, 11, and 12)				.		<b>565,501.</b>

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 ▶ **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
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		▶ <input checked="" type="checkbox"/>
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		▶ <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		▶ <input type="checkbox"/>

**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

**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

2009

**Open to Public  
Inspection**

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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. Form 990EZ filers are not required to complete this part.

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

Mail solicitations  Solicitation of non-government grants  
 Internet and email solicitations  Solicitation of government grants  
 Phone solicitations  Special fundraising events  
 In-person solicitations

**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

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 income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				►
	11 Net income summary Combine lines 3, column (d) and line 10				►

**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, column (d) and line 7				►

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?

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?

11
12

13 Indicate the percentage of gaming activity operated in

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

	YES	NO
13a	%	
13b	%	

14 Enter 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 of the third party

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Depreciation and Amortization  
(Including Information on Listed Property)

2009

Attachment  
Sequence No 67

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 2008 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 2010 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 2009	17	24.
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 2009 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			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

## Section C – Assets Placed in Service During 2009 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	24.
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?					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) 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  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?	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										

**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? 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 ) <i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles</i>	Yes	No

**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 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					
44 Total. Add amounts in column (f) See the instructions for where to report					
				43	
				44	

Name as Shown on Return BOYS CLUB FUND OF THE OPTIMIST CLUB OF ARLINGTON CQ. VA	Employer Identification No 54-6076330
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Line 24 - Other Assets:	Beginning of Year	End of Year
DEPRECIABLE ASSETS	174.	150.
OTHER ASSETS		1,241.
Totals to Form 990-EZ, Part II, line 24	174.	1,391.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

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

## Other expenses (describe)

COMMUNITY OUTREACH	1,450.
Depreciation	24.
CORPORATE REGISTRATION FEE	25.
DISTRICT PROGRAMS	300.
TAX PREP.	285.
POSTAGE	6.
SUPPLIES	65.
 Total	 <u>2,155.</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"/> BARBARA NICASTRO 4414 19TH. STREET NORTH ARLINGTON VA 22207	Title DIRECTOR  Hours/Week 5.00	0.	0.	
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TRICIA O'HARA 2911 S COLUMBUS STREET ARLINGTON VA 22206	Title DIRECTOR  Hours/Week 5.00	0.	0.	
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RICHARD KNIGHT 4013 N STUART STREET ARLINGTON VA 22007	Title DIRECTOR  Hours/Week 5.00	0.	0.	
Foreign city _____ Foreign country _____				

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

Purpose of Payment		<u>SCHOLARSHIP PROGRAM</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> X		18,125.
Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Page 1, Part I, Line 20  
**Other Changes in Net Assets or Fund Balances**

Description	Amount
TRANSFER IN	30,000.
ADJUST FROM PRIOR YEAR	2,782.
Total	<u>32,782.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6a

Description	Amount
CHRISTMAS TREE SALES	107,120.
Total	<u>107,120.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6b

Description	Amount
CHRISTMAS TREE PUUCHASES	45,711.
Total	<u>45,711.</u>

**Supporting Statement of:**

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

Description	Amount
WACHOVIA BANK CHECKING	100.
WACHOVIA BANK MM	84,412.
VIRGINIA COMMERCE CHECKING	100.
VIRGINIA COMMERCE BUSINESS SAVINGS	60,575.
VIRGINIA COMMERCE CD	100,000.
PNC PREMIUM MM	50,351.
YOUTH CHECKING	18,523.
UTH FUND RAISING	5,791.
SPECIAL ACCOUNT HARROW FUND	83,628.
Total	<u>403,480.</u>

**Supporting Statement of:**

Form 990-EZ/Other Program Service Exp

Description	Amount
CHRISTMAS BREAKFAST	450.
COACHES NIGHT	907.
ESSAY CONTEST	1,225.
GRADUATION PARTY	1,000.
HOCKEY	5,000.
JUNIOR GOLF CLASSIC	345.

Continued

**Supporting Statement of:**

Form 990-EZ/Other Program Service Exp

Description	Amount
OPTIMIST BABE RUTH BASEBALL	11,720.
ORATORICAL CONTEST	2,597.
RESPECT FOR LAW	424.
YOUTH RIFLE CLUB	4,500.
SCHOLARSHIPS	18,125.
Total	<u>46,293.</u>