

Return of Organization Exempt From Income Tax

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

- ▶ 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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 6/1/2009 , and ending 5/31/2010	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LANGLEY OFFICERS' SPOUSES' CLUB Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P O BOX 65665 City, town, or country State ZIP + 4 LANGLEY AF B VA 23665-5665
	D Employer identification number 23-7352038
	E Telephone number (757)868-7744
	F Group Exemption Number ▶ 0000

• **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) ▶

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

I Website: ▶ **www.langleyosc.org**

J Tax-exempt status (check only one)— 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

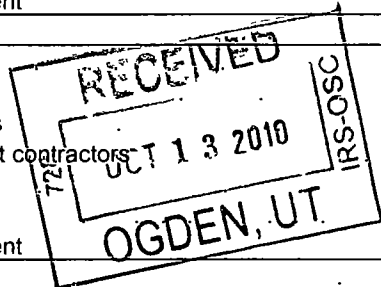
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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 ▶ \$ **31,255**

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	12,321
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	17,843
	b Less direct expenses other than fundraising expenses	6b	5,717
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	12,126
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ See Attached Statement)	8	1,091
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	25,538
	10 Grants and similar amounts paid (attach schedule)	10	13,724
	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	600
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,032
	16 Other expenses (describe ▶ See Attached Statement)	16	12,424
	17 Total expenses. Add lines 10 through 16	17	27,780
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,242
	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	10,156
	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	7,914

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	10,156	7,914
23	Land and buildings	23	
24	Other assets (describe ▶ _____)	24	
25	Total assets	10,156	7,914
26	Total liabilities (describe ▶ _____)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,156	7,914

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Part V Other Information (Note the statement requirements in the instructions for Part 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? 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 why the organization did not report the income on Form 990-T		
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 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	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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	40b	X
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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations 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	40e	X
41	List the states with which a copy of this return is filed ▶ _____		
42 a	The organization's books are in care of ▶ TREASURER Telephone no ▶ (757)329-9974 Located at ▶ LANGLEY AIR FORCE BASE City HAMPTON ST VA ZIP + 4 ▶ 23665-5665		
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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 ▶ _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	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 |
|---|-----|--------------------------|-------------------------------------|
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> | <input type="checkbox"/> |
- 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 & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			

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
Name <u>None</u> Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

Sign Here 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: Robin L. Henley Date: 10-1-10

Type or print name and title: Robin L. Henley, Administrative Treasurer

Paid Preparer's Use Only

Preparer's signature: Steve T Melochick Date: 9/20/2010 Check if self-employed: Preparer's identifying number (See instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: Steve T Melochick, CPA EIN: _____
P O Box 120452, Newport News, VA 23612 Phone no: (757) 827-0645

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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
		Golf Tournament (event type)	(event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	5,495		5,495
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	5,495		5,495
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	2,638		2,638
	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 line 3, column (d), and line 10				2,857

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	Noncash 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 line 1, column d, and line 7				

	Yes	No
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?	9a	
b If "No," explain		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in	a The organization's facility		
	b An outside facility		
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 contract 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 ▶			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

LANGLEY AFB OFFICERS' SPOUSES' CLUB
23-7352038
MAY 31, 2010

FORM 990EZ, PART III – STATEMENT OF ORGANIZATIONS' PRIMARY
EXEMPT PURPOSE:

TO PROVIDE SCHOLARSHIPS AND FUND PROJECTS THAT ENHANCE THE
QUALITY OF LIFE ON LANGLEY AIR FORCE BASE AND THE AIR FORCE
COMMUNITY.

2009-2010 LOSC Board

<u>NAME</u>	<u>POSITION</u>	<u>PHONE #</u>	<u>E-MAIL</u>
Renee Warner	President	238-9329 334-220-2623	warner.renee@gail.com
Lisa McCaffery	1 st Vice	238-2809 771-9927	TerryLisa2@yahoo.com
	2 nd Vice		
Robin Henley	Admin Treasurer	329-9974	q8btdt@cox.net
Libby Marks	Charitable Treasurer	868-7173 291-3545	LarryM50@aol.com
Kari Meger	Secretary	865-0699 913-660-6167	kari.meger@gmail.com
Ericka Johanek	Parliamentarian	369-9599 410-841-9480	ericka.johanek@gmail.com
	Member at Large		
Laurie Frampton	Membership	659-0245	TheFramptonFam@aol.com
Ruth Wright	Hospitality	865-7766	JWright660@aol.com
Kathia Mock	Programs Chair	898-1487	MOCKKM@verizon.net
Julie Marshall	Programs Co-Chair	637-7745	JewelsF22@yahoo.com
Debbie Altman	Reservations	848-5149	altmandebbie@hotmail.com
Joni Kwast	Reservations Co-Chair	251-6556	
Christie Beverly	ACCents Editor	234-4479	c_zucker1019@yahoo.com
Dawn Olson	Webmaster	868-6078	dawnolson@cox.net
Anne Guest	Publicity	251-7600	DBLA8201@Yahoo.com

Pam Herbert	Ways & Means Chair	723-8999	hootrl@aol.com
Beth Davies	Ways & Means Co-Chair	598-0343	Jeffrey.davies1@cox.net
Melissa Martin	Special Activities	238-2936	okie1knobe@yahoo.com
Karen Reynes	TOSA Liaison	865-1751	kreynes@aol.com
Trenita Hodge-Mims	Historian Chair	571-277-6094	tehodge@hotmail.com
Ashley Mamot	Historian Co-Chair	223-7721	ashleymamot@yahoo.com
Dawn Olson	Associate Liaison	868-6078	dawnolson@cox.net
Christy Matthews	Scholarships	764-1803	mchristym@aol.com
Michele Davis	Scholarships Co-Chair	251-7408	davisf15@cox.net
Junko Pilch	VA Hospital	223-1010	junkopilch@aol.com
Connie Hoskinson	Golf Tournament	868-0324	coboho7@aol.com
Renee Warner	Golf Tournament	238-9329	Warner.renee@gmail.com
Michele Davis	Bazaar	251-7408	davisf15@cox.net
Annie Guest	Bazaar Co-Chair	251-7600	DBLA8201@yahoo.com
Mary Nelson	Airmen's Cookie Drive	659-0856	idahospd6@yahoo.com