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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection....

benefit trust or private foundation) Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

| <u></u> | For the | e 2009 ca | alendar | year, or tax year begir | nning Janua | ary 1, 2009, | and ending | De | cemb | oer 31 | , 20 09 | |
|-------------------------|-------------|---|-------------------------------------|--|--|--|--------------------------------|---------------------------|---------------------|----------------------------|---|-----------------------|
| В | Check if a | applicable | Please | C Name of organization (| City of Arlington | | | | D | Employ | yer identification | number |
| $\overline{}$ | | change | use IRS label or | Doing Business As | | | | | | 75 | 60004 | 50 |
| _ | Name ch | - | print or | Number and street (or P O | box if mail is not deliver | ed to street address) | Room/suite | e | E | Telepho | one number | |
| | Initial ret | | type See | P O Box 90231 | | | 63- | -0800 | | (817) | 459-630 | 00 |
| = | Terminat | | Specific Instruc- | City or town, state or co | ountry, and ZIP + 4 | | <u> </u> | | | | | |
| | | | tions | Arlington, Texas 7 | 6010 | | | | G | Gross re | ecepts \$ 864. | 139.61 |
| | | ed return | F Nam | ne and address of principal | officer April Ni | xon | | H(a) | le thie a | eroup return | for affiliates? Yes | |
| ، ب | Applicatio | on pending | "same | as above" | , | | | | | | included? Yes | _ |
| <u> </u> | Tax-exe | empt status | | 501(c) (9) ◄ (insert no) | 4947(a)(1) or | 527 | | | | | list (see instruction | |
| j | | | | ngtontx.gov | | | | _ | | emption nui | | , |
| | | | | oration 🗹 Trust 🗌 Associati | on ☐ Other ► | L Ye | ar of formatio | | | | f legal domicile T | x |
| | art-l- | Summ | | | | · · · · · · | | | | | - | |
| | | Briofly de | ecribe | the organization's m | region or most s | anificant activitie | e. To acc | ount fo | r the | accum | nulation of | |
| | ' ' | resourc | es for d | disability payments t | o qualified emp | lovees who bec | ome disab | led du | e to il | liness o | or | |
| e | - | acciden | | | | | *********** | | | | | |
| Activities & Governance | - | 40014011 | | | | | | | | | | |
| Ver | | Ob 1, 4b | | If the organization disc | continued its operation | ne or disposed of mo | ro than 25% | of its not | accoto | . | | |
| င် | 1 | | | - | | | ie liidii 2370 | OI ILS FIEL | assols | 3 | ! | 0.00 |
| න් ග | | | | ng members of the go | | | · · · | | | 4 | | 0.00 |
| itie | 1 | | | pendent voting meml | | rning body (Part | VI, line 1b) | | | 5 | | 0.00 |
| ţ | 1 | | | f employees (Part V, I | • | | | | | 6 | | 0.00 |
| ĕ | 1 | | | f volunteers (estimate | | | | | | 7a | | 0.00 |
| | | | | elated business reven | | | 12 | | • | 7b | | 0.00 |
| _ | D | ivet unre | iated by | usiness taxable incon | ne nom rom 98 | 10-1, III e 34 | | Pro | or Year | | Current Ye | |
| | | . | | | 413 | | - | | , , , , | 0.00 | - Current 10 | 0.00 |
| ā | 8 | | | nd grants (Part VIII, II | | | . - | | 205 6 | 371.72 | 272 | 834.14 |
| Revenue | 9 | _ | | e revenue (Part VIII, li | | | · · | | | | | |
| Re | 10 | | | me (Part VIII, column | • • | • | | | 10,0 | 338.25 | | 802.89 |
| | | | | Part VIII, column (A), | | | | | 442.5 | 0.00 | 200 | 0 00 |
| _ | | | | add lines 8 through 11 | | | 16 12) | | 412, | 509.97 | 390, | 637.03 |
| | 1 | | | ilar amounts paid (Pa | | | - | | 074 | 0.00 | 0.40 | 0.00 |
| o, | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | | 274,627.32 | | 249, | 880.30 |
| Expenses | 15 | | | ompensation, employe | | | -5-1 9) _ | | | 0.00 | | 0.00 |
| Ģ | 16a | Profession | onal fun | draising fees (Part IX, | column (<u>A), liñe</u> | (Le)EIVED | ojoo. | #### T | | 0.00 | White States was | 0.00 |
| ŵ | | | _ | g expenses (Part IX, co | W | | 0.00 | | | | | |
| | 17 | Other ex | penses | (Part IX, column (A), | lines Da-11d | J 1f ∓ 24f) . | ب. ٠⊢ | 9,190.95 | | | · · · · · · · · · · · · · · · · · · · | 319.86 |
| | 18 | Total exp | penses. | Add lines 13-17 (mu | ist equal Part IX | , cotumn (A), line | (砂) · - | | | 318.27 | | 200.16 |
| | 19 | Revenue | less ex | penses. Subtract line | | <u></u> | <u> </u> | | | 591.70 | | 436.87 |
| Assets or | | | | | | DEN. UT | , В | eginnıng | | | End of Ye | |
| Rals | 20 | | | art X, line 16) . | | | | | 503,7 | 724.48 | 715, | 354.98 |
| Net A | 21 | | | Part X, line 26) | | | | | | 0.00 | | 0.00 |
| | | | | ind balances. Subtra | ct line 21 from li | ne 20 . | | | 503,7 | 724.48 | 715, | <u>354.98</u> |
| Lit | art II | | ature | | | | | | | | | |
| | | and belie | enaities of ef, <u>it</u> is tru | f perjury, I declare that I have ue, correct, and complete. I | ve examined this retu Declaration of prepar | rn, including accompa er (other than officer) | inying schedu is based on a | iles and s ill informa | itateme ation of | ents, and t f which pr | to the best of my F reparer has any kr | inowledge Iowledge |
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| Sig | _ | Sugar | nature of c | 0000 10 | 700 | | | | 2 | / _ | 12010 | |
| He | ere | J. Sigi | A O | | mn C | hief F | inau | ٠,٠,٠ | late | 00 | 1.00. | _ |
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| _ | | Тур | e or print | name and title | | In. | - I Cha | ck if | | | | |
| | | Preparer signature | | | | Date | self | | | reparer's i see instruc | identifying number | |
| Pai | d | Signature | 7 | | | | emp | oloyed > | \Box " | | · · · · = / | |
| Pre | parer's | | | | | | | | | | ··· | |
| | Only | Firm's na | ame (or yo nployed), | ours | | - | | EIN | | > | ! ! ! | |
| _ | | | and ZIP | + 4 💆 | | | | Pho | пе по | ▶ (|) | |
| Ma | y the | IRS disc | uss this | return with the prep | arer shown abo | ve? (see instructi | ons) | | | | ☐ Yes | No |
| F | . . | | | | | | | · <u></u> | | | | |

| Form | 990 (2009) | Page 2 |
|------|---|------------------|
| Par | t III Statement of Program Service Accomplishments | |
| 1 | Briefly describe the organization's mission: | |
| • | None | |
| | | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | |
| _ | the prior Form 990 or 990-EZ? | ☐ Yes 🗹 No |
| | If "Yes," describe these new services on Schedule O | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| • | services? | ☐ Yes ☑ No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services | by expenses. |
| • | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou | nt of grants and |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported. | J |
| | | |
| 4a | (Code:) (Expenses \$ 260,200.16 including grants of \$) (Revenue \$ | 390,637.03) |
| | As of the most recent valuation, 30 qualified individuals were receiving benefits. | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| 40 | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | *************************************** | •••• |
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| | | |
| | | • |
| 44 | Other program services. (Describe in Schedule O.) | |
| 40 | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 260,200.16 | |
| | | |

, ,

| | 990 (2009) | | Р | age 3 |
|-----|---|-------|-----|---------------|
| Pai | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?. | 2 | | 1 |
| 3 | 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 | 3 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5_ | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | ✓ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | 8 | | ✓ |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | | √ |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | 11 | | \ |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | × |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| • | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | * 221 | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | ✓ |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. | 15 | | ✓ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | ✓. |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | √ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | 19 | | ✓ |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | $\overline{}$ |

| Pai | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | ✓ |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | ✓ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | √ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . | 24b | | ✓ |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | ✓ |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ✓ |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization 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 | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III. | 27 | | √ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ✓ |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | √ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | 1 |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | ✓ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | - |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 1 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 1 | |
| | | | | •— |

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | | | | |
|-----|--|----------|-----|----|--|--|--|--|
| | | | Yes | No | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | | | | | |
| - | U.S. Information Returns. Enter -0- if not applicable | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.00 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | ✓ | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | | | | | |
| | 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)? | 4a | | ✓ | | | | |
| b | 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. | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | | | | | | |
| _ | Prohibited Tax Shelter Transaction? | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| а | and the second s | | | | | | | |
| | and services provided to the payor? | 7a | | ✓ | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | ļ | | | | |
| С | and any and any area of the same and a same a same a same a same a same a sam | 70 | | 1 | | | | |
| ابر | required to file Form 8282? | 7c | | ٧ | | | | |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | | | | | |
| | benefit contract? | 7e | | ✓ | | | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f 7g | | ✓ | | | | |
| | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . | | | | | | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | | | | | |
| 8 | required? | 7h | | | | | | |
| J | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | | | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | | | | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person?. | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | 40- | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| _b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | 7 | | | | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| 360 | tion A. Governing body and Management | | | | | | | |
|-----|---|---------|----------|----------|--|--|--|--|
| | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body | | | | | | | |
| b | Enter the number of voting members that are independent | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | ļ | | | | | |
| | any other officer, director, trustee, or key employee? | 2 | | ✓ | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | ١. | | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | 1 | | | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | - | 1 | | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | _5_ | | ✓ | | | | |
| 6 | Does the organization have members or stockholders? | 6 | | ✓ | | | | |
| 7a | a Does the organization have members, stockholders, or other persons who may elect one or more members | | | | | | | |
| | of the governing body? | 7a | | ✓ | | | | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | ✓ | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | | | |
| | the year by the following. | | | | | | | |
| а | The governing body? | 8a | ✓ | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ✓ | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | | | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9a | ✓ | | | | | |
| | ction B. Policies (This Section B requests information about policies not required by the Inter- | ernal | | | | | | |
| Rev | enue Code.) | | | | | | | |
| | | | Yes | No | | | | |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | ✓ | | | | |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | | | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | | | | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | | | | | |
| | form? | 11 | | ✓ | | | | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | ` | 3,34 | | | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | ✓ | | | | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | | | | | |
| | rise to conflicts? | 12b | | | | | | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | | | | |
| | describe in Schedule O how this is done | 12c | | | | | | |
| 13 | Does the organization have a written whistleblower policy? | _13 | | ✓ | | | | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | ✓ | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | | | | | |
| b | Other officers or key employees of the organization | 15b | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | <u></u> | | | | |
| | with a taxable entity during the year? | 16a | | 1 | | | | |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | | | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | | | | | |
| _ | the organization's exempt status with respect to such arrangements? | 16b | | | | | | |
| Sec | ction C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c | | | | | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | . , ,- | ,, | | | | | |
| | ☐ Own website ☐ Another's website ☑ Upon request | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict | of inte | erest | | | | | |
| | policy, and financial statements available to the public. | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and reco | rds o | f the | | | | | |
| | organization: ► Wells Fargo 1445 ross Ave Dallas, TX 75202 (214)741-1556 | | | | | | | |
| | | | | | | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

| Check this box if the organization did not co | mpensate | any c | urre | ent | offic | cer, d | irec | tor, or trustee | | |
|---|-------------------|---------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and Title | Average | Position (check all that apply) | | | | | | Reportable | Reportable | Estimated |
| | hours per week | Individual trustee or director | Instrtutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Wells Farg ITG -Dallas | | | | | | | | | | |
| 1445 Ross Avenue, Dallas, TX 75202 | | | ✓ | | | | | | | |
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| Pa | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
|-----------|---|------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|-------------|--|---|--|
| | (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| | Name and title | Average | Position (check all that ar | | | | | | Reportable | Reportable | Estimated |
| | | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC | amount of other compensation from the organization and related organizations |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| <u>1b</u> | Total | <u> </u> | | | | <u> </u> | | > | | | |
| 2 | Total number of individuals (including but reportable compensation from the organization) | not limited ation ► | to the | ose | liste | ed a | bove |) wh | no received mo | ore than \$100, | 000 in |
| | - | | | | | | | | | | Yes No |
| 3 | Did the organization list any former office employee on line 1a? If "Yes," complete S | | | | | | | oyee | e, or highest c | compensated | 3 1 |
| 4 | For any individual listed on line 1a, is the sithe organization and related organizations | | | | | | | | | | |
| 5 | individual | or accrue | | jen: | satio | on t | rom a | any | unrelated org | anızation for | 4 1 |
| _ | services rendered to the organization? If " | Yes," comp | olete : | Sch | edu | le J | for s | uch | person | · · · | 5 √ |
| | Complete this table for your five highest or | | ط نصط | | | | | | | | 100 000 -1 |
| 1 | Complete this table for your five highest compensation from the organization. | | <u> </u> | epe | | | ontra | ICTO | rs that receive | a more than \$ | |
| | (A) Name and business add | Iress | | _ | | | | L | (B) Description of s | ervices | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | _ | | - | | | |
| 2 | Total number of independent contractors (i more than \$100,000 in compensation from | | | | | to | those | liste | ed above) who | received | |

| Pari | t VIII | Statement of Re | venue | | | | | <u> </u> |
|--|-------------|---|----------------------|-------------------|----------------------|---|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| grants | 1a | Federated campaigns | 1a | | | | | |
| gra | ь | b Membership dues 1b 1c Fundraising events 1c | | | | | | |
| a, fš | С | | | | | | | |
| Contributions, gifts, grants and other similar amounts | 1 | Related organizations | <u>10</u> | | | | | |
| | | Government grants (contr | · I | · <u> </u> | , | | | |
| | f | All other contributions, gifts, g | | | | | | |
| | | and similar amounts not inclu | | | | | | |
| and Co | | Noncash contributions include Total. Add lines 1a–1f | ed in lines 1a-11: 5 | ····· | 0.00 | | | |
| | | TOTAL | <u></u> | Business Code | 0.00 | | | |
| Program Service Revenue | 2a | Employer Contribution | on | 525100 | 372,834.14 | · · · · · · · · · · · · · · · · · · · | *************************************** | |
| Re∕ | b | | | | | | | |
| ခွ | C | | | | | | | |
| Sez | d | | | | | | | |
| Ę | e | ••••• | | | | | | |
| ogu | | All other program servi | | | | | <u></u> | |
| _ <u>~</u> _ | g | Total. Add lines 2a-2f | <u> </u> | <u> ▶</u> | 372,834.14 | | | |
| | 3 | Investment income (inc | | ds, interest, and | 00 440 04 | | | |
| | | other similar amounts) | | 🟲 | 22,113.34 | | | |
| | 4 | Income from investment of | of tax-exempt bo | nd proceeds | 0.00 | · | | |
| | 5 | Royalties | (i) Real | (II) Personal | 0.00 | | | |
| | 6- | Cross Bents | () (Ioai | (ii) i diddinai | | • | | |
| | 1 | Gross Rents Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | 1 0 9 | : | |
| | d | Net rental income or (lo | oss) | | 0.00 | *************************************** | | |
| | | Gross amount from sales of | (i) Secunties | (ii) Other | | 444 | | 4 |
| | | assets other than inventory | 473,502.5 | 8 | | * - | | |
| | ь | Less cost or other basis | | | , | , · · · · · · · · · · · · · · · · · · · | 2 | ,,,,, |
| | | and sales expenses . | 477,813.0 | | | | | |
| | | Gain or (loss) | (4,310.45 | | | | | |
| | ď | Net gain or (loss) | | <u> </u> | (4,310.45) | · | | |
| Revenue | 8a | Gross income from | fundraising | | | 3005 | | |
| Ş | | events (not including \$ | | | | | | |
| _ | | of contributions reported | · · | | | | • | |
| ΙĒΓ | h | See Part IV, line 18 Less: direct expenses | | a | | | | |
| Other | | Net income or (loss) from | | | 0.00 | | | |
| | 1 | • | • | | | | | |
| | 30 | Gross income from gam See Part IV, line 19 | ing activities. | a L | | | | |
| | b | Less: direct expenses, | 1 | o L | : | | | |
| | С | Net income or (loss) fro | om gaming act | ivities ▶ | 0.00 | | | |
| | 10a | Gross sales of inve | entory, less | 1 | | | | |
| | | returns and allowances | | Į. | | | | |
| | | Less: cost of goods so | | <u> </u> | | | | |
| | <u> </u> | Net income or (loss) from | | | 0.00 | | | |
| | <u> </u> | Miscellaneous Rev | | Business Code | | | | |
| | 11a | | | | | | | |
| | b | | | | | | - | |
| | C | A.I | | | | | | |
| | | All other revenue | | | 0.00 | | | |
| | 12 e | Total. Add lines 11a-1 Total revenue. See ins | 10 | 💺 | 390,637.03 | | 0.00 | <u> </u> |
| | <u></u> | | | | 350,037.03 | L | 0.00 | I |

| Part IX | Statement | of | Functional | Expenses |
|---------|-----------|----|-------------------|----------|

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. | |
|---|------|
| All other organizations must complete column (A) but are not required to complete columns (B), (C), and | (D). |

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-----------------|--|-----------------------|------------------------------------|-------------------------------------|--------------------------------|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | 249,880.30 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees . | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| | Management , , , | | | <u> </u> | |
| | Legal | | | - | |
| | Accounting | | | - | |
| | Professional fundraising services. See Part IV, line 17 | _ | | | |
| | Investment management fees | | | | |
| | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 •7 | Occupancy | | | | |
| 17 10 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings . Interest | | | | |
| 20 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together | | | | |
| | and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| а | Administrative | 10,319.86 | | | |
| b | | | | | |
| С | *************************************** | | · | | |
| d | | | | | |
| е | | | | <u> </u> | |
| f 25 | All other expenses | 260 200 40 | | <u></u> | |
| <u>25</u> 26 | Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following | 260,200.16 | | | |
| | SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Pa | rt X | Balance Sheet | | | |
|---------------------|----------|--|--------------------------|-----|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 503,724.48 | 1 | 715,354.98 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | | employees, and highest compensated employees. Complete Part II of | | - | |
| | | Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| Ŋ | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or 10a | | | |
| | | other basis. Complete Part VI of Schedule D | | | |
| | ь | Less. accumulated depreciation | | 10c | |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 503,724.48 | | 715,354.98 |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ties | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | * | , | ξ' ` |
| _ | | persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D | | 24 | |
| | 25 26 | Total liabilities. Add lines 17 through 25 | 0.00 | 26 | 0.00 |
| ts or Fund Balances | 20 | Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. | 0.00 | 20 | 0.00 |
| | 27 | Unrestricted net assets | 503,724.48 | 27 | 715,354.98 |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | | 33 | |
| | 34 | Total liabilities and net assets/fund balances | 503,724.48 | 34 | 715,354.98 |

| Pao | e | 1 | 2 |
|-----|---|---|---|
| | | | |

| Com | വവ | (2009) |
|-----|----|--------|

| Part XI Financial Statements and Reporting | | | | | |
|--|---|----|-----|----|--|
| | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | |
| 20 | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | 1 | |
| | Were the organization's financial statements audited by an independent accountant? | 2b | | 1 | |
| | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O. | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | | |
| | issued on a consolidated basis, separate basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | 3a | | ✓ | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | | |

Form **990** (2009)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. Employer identification number Name of the organization City of Arlington 75 6000450 Part VI line 9 Wells Fargo 1445 Ross Ave Dallas, TX 75202 (214) 741-1556 Part VI line 11a The 990 form is completed by a financial accountant. The completed return along with supporting documentation is review by the Acting City Controller. The return is then reviewed by the Assistant Director and then forwarded to the Chief financial Officer for signature. Part VI line 19 A Public Information Request can be made through the City for any information about the program.