∞

Paid

Preparer

Use Only

Print/Type preparer's name

SUTTON FROST CARY LLP

ARLINGTON, TX 76011

May the IRS discuss this return with the preparer shown above? (see instructions)

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

600 SIX FLAGS DR., SUITE 600

PAUL S CARY

Firm's name

Firm's address

partment of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is atwww.irs.gov/form990.

MB No 1545-0047 **Open to Public** Inspection

| Α | For the 2016 calend | dar year, or tax year beginning $10/01$, 2016, a | ınd ending | 9/30 | 2017 |
|-------------------------|--|--|---------------------|---|-----------------|
| В | Check if applicable | C | | D Employer identifi | cation number |
| > | Address change | EDIENDS AND FOUNDATION OF THE ARLINGTON | Ī | 75-25552 | :53 |
| 5 | X Name change | PUBLIC LIBRARY | | E Telephone numbe | |
| _ | Initial return | P.O. BOX 90231 | | 817-459- | .6924 |
| | Final return/terminated | ARLINGTON, TX 76004-3231 | | 017 433 | 0324 |
| 3 | ⊢ 1 | | | ه م | 052 706 |
| | Amended return | F Name and address of principal officer DODOTUV DENCTIPART | - Iuca | G Gross receipts S Is this a group return for suborce | 853,706. |
| | Application pending | DONOTHI KENCURREL | Anne as | | H |
| _ | | SAME AS C ABOVE | | Are all subordinates included? If 'No,' attach a list (see instru | uctions) Yes No |
| L | Tax-exempt status | X 501(c)(3) 501(c) () 		 (insert no) 4947(a)(1) or | 527 | | |
| J | Website: ► AR | LINGTONLIBRARY.ORG/FFAPL | H(c) | Group exemption number | |
| K | Form of organization | X Corporation Trust Association Other ► \ L Ye | ar of formation | 1993 M State of leg | al domicile TX |
| P | art I Summar | y . | | | |
| _ | 1 Briefly descri | oe the organization's mission or most significant activities: SEE | SCHEDUL | E O | |
| | | | | | |
| Ç | | | | | |
| Ē | ====== | | | | |
| Activities & Governance | 2 Check this bo | | ed of more th | an 25% of its net asset | s. |
| Ğ | 3 Number of vo | ting members of the governing body (Part VI, line 1a) | | 3 | 31 |
| 9 | 4 Number of in | dependent voting members of the governing body (Part VI, line 1b |) | 4 | 31 |
| . : | 5 Total number | of individuals employed in calendar year 2016 (Part V, line 2a) | | 5 | 0 |
| Activitic | 6 Total number | of volunteers (estimate if necessary) | | 6 | 31 |
| ` ~ | | d business revenue from Part VIII, column (C), line 12 | | 7a | <u>0.</u> |
| | b Net unrelated | business taxable income from Form 990-T, line 34 | | 7b | 0. |
| | | | | Prior Year | Current Year |
| i Ba | 8 Contributions | and grants (Part VIII, line 1h). | <u> </u> | 668,455. | 812,420. |
| | 9 Program serv | ice revenue (Part VIII, line 2g) | <u> </u> | | |
| Revenue | 10 Investment in | come (Part VIII, column (A), lines 3, 4, and 7d) | <u> </u> | 106. | 106. |
| , | 1 | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 100 | - CCO FC1 | 4,782. |
| > | | - add lines 8 through 11 (must equal Part VIII, column (A), line | 12) | 668,561. | 817,308. |
| > | | milar amounts paid (Part IX, column (A), lines 1-3) | <u> </u> | 42,240. | <u>593,245.</u> |
| | 1 | to or for members (Part IX, column (A), line 4) | | | |
| <u>ر</u> د | | er compensation, employee benefits (Part IX, column (A), lines 5- | 10) | | |
| Š | 16a Professional | fundraising fees (Part IX, column (A), line 11e) | | | |
| D Rependent | b Total fundrais | ing expenses (Part IX, column (D), line 25) ► 15 | 5,370. | | |
| ű | 17 Other expens | (Dad IV ask was (A) lane 11- 11d 11f 240) | | 19,342. | 29,983. |
| | 18 Total expense | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1 - | 61,582. | 623,228. |
| | 19 Revenue less | expenses. Subtract line 18 from line-12 | 701 | 606,979. | 194,080. |
| | | FEH 6 6 2018 | | eginning of Current Year | End of Year |
| ş | | (Part X, line 16) | SO S8 | 656,670. | 850,750. |
| ě | G i | s (Part X, line 26) | 181 - | | |
| Net As | 20 Notes 1 | fund balances. Subtract line 21 from line 20 | ~~ / | 0. | 0. |
| | | | | 656,670. | 850,750. |
| | art II Signatui | e RIOCK | | | |
| Uni | der penalties of perjury, I dec mplete Declaration of prepa | lare that I have examined this return, including accompanying schedules and statements, ai rer (other than officer) is based on all information of which preparer has any knowledge | nd to the best of m | y knowledge and belief, it is true | , correct, and |
| _ | I D | gratly J. Reneunel | | Fibrus | 14 2 201 |
| Si | ian Signatu | re of officer | | Date | 70,00 |
| H | ign Signatu ere DOR | OTHY RENCURREL | С | HAIRMAN | v |
| | | print name and title | | | |

X Yes

P00446478

649-8083

Form 990 (2016)

PTIN

Firm's EIN > 75-2593210

(817)

Check

TEEA0113L 11/16/16

No

| | m 990 (2016) FRIENDS AND FOUNDATION OF THE ARLI | NGTON 7 | 5-2555253 | Page 2 |
|-----|--|--|------------------|-----------------------|
| Par | rt III Statement of Program Service Accomplishments | | | |
| | Check if Schedule O contains a response or note to any line in | this Part III | | X |
| 1 | · ··• | | | |
| | SEE_SCHEDULE_O | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 | THE CONT | the year which were not listed on the pEDULE 0 | _ | |
| | 10m 350 0 550-LZ; | EDULE O | X | es No |
| | If 'Yes,' describe these new services on Schedule O. | | | |
| 3 | 3, 3, 3 | how it conducts, any program services | ? <u> </u> | res X No |
| | If 'Yes,' describe these changes on Schedule O. | | | |
| 4 | Describe the organization's program service accomplishments for each Section 501(c)(3) and 501(c)(4) organizations are required to report the | of its three largest program services, a | as measured by | expenses. |
| | and revenue, if any, for each program service reported. | s amount of grants and anocations to c | thers, the total | expenses, |
| | , | | | |
| 42 | a (Code:) (Expenses \$ 593,245. including grain | nts of \$ 593,245.) (Rever | nue \$ | · · |
| | DOWNTOWN LIBRARY-FURNITURE, FIXTURES, EQUI | | | BULLDING |
| | ADULT LITERACY SERVICES | MDM1 MD IDOMNODOUT TO | 7 1110 1101 | DOTTOING. |
| | SUMMER READING CLUB | | | |
| | SOUMER READING CHOD | | | |
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| 4 t | b (Code:) (Expenses \$ including grain gr | nts of \$) (Rever | nue \$ |) |
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| | c (Code:) (Expenses \$ including gran | nts of \$) (Rever | nue \$ | |
| 40 | c (code) (Expanses 4 including grain | its of \$\frac{1}{2}\) (Rever | iue -> | |
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| | | | | |
| 40 | d Other program services (Describe in Schedule O.) | | | |
| | (Expenses \$ including grants of \$ |) (Revenue \$ | |) |
| 4 € | e Total program service expenses ► 593,245. | | | |
| BAA | | /16/16 | F | orm 990 (2016) |

BAA

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 | X | |
|----|--|------|-------|------|
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i> | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | | X |
| | b 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 | 11 b | | х |
| | c 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 | 11 c | | х |
| | d 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 | 11 d | | Х |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | Х |
| | f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | Х | |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | X | |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12 b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14ь | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 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 (see instructions) | 17 | | Х |
| 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 | х | |
| 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 | | Х |
| RΔ | TEE 401031 11/16/16 | Form | 900 (| 2016 |

Yes No

| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | X |
|------|---|------|---------------|----------|
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 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? <i>If 'Yes,' complete Schedule J</i> | 23 | | Х |
| 24 8 | a 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 25a | 24a | | х |
| ı | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| • | 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 | | l L |
| • | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | Х |
| 1 | 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| | 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). A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 200 | | Х |
| | | 28a | | |
| ŀ | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28ь | | X |
| | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 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 | | Х |
| 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 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| ŀ | olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 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 | | <u> </u> |
| 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| BAA | | Form | 990 (2 | 2016) |

| | Check if Schedule O contains a response or note to any line in this Part V | | | |
|-----|--|------|-------|-----|
| | | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | | |
| c | : Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a 0 | | | |
| t | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х |
| b | of 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 3 b | | |
| 4 a | 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)? | 4 a | | Х |
| Ŀ | If 'Yes,' enter the name of the foreign country: ► | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| • | : If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 a | 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 as charitable contributions? | 6 a | | X |
| Ł | olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | х | |
| ŀ | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | X | |
| C | : Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | X |
| | If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | ŀ | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| ŀ | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations. Enter: | 1 | 3 | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | İ | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | ļ | 1 | |
| | Section 501(c)(12) organizations. Enter. | | | |
| | Gross income from members or shareholders | ł | 1 | |
| | against amounts due or received from them.) 11b | 10 - | | |
| | section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | 12 a | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| | t Is the organization licensed to issue qualified health plans in more than one state? | 13 a | 1 | |
| ě | Note. See the instructions for additional information the organization must report on Schedule O. | .54 | | |
| | Enter the amount of reserves the organization is required to maintain by the states in | ļ | | |
| | which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | 1 | X |
| | of Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | | |
| A A | | | 990 (| 016 |

a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 31 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 31 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer. director, trustee, or key employee?
SEE SCHEDULE 0 officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents SEE SCH O since the prior Form 990 was filed? X 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 a X X **b** Each committee with authority to act on behalf of the governing body? 8ь 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O 12 c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? X 14 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? a The organization's CEO, Executive Director, or top management official 15 a Х **b** Other officers or key employees of the organization 15 b X 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 with a taxable entity during the year? 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request X Other (explain in Schedule O) SEE SCH. 0 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: • ANDI DAVIS P.O. BOX 90231 ARLINGTON TX 76004-3231 (817) 459-6924

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for

| 000 (001C) | מתוחדתים | 7 117 | | $\Delta \Gamma$ | miir | A D T TROMOR |
|-----------------|----------|-------|------------|-----------------|--------|--------------|
| 'OMB 990 (2016) | FRIENIS. | ANIII | FOUNDATION | [][| I H H. | ARI.INI-1111 |
| | | | | | | |

75-2555253

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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.
- 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, if any. 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.

[X] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| STOCK WIS BOX IT FIGURE WE OF GATHER THOSE | | <u> </u> | | (C) | | | | | , | | |
|--|--|-----------------------------------|-----------------------|------------------------|---------------------------|------------------------------|--------|--|---|--|--|
| (A) Name and Title | (B) Average hours per | than | one i both dire | box, an o ector/ | unles fficer truste | | n | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | |
| | week (list any) hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations | |
| (1) ROBERT JOHNSON | 1 | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| IMM PAST CHAIR | 0 | X | | X | | | | 0. | 0. | 0. | |
| (2) MIKE BECKNAL | |] | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. | |
| (3) MICHAEL BUCEK | 11 | | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. | |
| (4) RUTHIE BROCK | 1_ |] | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | <u> </u> | |
| (5) JO BRUNER | 1 | 1 | | | | 1 | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. | |
| (5) JO MCGOVERN | 1 | 1 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. | |
| ⊘ SCOTT READING | | ļ | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. | |
| (8) CINDY GOODYEAR | 1 | | | | | | | | | | |
| DIRECTOR | 0 | X | | | <u> </u> | \perp | | 0, | 0. | 0. | |
| 9 BILL LACE | 1 | | | | | | ı | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. | |
| (10) KATHY DELANEY | 1_ | 1 | 1 | | | 1 1 | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | <u> </u> | |
| (11) JEANINE WERBERIG | 111 | ļ | | | | | | | | | |
| SECRETARY | 0 | X | | X | | | | 0. | 0. | 0. | |
| (12) CRAIG YOUNG | 11 | ļ | ļļ | | | | | | | | |
| DIRECTOR | 0 | X | | | _ | $\sqcup \bot$ | _ | 0. | 0. | 0. | |
| (13) CAROLE HOYER | 11 | | | | | | | | | | |
| VICE CHAIRMAN | 0 | X | | X | | └ | _ | 0. | 0. | 0. | |
| (14) CLAUDIA GRAY | 1 | | | | | | | | | _ | |
| LIBRARY REP | 0 | X | | | <u></u> | | | 0. | 0.] | 0. | |

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TEEA0107L 11/16/16

Form 990 (2016)

| 7 th 7 th October 7 th Others, Directors, Th | | ••• | | P. | <u> </u> | , | | a mgmost oor | The House Elli | tioy continue | ,,,, |
|--|----------------------|-----------------------------------|----------------------|---------------|---------------|------------------------|------------|-------------------------------------|--|--|-------------|
| • | (B) | | | (0 | | | | | | | |
| . (A) | Average | (do | not c | check | more | than | one | (D) | (E) | (F) | |
| Name and title | hours per week | | | | | is both or/trust | tee) | Reportable compensation from | Reportable compensation from | Estimated amount of other | |
| | (list any hours | o P | lnst | 읓 | € | em g | ਰੂ | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the | |
| | for related | brec vie | 럁 | Officer | em | Highest co employee | [룏 | | | organization and related organizations | |
| | organiza - tions | \$ P | 푎 | | employee | F S | } | | | Organizations | |
| | below dotted | Individual trustee or director | nstitutional trustee | | 8 | l pens | l | 1 | | | |
| | line) | " | 8 | | | ated | Former | ĺ | | | |
| (15) CATHY DIETZ | 1 | ├─- | \vdash | | - | | ├- | | | | |
| DIRECTOR | | X | ļį | | ļ | | | 0. | 0. | n | ١. |
| (16) LINDA WISE | 1 | - | \vdash | | - | | - | | | | ÷ |
| DIRECTOR | | X | ll | | ļ | | l | 0. | 0. | o | |
| (17) LEIGH GRAVISS | 1 | | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0 | |
| (18) SUZANNE GROVES | 1 | 1 | | | | | | | | | _ |
| DIRECTOR | 0 | <u> </u> | | | | | | 0. | 0. | 0 | |
| (19) NANCY HADAWAY | 1 |] | | | | | | | | | |
| DIRECTOR | 0 | X | Ш | | | | <u> </u> | 0. | 0. | 0 | • |
| (20) CANDY HALLIBURTON | 1 | \ | | İ | | } | \ | | | | |
| DIRECTOR | 0 | X | - | | | _ | <u> </u> | 0. | 0. | 0 | ÷ |
| (21) WAYNE HALLIBURTON | 1 | ,, | | | | 1 | | | • | | |
| DIRECTOR | 1 | X | Н | | | | ├ | 0. | 0. | 0 | ÷ |
| DIRECTOR | | X | | | ļ | ł | | 0. | 0. | 0 | |
| (23) JEWEL HUGO | 1 | | Н | - | 一 | | \vdash | 0. | | | ÷ |
| DIRECTOR | 0 | X | | | ļ | | | 0.1 | 0. | 0 | |
| (24) MARY JOHNSON | 1 | 1 | | | 1 | | | | | | Ť |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0 | |
| (25) PREM KOHLI | 1_1_ | | | | | | | | | | _ |
| DIRECTOR | 0 | X | | | <u> </u> | <u>L</u> | L_ | 0. | 0. | 0 | |
| 1 b Sub-total | | | | | | | • | 0. | 0. | 0 | |
| c Total from continuation sheets to Part VII, Section | n A | | | | | | | 0. | 0. | 0 | |
| d Total (add lines 1b and 1c) | 41 4 - 4l | | 44 | | | | | 0. | 0. | 0 | ÷ |
| 2 Total number of individuals (including but not limit from the organization ▶ 0 | tea to tho | se IIs | tea | abo | ve) | wno | rece | eived more than \$1 | 00,000 of reportable | e compensation | |
| Tion the organization 0 | | | | | | | | | | Yes No | _ |
| 3. Did the assessment on list and former officer direct | | ا مما | | | ما دها د | | - 1 | | l ampleyes | 165 110 | |
| 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such | individua | lee, i | \ey | emp | лоус | e, o | THE | griest compensated | remployee | 3 X | |
| 4 For any individual listed on line 1a, is the sum of | reportable | com | nen | nsatı | on a | and c | othe | r compensation fro | nm | | |
| the organization and related organizations greater | than \$15 | 0,000 |)? 1 | f 'Ye | es. | comp | olete | e Schedule J for | | | |
| such individual | | | | | | | | | | 4 X | |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes, | compens ' complet | ation e Scl | i troi hedu | m aı ıle J | ny ι ! for | inrela such | ated pe | l organization or in rson | dividual | 5 X | |
| Section B. Independent Contractors | | | | | | | | | | | _ |
| Complete this table for your five highest compens compensation from the organization. Report compensation. | ated indep | pende | ent o | cont | ract | ors ti | hat | received more than | 1 \$100,000 of | 2V V62F | _ |
| (A) | DELISATION I | 101 11 | 10 00 | alell | uai | year | enc | (B) | | (C) | _ |
| Name and business addr | ess | | | | | | | Description o | | Compensation | |
| | | | | | | | | | | | _ |
| | | | | | | | | | | | |
| | | | | | | | | | | | _ |
| | | | | | | | | | | | _ |
| | | | | | | | | <u></u> | <u>-</u> | | |
| 2 Total number of independent contractors (including | - | limite | ed to | o tho | ose | listed | ab | ove) who received | more than | | |
| \$100,000 of compensation from the organization | <u>-</u> | TEEA | 1100 | | | | | | | Form 000 (0010 | _ |
| BAA | | TEEAO | HUSL | + 1/1 | 0/16 | | | | | Form 990 (2015 | " |

Form 990 ,

Continuation Sheet for Form 990

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

75-2555253

FRIENDS AND FOUNDATION OF THE ARLINGTON

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| Highest Compensated Employees | | | | | | | | | | | | | |
|-------------------------------|--|-----------------------------------|-----------------------|------------|--------------|---------------------------------|----------|---|--|--|--|--|--|
| (A) | (B) | | | (0 | | | | (D) | (E) | F | | | |
| . Name and Title | Average hours per week (list any hours for | | | Officer | | hat appl | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation | | | |
| | (list any hours for | Individual trustee or director | 퇗 | ଝ | Key employee | nest o | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related | | | |
| • | related organiza- tions | 후 플 | 를 | | loye. | e comp | | | | organizations | | | |
| | below dotted line) | l ge | Institutional trustee | | | Highest compensated employee | | | | | | | |
| LORRAINE LEVINE | _1_ | | | | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. | | | |
| KAREN NORTON | 1 | 1 | | Ì ' | | | 1 | | - | | | | |
| DIRECTOR | 0 | Х | _ | | | | | 0. | 0. | 0. | | | |
| DOROTHY RENCURREL | 1 | ł | | l | | | | _ | ľ | | | | |
| CHAIRMAN | 0 | X | <u> </u> | X | | | <u> </u> | 0. | 0. | 0. | | | |
| CYNTHIA STAMPER | 1 | ļ | | | | | | | | | | | |
| DIRECTOR | 0 | X | ↓ | _ | | | <u> </u> | 0. | 0. | 0. | | | |
| DEMI STEWART | 1 | | | | | | | | | • | | | |
| DIRECTOR DOLLY MALTON | 0 | X | | | | | ├- | 0. | 0. | 0. | | | |
| POLLY_WALTON TREASURER | 1 | Х | ļ | X | | | | 0. | 0. | 0 | | | |
| IREASURER | | ^ | ┢ | ^ | - | | ├─ | - 0. | - 0. | 0. | | | |
| | | <u> </u> | L | | | | | | | | | | |
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| | | | | | | | | | | Form 990 Cont 2016 | | | |

| | _ | *Check if Schedule O | contains a | respon | nse or note to any | line in this Part VIII | | | |
|--|------|--|----------------|-----------|--------------------|---------------------------------------|--|---|--|
| | • | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts ts | 1 a | Federated campaigns | | 1 a | | · · · · · · · · · · · · · · · · · · · | 11-71-11-11-11-11-11-11-11-11-11-11-11-1 | <u> </u> | |
| ran | | Membership dues | Ī | 1 b | | | | | |
| 2 E | С | : Fundraising events | [| 1 c | 32,094. | | | | |
| iffs | d | Related organizations | <u> </u> | 1 d | | | } | | |
| S, C | е | Government grants (contributi | ons) | 1 e | | | ļ | | |
| 80 | | All other contributions oifts o | nrants and | | | | ļ | | |
| 돌 | ١. | All other contributions, gifts, q similar amounts not included | above | 1 f | 780,326. | | | | |
| | g | Noncash contributions include | d in lines 1a- | 1f \$ | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Total. Add lines 1a-1f | | | • | 812,420. | | | |
| ne | | | | | Business Code | | | | |
| ₹ | 2 a | | | - | | | | | <u> </u> |
| Æ | b | | | | | <u> </u> | | | |
| Š. | C | | | - | | | | · | |
| ၷ | d | | | }- | | | | | |
| ē | e |) | | }_ | | | | | |
| Program Service Revenue | 1 | All other program service | ce revenue | _ | | | | | |
| _ | _ | Total. Add lines 2a-2f | | l l . | | | | | |
| | 3 | Investment income (incother similar amounts) | luding divid | iends, | interest and | 106. | | | 106. |
| | 4 | Income from investmen | t of tax-ex | empt b | ond proceeds . > | | | | 100. |
| | 5 | Royalties | | | ▶ | | | | |
| | - | • | (ı) Re | al | (II) Personal | | | ····· | |
| | 6a | Gross rents | | | | | | | |
| | b | Less: rental expenses | | | | | | | |
| | c | : Rental income or (loss) | | | | | | | |
| | d | Net rental income or (lo | | | <u> </u> | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Secur | ities | (II) Other | | | | |
| | } | Less cost or other basis and sales expenses | | _ | | | | | |
| | | Gain or (loss) | L | | L | | | | |
| | d | Net gain or (loss) | | | , | <u> </u> | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | } |
| renue | 8 a | Gross income from fund (not including \$_of contributions reported | 32,0 | 94. | | | | | |
| န္ | | See Part IV, line 18. | a on me n | a. | 41 100 | | | | |
| Other Rev | ١, | Less: direct expenses | | b | 41,180. 36,398. | | i | | |
| ŧ | | : Net income or (loss) fro | m fundrais | - | | 4,782. | | | 4,782. |
| U | | Gross income from gam | | | | 1,102. | | ·· ······· ···· | 1,.02. |
| |) a | See Part IV, line 19 | mig activiti | a. | } | | | | |
| | ь | Less: direct expenses | | b | | |] | | |
| | C | : Net income or (loss) fro | om gaming | activit | ies • | | | | |
| | 10 a | Gross sales of inventor | y, less retu | irns a | | | | | |
| | b | Less: cost of goods sold | d | b | | | | | |
| | С | : Net income or (loss) fro | m sales of | inven | tory | | | | } |
| | | Miscellaneous Reven | ue | | Business Code | | | | |
| | 11 a | | | | | | | | <u> </u> |
| | b | | | | | | | | |
| | C | : | | | | | | | |
| | | All other revenue | | L | | | | | |
| | | Total, Add lines 11a-11 | | | • | | | | 1 |
| D4.6 | Щ | Total revenue. See insti | ructions | | | 817,308. | 0. | 0. | 4,888. Form 990 (2016) |
| BAA | | | | | TEEA | 0109L 11/16/16 | | | FOITH 330 (2010) |

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)

Check if Schedule O contains a response or note to any line in this Part IX

| | | seperior or flote to arry | THE HT THIS T GIT IX | | 1 1 |
|-----------|--|---------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| Do 6b, | not include amounts reported on lines 7b, 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 domestic organizations and domestic governments. See Part IV, line 21 | 593,245. | 593,245. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 030/210. | 373,243. | . ,,,,, | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | - | | |
| 4 | Benefits paid to or for members | | | | ······ |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0., | 0. |
| 7 | Other salaries and wages | - 0. | <u> </u> | | <u> </u> |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | - |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | 71 | | |
| 11 | Fees for services (non-employees) | - | | | · · · · · · · · · · · · · · · · · · · |
| | Management | | | | |
| | Legal | - | | | |
| | Accounting | 2,500. | | 2 500 | |
| | Lobbying | 2,300. | | 2,500. | |
| | Professional fundraising services See Part IV, line 17 | | | | |
| | Investment management fees | | 1,1 1 | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | - | | |
| 12 | Advertising and promotion | 2,499. | | 2,499. | · · · · · · · · · · · · · · · · · · · |
| 13 | Office expenses | 174. | | 174. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | ····· |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings | | | | |
| 21 | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | | | | |
| | Insurance | · | | | |
| | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | FUNDRAISING | 15,370. | | | 15,370. |
| | TECHNICAL SERVICES | 4,013. | | 4,013. | |
| | BANK & CREDIT CARD CHARGES | 3,072. | | 3,072. | |
| | SALES TAX | 1,671. | | 1,671. | |
| | All other expenses | 684. | | 684. | |
| | Total functional expenses Add lines 1 through 24e | 623,228. | 593,245. | 14,613. | 15,370. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | · | | |
| | | | | | |

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year Cash - non-interest-bearing 270,705 1 353,539. 23,294. 23,399. Savings and temporary cash investments 2 Pledges and grants receivable, net 362,671. 3 473,812. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 10 b **b** Less: accumulated depreciation 100 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 Total assets. Add lines 1 through 15 (must equal line 34) 656,670. 16 850,750. Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 **Liabilities** Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0. 26 0. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 9,178. 46,432. Temporarily restricted net assets 28 616,306. 773,132. Permanently restricted net assets 31,186. 29 31,186. Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31

BAA

33

34

850,750.

32

33

34

656,670.

656,670.

| Forn | | 555253 | | Pa | ige 12 |
|------|---|--------|-------|--------|--------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | , , , , , , , , , , , , , , , , , , , | 1 | 81 | 17,3 | 308. |
| 2 | `Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 228. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 19 | 94,0 | 080. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 570. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | _ | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 8.5 | 50.7 | 750. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | П |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | [| | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2: | a Were the organization's financial statements compiled or reviewed by an independent accountant? | Ì | 2 a | Ì | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | ıa | | ****** | |
| ı | b Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | ı |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | - 1 | : |
| (| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant? | udıt, | 2 c | х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | |
| 3: | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133? | | 3 a | | X |
| ł | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits | audit | 3 b | | |
| BAA | | | orm ! | 990 (| 2016) |

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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS AND FOUNDATION OF THE ARLINGTON PUBLIC LIBRARY

Employer identification number

| | | LOBTIC TIR | | | | | 15-25525 | | | | | |
|------------|------|--|--|---|--|--|---|--|--|--|--|--|
| Parl | | Reason for Public Char | · · · · · · · · · · · · · · · · · · · | | | | | ns. | | | | |
| The o | rga | nization is not a private found | ation because it is: (F | or lines 1 through 12, o | heck on | y one b | ox.) | | | | | |
| 1 | | A church, convention of church | ches, or association of | f churches described in | section | 170(b) | (1)(A)(i). |) | | | | |
| 2 | | A school described in section | n 1 70(b)(1)(A)(ii). (Atta | ich Schedule E (Form 9 | 90 or 99 | 0-EZ).) | | | | | | |
| 3 | Г | A hospital or a cooperative h | ospital service organiz | zation described in sec | tion 170 | (b)(1)(A) | (iii). | | | | | |
| 4 | П | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's | | | | | | | | | | |
| | ш | name, city, and state: | | • | | | ****** | , | | | | |
| 5 | | An organization operated for | | | | | | | | | | |
| | | section 170(b)(1)(A)(iv). (Con | mplete Part II.) | e or university owned t | or opera | ed by a | governmental unit desc | cribed in | | | | |
| 6 7 | X | A federal, state, or local gove | • | | | | • • • | | | | | |
| • | | ın section 170(b)(1)(A)(vi). (Ö | Complete Part II.) | | | ernmen | tal unit or from the gen | eral public described | | | | |
| 8 | | A community trust described | | | • | | | | | | | |
| 9 | | An agrıcultural research orga | nization described in | section 170(b)(1)(A)(ix) | operate | d in cor | ijunction with a land-gra | ant college | | | | |
| | | or university or a non-land-gr | rant college of agricult | ure (see instructions). | Enter the | e name, | city, and state of the c | ollege or | | | | |
| | _ | university: | | | | | | | | | | |
| 10 | | An organization that normally from activities related to its investment income and unrel June 30, 1975. See section 5 | exempt functions—subjated business taxable | ect to certain exception income (less section 5 | ns, and (| 2) no m | ore than 33-1/3% of its | support from gross | | | | |
| 11 | | An organization organized ar | nd operated exclusively | y to test for public safe | ty. See | section | 509(a)(4). | | | | | |
| 12 | | An organization organized ar or more publicly supported or lines 12a through 12d that de | ganizations described | in section 509(a)(1) or | section | 509(a)(| 2). See section 509(a) (| | | | | |
| а | | Type I. A supporting organization(s) the power to complete Part IV, Sections A | ation operated, supervi regularly appoint or el | ised, or controlled by its | s suppor | ted orga | inization(s), typically by | giving the supported ganization. You must | | | | |
| b | | Type II. A supporting organize management of the supporting must complete Part IV, Secti | ation supervised or co ng organization vested | ntrolled in connection vin the same persons the | vith its s nat conti | upported ol or ma | d organization(s), by ha anage the supported org | iving control or ganization(s). You | | | | |
| С | | Type III functionally integrate organization(s) (see instruction | ed. A supporting organons) You must comp | nization operated in cor lete Part IV, Sections A | nection , D, and | with, an E. | d functionally integrate | d with, its supported | | | | |
| d | | Type III non-functionally inte functionally integrated The oinstructions). You must comp | rganization generally i | must satisfy a distribut | on requi | tion with rement | n its supported organiza and an attentiveness re | etion(s) that is not equirement (see | | | | |
| е | | Check this box if the organization integrated, or Type III non-ful | ation received a writter | n determination from th | ne IRS th | at it is a | a Type I, Type II, Type | III functionally | | | | |
| f | En | ter the number of supported o | | apporting organization | | | | | | | | |
| g | Pro | ovide the following information | about the supported | organization(s) | | | | <u> </u> | | | | |
| (|) Na | me of supported organization | (ii) EIN | (III) Type of organization (described on lines 1-10 above (see instructions)) | organizat | s the ion listed overning nent? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | | |
| | | | | | Yes | No | | | | | | |
| (A) | | | | | | | | | | | | |
| <u>~~</u> | | | | | | | | | | | | |
| <u>(B)</u> | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | |
| (D) | | | | | | | | _ | | | | |
| <u>,-,</u> | | | | | | | | | | | | |
| Œ) | | | | | | _ i | | | | | | |
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Schedule A (Form 990 or 990-EZ) 2016 FRIENDS AND FOUNDATION OF THE ARLINGTON 75-2555253

Part II Support Schedule for Organizations Described in Sections 170(bX1XAXiv) and 170(bX1XAXvi)

| | • | |
|---------------------|-------------------------|---|
| (Complete only if v | ou checked the box on I | 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the |
| | | ed below, please complete Part III) |

| Sec | tion A. Public Support | | | | | | |
|--------------|---|---|--|-----------------------------------|---------------------------|--------------------|-----------------------|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | 92,947. | 105,945. | 92,838. | 668,455. | 812,420. | 1,772,605. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | · | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 92,947. | 105,945. | 92,838. | 668,455. | 812,420. | 1,772,605. |
| 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) | | | | | | 224,315. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 1,548,290. |
| Sec | tion B. Total Support | | -, | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 92,947. | 105,945. | 92,838. | 668,455. | 812,420. | 1,772,605. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 201. | 105. | 104. | 106. | 106. | 622. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,773,227. |
| 12 | Gross receipts from related activi | ties, etc. (see inst | ructions) | | | 12 | 0. |
| | First five years. If the Form 990 is organization, check this box and | stop here | · | , thırd, fourth, or f | ifth tax year as a | section 501(c)(3) | ► [] |
| Sec | tion C. Computation of Pul | blic Support P | ercentage | | · | | |
| | Public support percentage for 201 | • | `` | 11, column (f)) | | 14 | 87.31% |
| 15 | Public support percentage from 2 | 015 Schedule A, F | art II, line 14 | | | 15 | 77.16% |
| 16a | 33-1/3% support test—2016. If the and stop here. The organization of | e organization did qualifies as a publi | not check the box cly supported orga | c on line 13, and li anization | ne 14 is 33-1/3% | or more, check th | rus box ► X |
| b | 33-1/3% support test—2015. If the and stop here. The organization of | e organization did i qualifies as a publ | not check a box or scly supported org | n line 13 or 16a, a anization | ind line 15 is 33-1 | /3% or more, che | ck this box |
| 17a | 10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts- | neets the 'facts-an | id-circumstances' | test, check this bo | ox and stop here . | Explain in Part V | % Thow |
| b | 10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and | neets the 'facts-an | d-circumstances' | test, check this bo | ox and stop here. | Explain in Part V | is 10% I how the ► |
| 18 | Private foundation. If the organization | ation did not check | k a box on line 13 | , 16a, 16b, 17a, or | 17b, check this b | oox and see instru | uctions. |
| BAA | | | | | Sch | edule A (Form 99 | 0 or 990-EZ) 2016 |

| | dule A (Form 990 or 990-EZ) 2016 | | | | E ARLINGTON | <u>75-255525</u> 3 | Page 3 |
|-----|--|--|---|---|--|--|---------------|
| Par | | r Organizatior | ns Described | in Section 509 | 9(a)(2) | J. D. 10 160 | |
| | (Complete only if you check fails to qualify under the te | | | | i failed to qualify u | inder Part II. If the o | organization |
| Sec | tion A. Public Support | 313 1131CG DE1011, F | olease complete i | art ii.j | | | |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants ') | (4) 2012 | (2) 2010 | (4) 20 | (4) 2010 | (2) 2010 | (i) Total |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 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 | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | <u> </u> | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | L | · | .£ | L | |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 | | \., | | | _ (,, | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | 1 | | | |
| | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| | First five years. If the Form 990 is organization, check this box and | stop here 🥢 | | d, third, fourth, or | fifth tax year as a | section 501(c)(3) | ▶ [] |
| | tion C. Computation of Pul | | | | | | |
| | Public support percentage for 201 | // | | e 13, column (f)) | | 15 | 8 |
| | Public support percentage from 2 | | | | | 16 | % |
| Sec | tion D. Computation of Inv | | | | | | |
| 17 | Investment income percentage fo | v v | | | mn (f)) | 17 | % |
| | Investment income percentage from | i | | | 16. ie | 18 | % |
| | 33-1/3% support tests—2016. If this not more than 33-1/3%, check | this/box and stop | here. The organi | zation qualifies as | s a publicly suppor | ted organization | ▶ [|
| b | 33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, | ie/organization di ,/check this box a | d not check a box nd stop here. The | con line 14 or line organization qua | e 19a, and line 16 l lifies as a publicly | is more than 33-1/3° supported organiza | %, and tion ► |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?

 If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in **Part VI**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If Yes, answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | | Yes | No |
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| | | 16 FRIENDS AND FOUNDATION OF THE ARLINGTON 75-255525 | 3 | F | ⊃age 5 |
|-----|---|---|-------------|------------------|--------|
| Pa | art IV Supporting Organi | zations (continued) | | Тъ | |
| 11 | Has the organization accepted | a gift or contribution from any of the following persons? | | Yes | No |
| į | à A person who directly or indire | ctly controls, either alone or together with persons described in (b) and (c) below, the | | i | 1 |
| | governing body of a supported | | 11a | | ļ |
| | b A family member of a person of | • • | 11b | - - | |
| | ction B. Type I Supporting | erson described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | | |
| | odon b. Type i oupporting | organization 5 | | Yes | No |
| 1 | or elect at least a majority of the Part VI how the supported organization had more the | membership of one or more supported organizations have the power to regularly appoint the organization's directors or trustees at all times during the tax year? If 'No,' describe in initiation(s) effectively operated, supervised, or controlled the organization's activities can one supported organization, describe how the powers to appoint and/or remove cated among the supported organizations and what conditions or restrictions, if any, the tax year. | 1 | | · |
| 2 | that operated, supervised, or co | r the benefit of any supported organization other than the supported organization(s) ontrolled the supporting organization? If 'Yes,' explain in Part VI how providing such softhe supported organization(s) that operated, supervised, or controlled the | 2 | | |
| Sec | ction C. Type II Supporting | Organizations | | | |
| | | | | Yes | No |
| 1 | of each of the organization's su | ation's directors or trustees during the tax year also a majority of the directors or trustees apported organization(s)? If 'No,' describe in Part VI how control or management of the asted in the same persons that controlled or managed the supported organization(s) | 1 | | |
| Sec | ction D. All Type III Support | ing Organizations | | | |
| | | | , <u> </u> | Yes | No |
| 1 | organization's tax year, (i) a wi year, (ii) a copy of the Form 99 | each of its supported organizations, by the last day of the fifth month of the ritten notice describing the type and amount of support provided during the prior tax 90 that was most recently filed as of the date of notification, and (III) copies of the nents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | organization(s) or (ii) serving o | officers, directors, or trustees either (i) appointed or elected by the supported in the governing body of a supported organization? If 'No,' explain in Part VI how close and continuous working relationship with the supported organization(s) | 2 | | |
| | voice in the organization's inve- all times during the tax year? I in this regard | escribed in (2), did the organization's supported organizations have a significant stment policies and in directing the use of the organization's income or assets at f 'Yes,' describe in Part VI the role the organization's supported organizations played | 3 | | |
| Sec | ction E. Type III Functionall | y Integrated Supporting Organizations | | | |
| 1 | Check the box next to the meth | ood that the organization used to satisfy the Integral Part Test during the year (see instructi | ons). | | |
| а | a The organization satisfied t | he Activities Test. Complete line 2 below | • | | |
| ь | b The organization is the part | ent of each of its supported organizations. Complete line 3 below | | | |
| c | | a governmental entity. Describe in Part VI how you supported a government entity (see insi | tructio | ns) | |
| _ | | | | | |
| 2 | Activities Test Answer (a) and | l (b) below. | | Yes | No |
| а | supported organization(s) to whorganizations and explain ow | nization's activities during the tax year directly further the exempt purposes of the nich the organization was responsive? If 'Yes,' then in Part VI identify those supported these activities directly furthered their exempt purposes, how the organization was organizations, and how the organization determined that these activities constituted | 2a | | |
| b | the organization's supported org | a) constitute activities that, but for the organization's involvement, one or more of ganization(s) would have been engaged in? If 'Yes,' explain inPart VI the reasons for its supported organization(s) would have engaged in these activities but for the | 2b | | |
| 3 | Parent of Supported Organizati | ons. Answer (a) and (b) below. | | | |
| a | Did the organization have the p each of the supported organization | ower to regularly appoint or elect a majority of the officers, directors, or trustees of tions? <i>Provide details in Part VI.</i> | За | | |
| b | b Did the organization exercise a supported organizations? <i>If 'Ye</i> | substantial degree of direction over the policies, programs, and activities of each of its is, describe in Part VI the role played by the organization in this regard | 3b | | |

| | edule A (Form 990 or 990-EZ) 2016 FRIENDS AND FOUNDATION OF THE | | | 555253 | Page 6 |
|----------|--|-----------|-------------------------|------------------------------|---------------|
| Pai 1 | Type III Non-Functionally Integrated 509(a)(3) Supporting Organia Check here if the organization satisfied the Integral Part Test as a qualifying trust | on Nov | . 20. 1970 (explain in | Part VI). See | |
| | instructions. All other Type III non-functionally integrated supporting organizations | s must o | complete Sections A t | nrough É. | |
| Sect | tion A — Adjusted Net Income | | (A) Prior Year | (B) Current Ye (optional) | ear |
| 1 | -Net short-term capital gain | 1 | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | |
| 3 | Other gross income (see instructions) | 3 | | | |
| 4 | Add lines 1 through 3. | 4 | | | |
| 5 | Depreciation and depletion | 5 | | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | | |
| 7 | Other expenses (see instructions) | 7 | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | | |
| Sec | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Ye (optional) | ear |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | | |
| 8 | Average monthly value of securities | 1a | | | |
| ŀ | Average monthly cash balances | 1b | | | |
| | Fair market value of other non-exempt-use assets | 1c | | | |
| | d Total (add lines 1a, 1b, and 1c) | 1d | | | |
| _ | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 | Multiply line 5 by 035. | 6 | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sec | ction C — Distributable Amount | | | Current Yea | r |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | |
| 2 | Enter 85% of line 1. | 2 | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | | |
| 5 | Income tax imposed in prior year | 5 | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | | |
| 7 | Check here if the current year is the organization's first as a non-functionally inte (see instructions). | egrated 1 | Type III supporting org | anization | |

Schedule A (Form 990 or 990-EZ) 2016

BAA

| | dule A (Form 990 or 990-EZ) 2016 FRIENDS AND FOUNDAT | | | 55253 Page |
|------|---|--|--|---|
| | t V Type III Non-Functionally Integrated 509(a)(3) Suption D — Distributions | porting Organization | ns (continued) | Current Year |
| | Amounts paid to supported organizations to accomplish exempt pur | poses | | |
| | Amounts paid to perform activity that directly furthers exempt purpoun excess of income from activity | ` | zations, | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | pported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | sh | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the organ in Part VI). See instructions. | nization is responsive (p | rovide details | - |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | - |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Sect | ion E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | -// | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| а | | | | |
| b | | | | |
| С | From 2013 | 1111 | | 11141 |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| 9 | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2016 from Section D, line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | <u></u> |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | ······································ |
| а | | | | |
| b | Excess from 2013 | |] | |

e Excess from 2016

c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is atwww.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS AND FOUNDATION OF THE ARLINGTON

| _ | PUBLIC LIBRARY | | 75-2555253 |
|-----|--|---|--|
| Pa | | or Advised Funds or Other Similar | |
| | Complete if the organization ans | wered 'Yes' on Form 990, Part IV, | |
| | Tatal washing at and of year | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year). | | · |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and don are the organization's property, subject to the | or advisors in writing that the assets held in organization's exclusive legal control? | donor advised funds |
| 6 | Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit? | s, and donor advisors in writing that grant for the donor or donor advisor, or for any other. | unds can be used only ner purpose conferring Yes No |
| D. | · · · · · · · · · · · · · · · · · · · | | les la |
| ra | Conservation Easements. | wered 'Yes' on Form 990, Part IV, | line 7 |
| 1 | Purpose(s) of conservation easements held by | | mic 7. |
| • | Preservation of land for public use (e.g., re | | on of a historically important land area |
| | Protection of natural habitat | · L | on of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization last day of the tax year | on held a qualified conservation contribution | in the form of a conservation easement on the |
| | | | Held at the End of the Tax Year |
| ; | Total number of conservation easements | | 2 a |
| | Total acreage restricted by conservation easen | | 2 b |
| (| Number of conservation easements on a certif | ied historic structure included in (a) | 2c |
| • | Number of conservation easements included in structure listed in the National Register | ı (c) acquired after 8/17/06, and not on a his | storic 2 d |
| 3 | Number of conservation easements modified, t tax year ▶ | ransferred, released, extinguished, or termin | nated by the organization during the |
| 4 | Number of states where property subject to co | nservation easement is located 🕨 | |
| 5 | Does the organization have a written policy req and enforcement of the conservation easemen | | handling of violations, Yes No |
| 6 | Staff and volunteer hours devoted to monitorin | g, inspecting, handling of violations, and en | forcing conservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, in: •\$ | specting, handling of violations, and enforci | ng conservation easements during the year |
| 8 | Does each conservation easement reported on and section 170(h)(4)(B)(ii)? | line 2(d) above satisfy the requirements of | section 170(h)(4)(B)(i) Yes No |
| 9 | In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements. | orts conservation easements in its revenue a o the organization's financial statements tha | and expense statement, and balance sheet, and tescribes the organization's accounting for |
| Pai | TI Organizations Maintaining Collec | tions of Art, Historical Treasures, or wered 'Yes' on Form 990, Part IV, | Other Similar Assets. line 8. |
| 1: | If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finan | held for public exhibition, education, or res | |
| ı | If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items: | SFAS 116 (ASC 958), to report in its reveni d for public exhibition, education, or researc | ue statement and balance sheet works of art, h in furtherance of public service, provide the |
| | (i) Revenue included on Form 990, Part VIII, I | ine 1 | ▶\$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of ar amounts required to be reported under SFAS 1 | | s for financial gain, provide the following |
| • | Revenue included on Form 990, Part VIII, line | 1 | ► \$ |
| ı | Assets included in Form 990, Part X | • | ► \$ |

| Schedule D (Form 990) 2016 FRIE | | | | | 75-255 ner Similar Assets (| | Page 2 |
|--|-----------------------|------------------------------------|-----------------|-----------------------------|--------------------------------|----------------------|---------------------|
| 3 Using the organization's acquisition | | | | | | | |
| items (check all that apply) | | مده ا | or ove | bongo programs | | | |
| a Public exhibition b Scholarly research | | d Loan e Othe | | hange programs | | | |
| Preservation for future genera | ations | e □] O∷ile | ' - | | | | |
| 4 Provide a description of the organ Part XIII. | | ns and explain hov | v they | further the organiza | ation's exempt purpose | ın | |
| 5 During the year, did the organizat | ion solicit or receiv | ve donations of an | t, histo | rical treasures, or | other similar assets | | |
| to be sold to raise funds rather th | | | | | 'Ves' on Form 990 | Yes Part IV | No |
| line 9, or reported an | amount on For | m 990, Part X | , line | 21. | 1 103 0111 01111 330, | i aitiv, | |
| 1a is the organization an agent, trus | tee, custodian or o | other intermediary | for con | tributions or other | assets not included | | |
| on Form 990, Part X? | · | - | | | | Yes | No |
| b If 'Yes,' explain the arrangement | ın Part XIII and co | mplete the followi | ng tabl | e· | | , , , , , | |
| - Dominion halance | | | | | | Amount | |
| c Beginning balance d Additions during the year | | | | | 1c | | |
| e Distributions during the year | | | | | 1 d | | |
| f Ending balance | | | | | 1 1 | | |
| 2a Did the organization include an ai | mount on Form 990 |). Part X. line 21. | for esc | row or custodial a | | Yes | No |
| b If 'Yes,' explain the arrangement | | | | | · 1 | | H |
| • • | | | | • | | | \Box |
| Part V Endowment Funds. Co | mplete if the o | rganization ans | were | d 'Yes' on Forn | n 990, Part IV, line | 10. | |
| | (a) Current year | (b) Prior yea | ar | (c) Two years back | (d) Three years back | (e) Four | years back |
| 1 a Beginning of year balance | 31,18 | | 836. | 30,736 | | | 0. |
| b Contributions | | | 350. | 100 | 1,700. | | |
| c Net investment earnings, gains, and losses. | | | | | | | |
| d Grants or scholarships | | | | | | | |
| Other expenditures for facilities and programs | | | | | 0. | | |
| f Administrative expenses | | | | | | | |
| g End of year balance | 31,18 | | | 30,836 | | | 0. |
| 2 Provide the estimated percentage | | r end balance (line | e Ig, c | olumn (a)) held as | : | | |
| a Board designated or quasi-endowi | | * | | | | | |
| b Permanent endowment | 100.00 % | o. | | | | | |
| c Temporarily restricted endowment | | 6 6 | | | | | |
| The percentages on lines 2a, 2b, | and 2c should equ | ai 100% | | | | | |
| 3a Are there endowment funds not in organization by | the possession of | the organization | that are | e held and adminis | tered for the | Ye | s No |
| (i) unrelated organizations | | | | | | 3a(i) | X |
| (ii) related organizations | | | | | | 3a(ii) | $\frac{\lambda}{X}$ |
| b If 'Yes' on line 3a(ıı), are the relat | ed organizations l | sted as required o | n Sche | edule R? | | 3b | |
| 4 Describe in Part XIII the intended | - | • | | | | | |
| Part VI Land, Buildings, and | Equipment. | | | | | | |
| Complete if the organia | zation answere | d 'Yes' on Fori | m 990 |), Part IV, line | 11a. See Form 990, | Part X, | line 10. |
| Description of property | (a) C | ost or other basis (investment) | (b) | Cost or other casis (other) | (c) Accumulated depreciation | (d) Book | value |
| 1 a Land | | | | | | | |
| b Buildings | | | | | | | |
| c Leasehold improvements | | | | | | | |
| d Equipment | | | | | | | |
| e Other | | | | | | | |
| Total. Add lines 1a through 1e. (Column | (d) must equal Fo | orm 990, Part X, c | olumn | (B), line 10c) | <u> </u> | | <u>0.</u> |
| BAA | | | | | Schedu | ıle D (Form | 1 990) 2016 |

(8)(9) (10) (11)Total (Column (b) must equal Form 990, Part X, column (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain SEE PART XIII X tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| Mari D | 200020 | J age - |
|--------------------------|---|----------|
| | n. | |
| , Part IV, line 12a. | | |
| | 1 | 878,744. |
| | | |
| 2 a | | |
| 2b 61,436. | 1 | |
| 2 c | 1 | |
| 2 d | 1 | |
| | 2 e | 61,436. |
| | 3 | 817,308. |
| | | |
| 4 a | | |
| 4 b | 1 | |
| · | 4c . | |
| , | 5 | 817,308. |
| ts With Expenses per Ret | urn. | |
| | | |
| | 1 | 684,664. |
| | | |
| 2a 61.436. | | |
| 2 b | 1 | |
| 2 c | 1 | |
| 2 d | 1 | |
| | 2 e | 61,436. |
| | 3 | 623,228. |
| 1 1 | | |
| 4 a | | |
| 4 b | | |
| | 4 c | |
|) | 5 | 623,228. |
| | | |
| | s With Revenue per Return, Part IV, line 12a. 2a 2b 61,436. 2c 2d ts With Expenses per Return Part IV, line 12a. 2a 61,436. 2b 2c 2d | 2a |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE FFAPL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND HAS NOT BEEN CLASSIFIED AS A PRIVATE FOUNDATION AS DEFINED IN THE IRC. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE FFAPL'S EXEMPT PURPOSES IS SUBJECT TO TAX UNDER IRC SECTION 511. THE FFAPL HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED SEPTEMBER 30, 2017. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX.

BAA

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

GAAP REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN IN THE COURSE OF PREPARING THE FFAPL'S TAX RETURNS AND RECOGNITION OF A TAX LIABILITY (OR ASSET) IF THE FFAPL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FFAPL, AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2017, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is abwww.irs.gov/form990.

2016

Open to Public Inspection

| Name | of the organization FRIENDS AND PUBLIC LIBRA | | OF T | HE ARLI | NGTON | Employer identific 75 - 255525 | |
|-------|--|--|---------------------------|-----------------------------|--|---|--------------------------------------|
| Par | Fundraising Activities, Comp | lete if the organ | nization an | swered 'Ye | es' on Form 990, Part I' | | |
| 1 | Form 990-EZ filers are not re Indicate whether the organization | | | | wing activities. Check a | all that apply | |
| | Mail solicitations | alsed failes thin | Jugir arry (| e . | | | |
| | ⊢ | | | f | Solicitation of gove | - | |
| Ł | | • | | - | <u>-</u> | | |
| | Phone solicitations | | | 9 | Special fundraising | j events | |
| | In-person solicitations | | | | | | |
| 2 8 | Did the organization have a writter employees listed in Form 990, Par | n or oral agreem t VII) or entity ii | nent with a n connecti | iny individi on with pro | ual (including officers, d ofessional fundraising s | directors, trustees, or ke services? | Yes X No |
| ŀ | • If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the | lividuals or entit | ies (fundra | | • | | |
| | | | (m) D I | , , | | (v) Amount paid to | Asi) Amount roud to |
| (i) | Name and address of individual or entity (fundraiser) | (ii) Activity | | fundraiser dy or control | (iv) Gross receipts from activity | (or retained by) | (vi) Amount paid to (or retained by) |
| | or entity (tandraiser) | 1 | of conti | ributions? | HOITI activity | fundraiser listed in column (i) | organization |
| | | † | Yes | No | | | |
| 1 | | İ | | | | | |
| | | | | | | | |
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| | | | ļ | | 70.00 | | |
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| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| | | <u> </u> | <u> </u> | <u> </u> | | | <u> </u> |
| Tota | 1 | | | • | | | _ |
| - | List all states in which the organiz or licensing | ation is register | ed or licer | | cit contributions or has | been notified it is exem | pt from registration |
| | | | | | | | |

| oche Par l | dule | G (Form 990 or 990-EZ) 2016 FRIEND Fundraising Events. Complete if the | e organization answe | red 'Yes' on Form 99 | 0. Part IV. line 18. | or reported |
|----------------------|----------|--|--|---|------------------------------------|--|
| | | more than \$15,000 of fundraising List events with gross receipts gi | g event contributions eater than \$5.000. | s and gross income | on Form 990-EZ, | lines 1 and 6b. |
| R | | LIST OVERTICAL WILLIAM STORE FOR STORE STO | (a) Event #1 BOOKSALES (event type) | (b) Event #2 BUILDING A DRE (event type) | (c) Other events 1 (total number) | (d) Total events (add column (a) through column (c)) |
| REVEZUE | 1 | Gross receipts | 33,801. | 24,593. | 14,880. | 73,274 |
| E | 2 | Less: Contributions | | 20,418. | 11,676. | 32,094. |
| | 3 | Gross income (line 1 minus line 2) | 33,801. | 4,175. | 3,204. | 41,180. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| D I RECT | 6 | Rent/facility costs | 9,200. | 3,141. | | 12,341. |
| - 1 | 7 | Food and beverages | | 5,187. | 3,269. | 8,456. |
| E X P | 8 | Entertainment | | 100. | | 100. |
| EXPERSES | 9 | Other direct expenses | 11,099. | 1,846. | 2,556. | 15,501. |
| S | 10 11 | Direct expense summary. Add lines 4 the Net income summary. Subtract line 10 fi | • | • | > | 36,398. 4,782. |
| Par | | Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a | on answered 'Yes' or | Form 990, Part IV, | line 19, or reported | |
| REVENUE | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
| E E | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| E N C S T E | 4 | Rent/facility costs | | | | |
| J | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % | Yes % | Yes% | |
| | 7 | Direct expense summary. Add lines 2 th | rough 5 in column (d) | | • | |
| | 8 | Net gaming income summary. Subtract | lino 7 from line 1 column | . (d) | • | |

| Penter the state(s) in which the organization conducts gaming activities. a is the organization licensed to conduct gaming activities in each of these states? b if 'No,' explain: | Yes | No |
|--|-----|----|
| Da Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain' | Yes | No |
| | | |

| Sche | dule G (Form 990 or 990-EZ) 2016 FRIENDS AND FOUNDATION OF THE ARLINGTON 75 | 5-255 | 5253 | Page 3 |
|------|--|-----------------|----------------------|--------------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formadminister charitable gaming? | ned to | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | 1 1 | | |
| | The organization's facility | 13a | | 8 |
| | An outside facility | 13b | | 8 |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and re- | cords: | | |
| | Name • | | | |
| | Address ► | | ~ | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | No |
| b | of Yes, enter the amount of gaming revenue received by the organization 🏲 💲 💮 and the | e amou | nt | |
| | of gaming revenue retained by the third party • \$ | | | |
| c | : If 'Yes,' enter name and address of the third party: | | | |
| | Name • | | | 1 |
| | 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 state gaming license? | ı the | □v | □ N - |
| ŧ | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spi | ent in th | Yes | No |
| | organization's own exempt activities during the tax year 🕨 \$ | | | |
| Par | Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions | lumns ny add | (III) and Itional | (v); |
| | | | | |
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| | | | | |
| BAA | TETANZON 000205 Schodule | C Œs | m 990 or 99 | 0 E70 2016 |

Employer identification number 75-2555253 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Information about Schedule I (Form 990) and its instructions is atwww.irs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Part I General Information on Grants and Assistance FRIENDS AND FOUNDATION OF THE ARLINGTON Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1 (Form 990)

ջ □

X Yes

Open to Public Inspection

OMB No 1545-0047 2016

| 2 Describe in Part IV the organization's procedures for monitoring | procedures for monitor | ring the use of gra | the use of grant funds in the United States. | tates. | SEE P | SEE PART IV | |
|---|--|------------------------------------|---|---|---|---------------------------------------|------------------------------------|
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | ce to Domestic Org , for any recipient | janizations and t that received | izations and Domestic Governments. Complete if the organization answered 'Yes' on lat received more than \$5,000. Part II can be duplicated if additional space is need | ients. Complete if the Part II can be dup | the organization a dicated if addition | inswered 'Yes' o nal space is nee | n ded. |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (T) ARLINGTON PUBLIC LIBRARY PO BOX 90231 ARLINGTON, TX 76004 | 75-6000450 | | 593,245. | .0 | | | CAPITAL & LIBRARY SUPPORT |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | - 110 | |
| | | | | | | | |
| Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table. | 3) and government orgons listed in the line 1 | anizations listed in | the line 1 table | | | | |
| BAA For Paperwork Reduction Act Notice, see the Instructions for | , see the Instructions f | for Form 990. | | TEEA3901L 11/03/16 | 11/03/16 | Schedu | Schedule I (Form 990) (2016) |

Part III

Grants and Other Assistance to Domestic Individuals. Complete of the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
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| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | de the informatio | in required in Part | I, line 2; Part III, c | olumn (b); and any ot | her additional information. |

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ARLINGTON PUBLIC LIBRARY (CITY OF ARLINGTON). THE LIBRARY DEVELOPMENT COORDINATOR IS RESPONSIBLE FOR PERFORMANCE REPORTS AND THE LIBRARY'S BUSINESS ADMINISTRATOR IS THE LIBRARY DEVELOPMENT COORDINATOR IS THE FUNDRAISER FOR THE LIBRARY SYSTEM. WHEN GRANTS ARE RECEIVED, THE FUNDING IS TRANSFERRED FROM THE FRIENDS AND FOUNDATION TO RESPONSIBLE FOR FINANCIAL REPORTS RELATED TO GRANTS. Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization FRIENDS AND FOUNDATION OF THE ARLINGTON PUBLIC LIBRARY

Employer Identification number 75-2555253

FORM 990, PART VIII INCOME FROM FUNDRAISING EVENTS

THE NET ECONOMIC BENEFIT FROM OUR FUNDRAISING EVENTS IS CALCULATED AS FOLLOWS:

CONTRIBUTIONS FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 1C \$ 32,094

GROSS INCOME FROM FUNDRAISING EVENTS REPORTED ON PART VIII, LINE 8A 41,180

LESS: DIRECT COSTS OF EVENTS REPORTED ON PART VIII, LINE 8B (36,398)

NET ECONOMIC BENEFIT OF FUNDRAISING EVENTS \$ 36,876

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE PURPOSE OF THE FRIENDS & FOUNDATION OF THE ARLINGTON PUBLIC LIBRARY IS TO BRING TOGETHER AND MAINTAIN AN ORGANIZATION OF PERSONS INTERESTED IN BOOKS AND LIBRARIES, FACILITIES AND NEEDS, TO PROMOTE PUBLIC AWARENESS AND COMMUNITY SUPPORT FOR THE ARLINGTON PUBLIC LIBRARY SYSTEM AND ITS EDUCATIONAL ACTIVITIES, AND TO ENGAGE IN FUND RAISING ACTIVITIES ON BEHALF OF THE ARLINGTON PUBLIC LIBRARY SYSTEM.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE PURPOSE OF THE FRIENDS & FOUNDATION OF THE ARLINGTON PUBLIC LIBRARY IS TO BRING TOGETHER AND MAINTAIN AN ORGANIZATION OF PERSONS INTERESTED IN BOOKS AND LIBRARIES, FACILITIES AND NEEDS, TO PROMOTE PUBLIC AWARENESS AND COMMUNITY SUPPORT FOR THE ARLINGTON PUBLIC LIBRARY SYSTEM AND ITS EDUCATIONAL ACTIVITIES, AND TO ENGAGE IN FUND RAISING ACTIVITIES ON BEHALF OF THE ARLINGTON PUBLIC LIBRARY SYSTEM.

FORM 990, PART III, LINE 2 - NEW SERVICES

THE FRIENDS OF THE ARLINGTON PUBLIC LIBRARY AND THE ARLINGTON PUBLIC LIBRARY
FOUNDATION MERGED IN OCTOBER 2016 TO FORM THE FRIENDS & FOUNDATION OF THE ARLINGTON
PUBLIC LIBRARY. THE FRIENDS CEASED TO EXIST AND THE ARLINGTON PUBLIC LIBRARY
FOUNDATION CHANGED ITS NAME TO FRIENDS & FOUNDATION OF THE ARLINGTON PUBLIC LIBRARY,
MAINTAINING THE FOUNDATION'S TAX ID 75-2555253.

Employer identification number 75-2555253

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

BOARD MEMBERS CANDY AND WAYNE HALLIBURTON ARE MARRIED.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

IN OCTOBER OF 2016, THE FRIENDS OF THE ARLINGTON PUBLIC LIBRARY MERGED INTO THE ARLINGTON PUBLIC LIBRARY FOUNDATION AND THE ARLINGTON PUBLIC LIBRARY FOUNDATION CHANGED ITS NAME TO FRIENDS & FOUNDATION OF THE ARLINGTON PUBLIC LIBRARY AND ADOPTED NEW BYLAWS AND VOTED IN NEW BOARD MEMBERS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED AT THE BOARD MEETING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH NEW BOARD MEMBER IS GIVEN A COPY OF THE BYLAWS AND ASKED TO REVIEW THEM.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

THE 990 IS AVAILABLE ON GUIDESTAR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
UPON REQUEST



Office of the Secretary of State

CERTIFICATE OF FILING OF

Friends and Foundation of the Arlington Public Library 129600001

[formerly: ARLINGTON PUBLIC LIBRARY FOUNDATION]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 09/30/2016

Effective: 09/30/2016



Culc -

Carlos H. Cascos Secretary of State

BOARD OF DIRECTORS' RESOLUTION APPROVING MERGER OF THE ARLINGTON PUBLIC LIBRARY FOUNDATION WITH THE FRIENDS OF THE ARLINGTON PUBLIC LIBRARY

WHEREAS, the Board of Directors of the Arlington Public Library Foundation (hereinafter referred to as Foundation) and the Friends of the Arlington Public Library (hereinafter referred to as Friends) determined that, by merging the Friends into the Foundation, it will be possible to gain operating efficiencies and to have a broader mission with wider appeal than two separate organizations, it is hereby

RESOLVED, that the Foundation will merge with the Friends and shall be called the Friends and Foundation of the Arlington Public Library, and it is

FURTHER RESOLVED, that, after the merger is effected, the merged organization will adopt the bylaws of the Friends and Foundation of the Arlington Public Library, and it is

FURTHER RESOLVED, that, after the merger is effected, the organization with charter #01296000-01 shall be the ongoing organization and shall retain its corporate entity, including its tax identification number, and it is

FURTHER RESOLVED, that, after the merger is effected, said Foundation will assume all of the debts and liabilities of both former organizations, and it is

FURTHER RUSOLVED, that a special meeting of this organization's directors shall be called in Arlington, Texas in October 2016

and it is heroby

PURTHER RESOLVED that the purpose of such special meeting shall be as follows:

- (1) To vote upon the recommendation presented by the Board of Directors that the two entities be merged; and
- (2) To approve a merger agreement between the two organizations

The undersigned, Carole Hoyer, certifies that he or she is the duly appointed Scoretary of the Arlington Public Library Foundation and that the above is a true and correct copy of a resolution duly adopted at a meeting of the directors thereof, convened and held in accordance with law and the Bylaws of said organization, and that such resolution is now in full force and effect.

IN WITNESS THEREOF, I have affixed my name as Secretary of Arlington Public Library Foundation.

Dated: 5/24/2014

Care-le R. Yoyer Secretary

BOARD OF DIRECTORS' RESOLUTION APPROVING MERGER OF THE FRIENDS OF THE ARLINGTON PUBLIC LIBRARY WITH THE ARLINGTON PUBLIC LIBRARY FOUNDATION

WHEREAS, the Boards of Directors of the Friends of the Arlington Public Library (hereinafter referred to as Friends) and the Arlington Public Library Foundation (hereinafter referred to as Foundation) determined that, by merging the Friends with the Foundation, it will be possible to gain operating efficiencies and to have a broader mission with wider appeal than separate organizations, it is hereby

RESOLVED, that the Friends will merge with the Foundation and that the organization shall be called the Friends and Foundation of the Arlington Public Library, and it is

FURTHER RESOLVED, that, after the merger is effected, the merged organization will adopt the bylaws of the Friends and Foundation of the Arlington Public Library, and it is

FURTHER RESOLVED, that, after the merger is effected, the merged organization shall operate under charter #01296000-01 and tax identification number 75-2555253, and it is

FURTHER RESOLVED, that, after the merger is effected, said organization will assume all of the debts and liabilities of both former organizations, and it is

FURTHER RESOLVED, that the existing Friends' officers and board members will continue until a special meeting of this merged organization's directors shall be called in Arlington, Texas in October 2016

and it is hereby

FURTHER RESOLVED that the purpose of such special meeting shall be as follows:

- (1) To vote upon the recommendation presented by the Board of Directors that the two entitles be merged; and
- (2) To approve a merger agreement between the two organizations

The undersigned, Mary Bane, certifies that she is the duly appointed Secretary of the Friends of the Arlington Public Library and that the above is a true and correct copy of a resolution duly adopted at a meeting of the directors thereof, convened and held in accordance with law and the Bylaws of said organization, and that such resolution is now in full force and effect.

IN WITNESS THEREOF, I have affixed my name as Secretary of the Friends of the Arlington Public Library.

Dated: 6-30-2016

Mace Band (FAPL)
Secretary