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Form **990**

Department of the Treasury

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 at www.irs.gov/form990.

OMB No 1545 0047 2014

Open to Public

		enue Service Information about 1 offin 550 and its instructions is at www.ifs.gov/	omisso.		mspection
<u>A</u>	For th	ne 2014 calendar year, or tax year beginning , 2014, and ending	"]		,
В	Check	of applicable C		D Employer ident	ification number
	∐ Ac	ddress change ARLINGTON RECREATION & PARK COMMITTEE		23-7183	942
	ШN	ame change INC.		E Telephone num	ber
	L In	that return PO BOX 157		802-375	-9052
	Fur	ARLINGTON, VT 05250-0157	Ī		
	[] Ar	mended return	1	G Gross receipts	\$ 178,760.
	☐ Ap	optication pending F Name and address of principal officer H	l(a) Is this a	group return for sub	
	_	H	l(b) Are all s	ubordinates include ttach a list (see ins	d ² Yes No
ī	Tax-	exempt status X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or 527	ii ivo, a	ttach a list (see ins	structions) — —
J	We	h-ta > 37/2	(c) Group e	cemption number	•
ĸ	Form	n of organization X Corporation Trust Association Other ► L Year of formation			legal domicile VT
Pa	rt l	Summary	2001		ogar commune VI
	1	Briefly describe the organization's mission or most significant activities PROVIDE F	TNANCT	AT. AND VC	TINTEFR
a		SUPPORT FOR ITS OWN PROJECTS AND/OR tO COLLABROATE WITH	I LOCA	GOVERNT	NG BODIES AND
Governance		NON-PROFIT ORGANIZATIONS FOR RECREATIONAL PROGRAMS AND	ACTIV	ITES AS W	ELL AS
Ē		OVERSIGHT AND MANAGEMENT TO PROTECT AND GROW ITS ENDOWN	MENT F	JND TO EN	SURE FUTURE
Ş	2	Check this box ► If the organization discontinued its operations or disposed of mor	e than 25	% of its net as	sets
Ğ		Number of voting members of the governing body (Part VI, line 1a)		3	16
ە 90		Number of independent voting members of the governing body (Part VI, line 1b)		4	0
Activities &		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
谚	ı	Total number of volunteers (estimate if necessary)		6	0
ď		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	D	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		Contributions and grants (Part VIII. Inc. 1h)	Pr	or Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		9,650.	12,600.
Revenue	9	Program service revenue (Part VIII, line 2g)			
ě	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	32,926.	26,196.
_	11 12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2.	
_	13	Grants and similar amounts paid, (Part IX, column (A), lines 1-3)	-	42,578.	38,796.
	14	Benefits paid to or for members (Rakt-IX, column (A), line 4).			
			<u> </u>		
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Š	16a	Professional tunitariaising fees (Part/ Missolumn (A), line 11e)			
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) ► 953.	. *	į /a ,	* ' * ~ · {, a
ш	17	Other expenses (Part IX, cotumn (A), lines 11a-11d, 11f-24e)		6,546.	7,993.
	18	Total expenses Add lines 13:17 (must equal Part IX, column (A), line 25)		6,546.	7,993.
	19	Revenue less expenses Subtract line 18 from line 12		36,032.	30,803.
8 8			Beginning	of Current Year	End of Year
ot Assets of	20	Total assets (Part X, line 16)		392,106.	415,485.
Ž Ž	21	Total liabilities (Part X, line 26)		432,013.	424,589.
Š	22	Net assets or fund balances Subtract line 21 from line 20		-39,907.	-9,104.
P	rt II	Signature Block		33,307.	7,104.
			no bact of my	knowledge and hel	hof it is true correct and
com	plete D	lties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the leclaration of preparer (other than officer) is based on all information of which preparer has any knowledge	ie best of fily	Niowiedge and bei	ier, it is true, correct, and
		Hurs 1/100 1/100 7/29/15			
Sid	n	Signature of officer	Date	† †	
He	Sign Signature of office Dave NAAKTGEBOREN Presi				
		Type or print name and title	TICSI	dene	
		Print/Type preparer's name Preparer's signature Date		Check if	PTIN
Preparer Furm's name * \$1/en S. G. v. n. fur.					
	e Or			Firm's EIN ►	
	- - •		·	 	2) V711-41 F-
N40	y the			Phone no (80	
_		IRS discuss this return with the preparer shown above? (see instructions)		<u> </u>	X Yes No
DA	M PO	r Paperwork Reduction Act Notice, see the separate instructions.	40113L 05/2	8/14 14/إ	Form 990 (2014)

Form	990 (2014) ARLINGTON RECREATION & PARK COMMITTEE	23-7	183942	2	Page 2
	Statement of Program Service Accomplishments				
	Check if Schedule O contains a response or note to any line in this Part III				X
1	Briefly describe the organization's mission:		_		
	See Schedule O	1			
		- -			
		T -			
		† 			
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior			
	Form 990 or 990-EZ?		П	Yes X	No
	If 'Yes,' describe these new services on Schedule O.				l
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	m services?		Yes X	No
	If 'Yes,' describe these changes on Schedule O		_		!
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocand revenue, if any, for each program service reported	services, as r ations to othe	measure rs, the to	d by expe otal expe	enses nses,
	a (Code:) (Expenses \$ including grants of \$) (Davis ave	·		
4 a) (Revenue		. D.D. 2 Mm	,
	PROVIDE FINANCIAL AND VOLUNTEER SUPPORT FOR ITS OWN PROJECTS				
	WITH LOCAL GOVERNING BODIES AND NON-PROFIT ORGANIZATIONS FOR				<u> S</u>
	AND ACTIVITIES AS WELL AS THE OVERSIGHT AND MANAGEMENT TO PRO				
	ENDOWMENT FUND TO ENSURE THE FUTURE AVAILABLITY DO FUNDS FOR	TDENTIETE	D REC	REATIC	NAT -
	NEEDS.	+		-	
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4 6	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
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4 0	c (Code:) (Expenses \$ including grants of \$) (Revenue	\$)
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		L	. 		
		_			
4 0	d Other program services. (Describe in Schedule O)	1.			
	(Expenses \$ including grants of \$) (Revenu	e Ş)	<u> </u>
	e Total program service expenses ► 0.	 		F	0 (000
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			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	х	
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		X
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? If 'Yes,' complete Schedule C, Part II	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		X
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			J,
ā	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		Х
ì	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
(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
(I 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	
	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		X
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	_	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	<u>X</u>
١	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	14b		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
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H .	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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Note. All Form 990 filers are required to complete Schedule O

Rantily Checklist of Required Schedules (continued) Yes No 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 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 Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes.' complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? **24**c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 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 l Х 25a **b** is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any durrent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II Х 26 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 X 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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part V 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28b 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 Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M $\overline{\mathbf{x}}$ 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If 'Yes,' complete Schedule M. 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II 32 X 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 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 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If '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 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 Х 36 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 Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

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Form 990 (2014)

Part V Statements Regarding Other IRS Fillings and Tax Compliance				
Check if Schedule O contains a response or note to any line in this Part V	-	Т	Yes	No.
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0	res	No
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	尚ㅣ		
c Did the organization comply with backup withholding rules for reportable payments to vendors and	L	—		
(gambling) winnings to prize winners?	·	1 c		
2a 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	e- 2 a	0		
b If at least one is reported on line 2a, did the organization file all required federal employm	ent 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)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the y	year ⁹	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or o financial account in a foreign country (such as a bank account, securities account, or other	ther authdrity over, a r financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	1 ' '			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the	·	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax sh	elter transaction?	5 b		X
c 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 solicit any contributions that were not tax deductible as charitable contributions?), and did the organization	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contrit not tax deductible?	butions or gifts were	6Ь		
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 services provided to the payor?	d partly for goods and	7a	· · · · · · · · · · · · · · · · · · ·	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provide	d?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282?		7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	7		v 8
e Did the organization receive any funds, directly or indirectly, to pay premiums on a persor	nal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal b	penefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization fi as required?	le Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by the sponsoring		<u>\$</u>	
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.			€3	*
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related in	person? .	9 b		
10 Section 501(c)(7) organizations. Enter	, ,		,	
a Initiation fees and capital contributions included on Part VIII, line 12	10a		·	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106			
11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders	العوا			
	11 a			}
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 6			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	1 11	12a	-	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	[12 b			
a is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Sche	edule O	138		
b Enter the amount of reserves the organization is required to maintain by the states in				
which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand	13b			
14a Did the organization receive any payments for indoor tanning services during the tax year	<u> </u>	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation		14a		 ^
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Par	TVI Governance, Management, and Disclosure For each 'Yes' response to line a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, p	s 2 through 7b bei	low, zes i	and	for
	Schedule O. See instructions.		<i>3</i> 03 1	''	
Soc	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management				X
<u> </u>	tion A. Governing Body and Management	<u> </u>		Vaa	N-
1 a	Enter the number of voting members of the governing body at the end of the tax year	1.6		Yes	No
1 4	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad	16		¢	٠. ١
	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			*	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with officer, director, trustee, or key employee? See Schedule 0	any other	2	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors, or trustees, or key employees to a management company or other person?	t supervision	3	-	х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		х
5	Did the organization become aware during the year of a significant diversion of the organization's	ssets?	5		X
6	Did the organization have members or stockholders?		6		X
-	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?		7 a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?		7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the following	the year by	""	} ·	* 3 *
а	The governing body?		8 a	Х	
	Each committee with authority to act on behalf of the governing body?		8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	reached at the	9		х
Sec	tion B. Policies (This Section B requests information about policies not required	by the Internal Re	veni	ie Co	ode.)
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10 a		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and brai operations are consistent with the organization's exempt purposes?	ches to ensure their	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
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	e Schedule O	. 1.4	.02.20	2
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	***************************************	X
Ŀ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could to conflicts?	give rise	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' do Schedule O how this was done.	scribe in	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?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by in persons, comparability data, and contemporaneous substantiation of the deliberation and decision	dependent	3		
a	The organization's CEO, Executive Director, or top management official		15 a		X
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)				1 2
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrantaxable entity during the year?	gement with a	16a	"įš.	, <u>*</u> X
ŧ	olf '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 safe	equard the	, ,	*	
	organization's exempt status with respect to such arrangements?		16 b		
	tion C. Disclosure				
17 18	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 99	 	only)	– – –	 able
	for public inspection. Indicate how you made these available. Check all that apply.	plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are the public during the tax year. See Schedule O	1	ole to		
20	State the name, address, and telephone number of the person who possesses the organization's books ar	l records:			
-	ELIZABETH BAKER 57 BUCK HILL ROAD ARLINGTON VT 05250 802-375				
BAA	The state of the s	1002			

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Form 990 (2014)

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.

	(C)			,						
(A) Name and Title	(B) Average hours per	15	both dire	an d ector	fficer trust	eck moss pers and a ee)		(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) SARAH LEE	1									
EXECUTIVE BOARD	0	-	Н		<u> </u>			0.	0.	0.
(2) FRANK HENDRICH EXECUTIVE BOARD	10							0	0.	0.
(3) JEANNE RINDALL	1	1	H		\vdash					
EXECUTIVE BOARD	0	1						0.	0.	0.
(4) DICK BAILEY	_ 1									
EXECUTIVE BOARD	0					1		o!	0.	0.
	_ 10 _									-
President	0			X	<u> </u>			0	0.	0.
_(6)_ELIZABETH_BAKER Treasurer	4	-		х				0	0.	0.
(7) MENDY DISCUSEDS	1			**		 	-	,	- 0.	- 0.
Secretary		1		Х				0	0.	0.
_(8)										
_(9)										
(10)		 								
<u>(11)</u>										
(12)		-								
(13)				-						
(14)								-		
		•	•			-	•	•	•	

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Page 8

Rart VII Section A. Officers, Directors, I	(B)		((C)		Ţ	i Hignest Cor	mpensated Emp	loyees (continued)
(A) Name and title	Average hours per week (list any hours	box, u officer	nless p and a	erson direct	than or is both or/truste	an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	for related organiza - tions below dotted line)	Individual trustee or director	Officer	key employee	Highest compensated employee	mer			organization and related organizations
(15)			+-						
(16)		.	 						
(17)									
(18)			-	<u> </u>					
(19)									
(20)						1			
(21)						-			
(22)						-			_
(23)		-	-			1			
(24)							,		
(25)						_			
1 b Sub-total			١	ــــــــــــــــــــــــــــــــــــــ		-	0.	0.	0.
c Total from continuation sheets to Part VII, Se	ction A				•	-	0.	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limit	tod to those	listed of		who	**********	2	0.	0.	0.
from the organization • 0	led to triose	iisted at	oove)	wno	receive	ea	more than \$100,0	ou of reportable com	
3 Did the organization list any former officer, di on line 1a? If 'Yes,' complete Schedule J for s	rector, or tru such individi	ıstee, k <i>ıal</i>	ey er	nplo	yee, o	r h	nghest compens	ated employee	Yes No
4 For any individual listed on line 1a, is the sum the organization and related organizations gresuch individual	of reportab	le com	pensa)? <i>If</i> '	atıor <i>Yes'</i>	and o	oth let	er compensatior e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or action services rendered to the organization? If "	crue compei	nsation	from	any	unrela	ate	ed organization o	r ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest comp	ensated ind	lepende	ent co	ontra	ctors 1	tha	t received more	than \$100,000 of	
compensation from the organization Report com (A) Name and business a		tne cal	endar	yea	enain	g v	(E	i i	(C) Compensation
									
Total number of independent contractors (includir \$100,000 of compensation from the organizat	-	nted to	those	liste	d abov	e) '	who received mor	e than	
RAA		TEFANI	201 02	/00/11					Form 990 (2014)

	Check if Schedule O contains a response or note	to any line in this Part V	m		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns. b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 a 1 b 1 c 1 d 1 e 1 d 1 e 1 d 1 e 1 d 1 e	500.			
ing of	g Noncash contributions included in lines 1a-1f. \$ h Total. Add lines 1a-1f	12 600			
	Business Co	12,600.			
Program Service Revenue	2a TOWN AND SCHOOL DISTRICT 900099				
Servic	d				
Program	f All other program service revenue g Total. Add lines 2a-2f	-			
	 Investment income (including dividends, interest an other similar amounts) Income from investment of tax-exempt bond process Royalties 	► 8,978.	8,978.		
	(i) Real (ii) Perso 6 a Gross rents b Less rental expenses c Rental income or (loss)	nal ** * * * * *			
'	d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory 148, 385. 8, 1	er 797. * \$^ ^3	* ** **.	\$ ps; <<	,
	b Less: cost or other basis and sales expenses 139, 964.	797.			Mark X
	d Net gain or (loss)	17,218.	17,218.		
venue	8 a Gross income from fundraising events (not including . \$ of contributions reported on line 1c)		\$ % \$	* 6 §	* *
Other Revenu	See Part IV, line 18 b Less. direct expenses b	*	, *	*	>
0	c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses c Net income or (loss) from gaming activities	>			
	10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	•			
	Miscellaneous Revenue Business Co	ode			
	11a MISCELLANEOUS 900099 b				
	d All other revenue				
	e Total. Add lines 11a-11d 12 Total revenue. See instructions	29 706	26 106		
BAA	4 ·	38,796. TEEA0109L 11/13/14	26,196.	0.	Form 990 (2014)

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	<u></u>
	Check if Schedule O contains a r	<u></u>			
Do n 6b, 7	ot include amounts reported on lines b, 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				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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	-			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees).				·
a	Management	4,420.		4,420.	
	Legal	519.		519.	
	: Accounting	1,000.		1,000.	·· -·
	Lobbying	1,000.		1,000.	
	Professional fundraising services. See Part IV, line 17				·
	Investment management fees		*		
	Other. (If line 11g amt exceeds 10% of line 25, column				
y	(A) amount, list line 11g expenses on Schedule 0).				
12	Advertising and promotion				
13	Office expenses	166.		166.	
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 Interest				
21	Payments to affiliates	·			
22	Depreciation, depletion, and amortization				
23	Insurance	648.		648.	
24	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.)	,			
;	TENNIS AND BASKETBALL EXPENSE	953.			953
	Postage and Shipping	200.		200.	
	Miscellaneous	62.		62.	
	FILING FEES	25.		25.	
	e All other expenses	<u> </u>			
	Total functional expenses. Add lines 1 through 24e	7,993.	0.	7,040.	953
	· i	.,,,,,,,,	† · · · · · · · · · · · · · · · · · · ·	7,010.1	
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)				

		Check if Schedule O contains a response or note to any line in this Part X				
			(A) Beginning	of year		(B) End of year
	1	Cash — non-interest-bearing		9,600.	1	22,158.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		696.	4	1,442.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	1 2 3		5	*
	6	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.	f 		6	,
2	7	Notes and loans receivable, net .		-	7	· _ ·
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	,	٠		¥ ^ *
	b	Less: accumulated depreciation 10b			10 c	
l	11	Investments – publicly traded securities	38	1,810.	11	391,885.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	39	2,106.	16	415,485.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
e S	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
Liabilities	22	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	1.v3- 1.v3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	نه در. 22	A A A CAR SALES
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties	 		24	
	25	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	43	32,013.	25	424,589.
	26	Total liabilities. Add lines 17 through 25		32,013.	26	424,589.
nces	27	Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		~ !. »	27	
ılaı	28	Temporarily restricted net assets			28	
B	29	Permanently restricted net assets			29	
md	25				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.	,	*	- \$	3.
ş	30	Capital stock or trust principal, or current funds			30	
88	31	Paid-in or capital surplus, or land, building, or equipment fund		ļ	31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		39,907 <u>.</u>	32	-9,104.
2	33	Total net assets or fund balances		39 <u>,907.</u>	33	-9,104.
RΔ	34	Total liabilities and net assets/fund balances	39	2,106.	34	415, 485.

Form **990** (2014)

-orm 990 (2014) ARLINGTON RECREATION & PARK COMMITTEE	23-718394	42 Pa	ige 12		
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI					
1 Total revenue (must equal Part VIII, column (A), line 12)	1	38,7	796.		
2 Total expenses (must equal Part IX, column (A), line 25)	2		993.		
3 Revenue less expenses Subtract line 2 from line 1	3	30,8	303.		
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4 -39,907.			
5 Net unrealized gains (losses) on investments .	5				
6 Donated services and use of facilities	6	6			
7 Investment expenses	7				
8 Prior period adjustments	8				
Other changes in net assets or fund balances (explain in Schedule O)	9		0.		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-9,1	LO4.		
Part XII Financial Statements and Reporting		•			
Check if Schedule O contains a response or note to any line in this Part XII					
		Yes	No		
1 Accounting method used to prepare the Form 990: X Cash Accrual Other					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			2.		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled separate basis, consolidated basis, or both:	or reviewed on a	å (. ar.	* :		
Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant?		2 b	X		
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited o	n a separate	23.0	\$ 8.		
basis, consolidated basis, or both					
Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	f the audit,	2 c			
If the organization changed either its oversight process or selection process during the tax year, ex in Schedule O					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ne Single	3 a	Х		
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re	quired audit				
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b			
BAA		Form 990	(2014)		

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

2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

ARLINGTON RECREATION & PARK COMMITTEE

Inspection Employer Identification number

Schedule A (Form 990 or 990-EZ) 2014

23-7183942 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(bX1)(AXiii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations. Provide the following information about the supported organization(s) (III) Type of organization (described on lines 1-9 above or IRC section (i) Name of supported (ii) EIN (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other organization support (see instructions) support (see instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the

	organization fails to qualify i	under the tests list	ed below, please	complete Part III)		
Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	36,231.	40,101.	5,096.	9,650.	12,600.	103,678.
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.
	Total. Add lines 1 through 3	36,231.	40,101.	5,096.	9,650.	12,600.	103,678.
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)						0.
6	Public support. Subtract line 5 from line 4	4 .	v	* *		>	103,678.
<u>Sec</u>	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	36,231.	40,101.	5,096.	9,650.	12,600.	103,678.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,413.	11,099.	10,315.	9,120.	8,978.	51,925.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	12,113.	11,055.	10,313.	3,120.	0,370.	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	. 4	* * .		*		155,603.
12	Gross receipts from related activ	rities, etc (see inst	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, th	ırd, fourth, or fıfth ta	ax year as a secti	on 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20		•	ne 11, column (f))		14	66.63%
	Public support percentage from					15	69.50%
16 a	33-1/3% support test — 2014. If and stop here. The organization	the organization of qualifies as a pub	did not check the Dicly supported o	box on line 13, an rganization	d the line 14 is	33-1/3% or more, o	check this box
ł	33-1/3% support test — 2013. If and stop here. The organization	the organization d qualifies as a put	id not check a bo olicly supported o	x on line 13 or 16a organization	a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstance:	s' test, check this l	box and stop he	re. Explain in Part	VI how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this l ation qualifies as a	box and stop he i publicly suppor	e re. Explain in Part ted organization	VI how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check th	nis box and see ins	structions -

	to qualify under the tests I	ed the box on line y	of Part I or if the c	organization failed	to qualify under	Part II. If the or	ganization fails
Sact	tion A. Public Support		- complete rait				
	lar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(4) 2012	(0) 201	4 (f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')	(a) 2010	(6) 2011	(6) 2012	(d) 2013	(e) 2014	(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.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 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						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)	help help help			* ** ** ** ** **		* # #
Sec	tion B. Total Support			T 1	1 " " 3 " 4" " 1		
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4 (f) Total
	Amounts from line 6.	(a) 2010	(6) 2011	(6) 2012	(u) 2013	(e) 201	4 (I) Total
_	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						
11	Add lines 10a and 10b 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)						
	Total support. (Add lines 9, 10c, 11 and 12)						
	First five years. If the Form 990 organization, check this box and	stop here	· · - · · · · · · · · · · · · · ·	nd, third, fourth, c	or fifth tax year	as a section 5	01(c)(3)
	tion C. Computation of Pu			13 1 (5)			
15	Public support percentage for 2	•		ne 13, column (f))	•		15 %
	Public support percentage from						16 %
	tion D. Computation of Inv				(0)		47
17	Investment income percentage	•	• • •	•	ımn (t)).		17 %
18	Investment income percentage						18 %
	33-1/3% support tests – 2014. Is not more than 33-1/3%, chec	k this box and sto	p here. The organ	nization qualifies	as a publicly su	pported organ	ızatıon . ►
	33-1/3% support tests — 2013. I line 18 is not more than 33-1/39	%, check this box	and stop here. Th	ne organization qu	ialifies as a put	licly supported	d organization
BAA	Private foundation. If the organ	ization did not che	TEEA0403L		neck this box a		orm 990 or 990-EZ) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

ec	tion A. All Supporting Organizations				
				Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purposthe designation. If historic and continuing relationship, explain		1		
2	Did the organization have any supported organization that does not have an IRS determination of status un 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization determined that the supported organization section 509(a)(1) or (2)	der section anization was	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Y and (c) below	es,' answer (b)	3a		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5) satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and ho made the determination	, or (6) and w the organization	3ь		
c	Did the organization ensure that all support to such organizations was used exclusively for section purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	170(c)(2)(B)	3с		
4 a	Was any supported organization not organized in the United States ('foreign supported organization if you checked 11a or 11b in Part I, answer (b) and (c) below	ר')? If 'Yes' and	4a	*	
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being or supervised by or in connection with its supported organizations.	supported controlled	4b		439
Ć	Did the organization support any foreign supported organization that does not have an IRS determined to the foreign supported organization in Part VI what controls the organization in all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	nation under sed to ensure that	4c	ř.ș	
5 8	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' a and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authoric organization's organizing document authorizing such action, and (iv) how the action was accomplisamendment to the organizing document)	e supported ity under the	, ***	*	***
ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already organization's organizing document?	designated in the	5b	* #	
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?		5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or fanyone other than (a) its supported organizations, (b) individuals that are part of the charitable class bene or more of its supported organizations, or (c) other supporting organizations that also support or benefit or the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	ited by one	6	4D	*
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent control regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)		<u>*</u>	<u></u>	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not describe complete Part I of Schedule L (Form 990)	d in line 7? If 'Yes,'	8		
9 :	Was the organization controlled directly or indirectly at any time during the tax year by one or more disquated as defined in section 4946 (other than foundation managers and organizations described in section if 'Yes,' provide detail in Part VI	lified persons 509(a)(1) or (2))?	9a		
١	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any enti- supporting organization had an interest? If 'Yes,' provide detail in Part VI	ty in which the	9b		
•	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any pers assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	onal benefit from,	9c		
10	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (recertain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations.	egarding anizations)? If 'Yes,'	10a		
	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to whether the organization had excess business holdings)	determine	10b		

Sch	edule A (Form 990 or 990-EZ) 2014 ARLINGTON RECREATION & PARK COMMITTEE	23-7183942		Р	age 5
Pa	rt IV Supporting Organizations (continued)	-			
11	Has the organization accepted a gift or contribution from any of the following persons?	_	\dashv	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) b governing body of a supported organization?		-		
	b A family member of a person described in (a) above?		1a 1b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide details	. <u> </u>	1c		
_	ction B. Type I Supporting Organizations		1		
	71			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regular or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No Part VI how the supported organization(s) effectively operated, supervised, or controlled the organish the organization had more than one supported organization, describe how the powers to appoint directors or trustees were allocated among the supported organizations and what conditions or resiapplied to such powers during the tax year	' describe in zation's activities. and/or remove	1		
2	Did the organization operate for the benefit of any supported organization other than the supported that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how benefit carried out the purposes of the supported organization(s) that operated, supervised, or continuous organization.	y providing such trolled the	2	,	
Se	ction C. Type II Supporting Organizations	· · · · · · · · · · · · · · · · · · ·			
				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or r supporting organization was vested in the same persons that controlled or managed the supported	nanagement of the	1		6
Se	ction D. All Type III Supporting Organizations	organization(s)			
	yan zaran aypa a ayparang a gamaanan		\neg	Yes	No
_		Ţ	· ·	₹ ;	· 🐼
1	Did the organization provide to each of its supported organizations, by the last day of the fifth mon organization's tax year, (1) a written notice describing the type and amount of support provided duryear, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3)	ing the prior tax		* :	
	organization's governing documents in effect on the date of notification, to the extent not previously		1	ς ‰s	· .
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in the organization maintained a close and continuous working relationship with the supported organization.	Part VI how	2	***	* · · ·
3	By reason of the relationship described in (2), did the organization's supported organizations have voice in the organization's investment policies and in directing the use of the organization's income all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organication this regard	or assets at	3	\$.**	* 5 · ·
Se	ction E. Type III Functionally-Integrated Supporting Organizations				<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (see instructions):			
	a The organization satisfied the Activities Test Complete line 2 below.	,			
	b The organization is the parent of each of its supported organizations Complete line 3 below.				
	c The organization supported a governmental entity Describe in Part VI how you supported a governmental	nt entity (see instructions)			
2	Activities Test Answer (a) and (b) below.		ſ	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt p supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those organizations and explain how these activities directly furthered their exempt purposes, how the organizations and those supported organizations, and how the organization determined that these activities during the tax year directly further in Part VI identify those organizations and explain the second content of the part of	supported rganization was	· ·	,	
	substantially all of its activities .	La constituted	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part V	I the reasons for			
	the organization's position that its supported organization(s) would have engaged in these activitie organization's involvement	s but for the	2b		
;	Parent of Supported Organizations. Answer (a) and (b) below.				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, director each of the supported organizations? <i>Provide details in Part VI</i>	s, or trustees of	3a		ļ

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard

3ь

Par	TV Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	<u>tions</u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	er 20, 19 ions A th	70. See instructio rough E.	ons. All	
Sec	tion A – Adjusted Net Income		(A)	Prior Year	(B) Current Year (optional)
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 Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		· · · · ·		
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c	_		
	Total (add lines 1a, 1b, and 1c)	1d		· -	
•	Discount claimed for blockage or other factors (explain in detail in Part VI)		i .	* * * * *	
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	tion C — Distributable Amount		* % % * *	[*	Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		1 - 2	
2	Enter 85% of line 1	2	,	* * 3 * .	
3	The second of th	3		32	
4	Enter greater of line 2 or line 3	4	* * * *	У	
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	م دد)		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions)	grate	d Type I	supporting org	ganization
BAA				Schedule A (For	m 990 or 990-EZ) 2014

Part	V Type III Non-Functionally Integrated 509(a)(3) Su	ipport	ting	Org	aniza	tions	(con	tınue	d)					
Sect	ion D – Distributions										Cui	rrent \	'ear	
_1	Amounts paid to supported organizations to accomplish exempt pu	rposes										n.a.		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of suppo	orted	organ	ızatıon	5,								
3	3 Administrative expenses paid to accomplish exempt purposes of supported 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													_
7_	Total annual distributions. Add lines 1 through 6													_
8	Distributions to attentive supported organizations to which the organizati in Part VI) See instructions.	on is re	spons	sive (orovide	details		·						
9	Distributable amount for 2014 from Section C, line 6													
10	Line 8 amount divided by Line 9 amount						1		-	1				_
Sect	ion E — Distribution Allocations (see instructions)		Ex	(i) cess butio	ns	Un	derdis	i) tributio 2014	ons			(iii) stribut ount fo		
_1	Distributable amount for 2014 from Section C, line 6													
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)				*									
3	Excess distributions carryover, if any, to 2014:													
а	,		· ·	, , ., .,							***************************************			
b	* ^	14 14	ŧ		° &	Ŷ		7		*	6		**	
С	* * * * * * * * * * * * *	¥	.			Ž.⊾ 1.		è			₩′		-	* .
d		<i>s</i>	· · · · · · · ·	ža.	in a.						ξ	48		90478
е	From 2013													
f	Total of lines 3a through e					Ľ.	*	6.,	*	**	<	»<.4		× /
g	Applied to underdistributions of prior years	- 1	48	>	- 4					4	\$3	· }	* *	Ş, A
h	Applied to 2014 distributable amount	i	##	us.	£s.	# 1		· & *:	s į		*******			
i	Carryover from 2009 not applied (see instructions)	. 4	\$-Æ		0 38)»				.				418
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f				, , , y , w	1	1.			T		4		
4	Distributions for 2014 from Section D, line 7 \$							*	### ##	3,64		* &	,	**
а	Applied to underdistributions of prior years	1,	í	áè.	`@				***************************************		*			
b	Applied to 2014 distributable amount									1				
С	Remainder Subtract lines 4a and 4b from 4						*		,	*	9	2 \$6,		*6
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	* :	ŕ	**	ļ <i>,</i>					\$5°	W.	47°	~e%	
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)	* *	, 3	*	* **	i .	*	*	#					
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c									1				
8	Breakdown of line 7					1	1	···	* **********	1				
а	y			·····	****	1	1			 				
b		1		·····		1	1			 				
С		1		·····	,	1	\top			 				
d	Excess from 2013					1			·	T				
е	Excess from 2014	<u> </u>	***************************************		······································	1	1			1				
BAA							Sch	edule :	A (For	m 90	30 or	990-F	7) 201	<u></u>

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Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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 at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Openito Public

Name	of the organization			Employer identification number
	ARLINGTON RECREATION & PARIINC.	COMMITTEE		23-7183942
Par	I Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	ds or Ac	
<u> </u>	Complete if the organization answ	vered 'Yes' to Form 990, Part IV, line	6.	
		(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 dorare the organization's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?	onor advise	ed funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	is can be u purpose c	used only onferring Yes No
Par	Conservation Easements.	wered 'Yes' to Form 990, Part IV, line	7	
	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g , r	,	f a historic	cally important land area
	Protection of natural habitat	· —		d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribution in the form	n of a conse	ervation easement on the
			2 4	Held at the End of the Tax Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation ease		2 b	
•	: Number of conservation easements on a certi	fied historic structure included in (a).	2 c	
C	structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histor	_ 2 d	
3	Number of conservation easements modified, trar tax year ►	sferred, released, extinguished, or terminated by the	ne organiza	tion during the
4	Number of states where property subject to conse	rvation easement is located ►	1	
5	Does the organization have a written policy re and enforcement of the conservation easeme	garding the periodic monitoring, inspection, haints it holds?	ndling of vi	olations, Yes No
6	Staff and volunteer hours devoted to monitoring,	nspecting, and enforcing conservation easements	during the y	vear
7	Amount of expenses incurred in monitoring, insper ► \$	ecting, and enforcing conservation easements during	g the year	
8	· •	n line 2(d) above satisfy the requirements of se	ction 70(h	n)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue and expent to the organization's financial statements that c	se statemer lescribes th	nt, and balance sheet, and
Par	conservation easements ↑ III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other S	
		wered 'Yes' to Form 990, Part IV, line		
	art, historical treasures, or other similar assets his in Part XIII, the text of the footnote to its final		urtherance o	of public service, provide,
1	historical treasures, or other similar assets held following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furthe	statement erance of pu	and balance sheet works of art, ublic service, provide the
	(i) Revenue included in Form 990, Part VIII,	line 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
2	amounts required to be reported under SFAS		icial gain, p	
	a Revenue included in Form 990, Part VIII, line	1 .		► \$
	b Assets included in Form 990, Part X	·	į	▶\$

Schedule D (Form 990) 2014 ARLINGTO				/183942	Page 2
Rantilli Organizations Maintaining	Collections of Art, Histo	rical Treasures, o	r Other Similar	Assets (cont	ınued)
3 Using the organization's acquisition, accessitems (check all that apply)	ssion, and other records, check ar	ny of the following that a	are a significant use o	of its collection	
a Public exhibition	d Loan o	or exchange programs			
b Scholarly research	e [] Other				
c Preservation for future generations			İ		
4 Provide a description of the organization's Part XIII.	collections and explain how they	further the organization	i's exempt purpose in	I	
5 During the year, did the organization so to be sold to raise funds rather than to	be maintained as part of the o	rganization's collection	1?	Yes	No
Escrow and Custodial Arra	angements. Complete if t unt on Form 990, Part X,	he organization ar line 21.	nswered 'Yes' to	, Form 990, P	Part IV,
1 a Is the organization an agent, trustee, c on Form 990, Part X?	ustodian, or other intermediary	for contributions or ot	her assets not inclu	ıded	∏No
b If 'Yes,' explain the arrangement in Par	rt XIII and complete the followi	ng table [.]			
a Paginaina balanca				Amount	
c Beginning balance			1 c		
d Additions during the year			1 d		
e Distributions during the year			1 e		
f Ending balance	t an Farma 000 Dant V line 21	fa., a.a.a	1 1 1		
2 a Did the organization include an amount b If 'Yes,' explain the arrangement in Pa			1	∐ Yes	No
Part V Endowment Funds. Compl	ete if the organization an	swered 'Yes' to Fo	orm 990 Part IV	/ line 10	
) Current year (b) Prior year				years back
1 a Beginning of year balance	, , , , , , , , , , , , , , , , , , , ,	(c) the journ but	(4) / / / / / / / /	Con (Con Cont.)	Julio Buon
b Contributions				· · · ·	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of th	ne current year end balance (lin	e 1g, column (a)) held	as:	,	-
a Board designated or quasi-endowment	%				
b Permanent endowment ►	%				
c Temporarily restricted endowment ▶	<u></u> %				
The percentages in lines 2a, 2b, and 2	c should equal 100%				
3 a Are there endowment funds not in the pos	seession of the organization that s	are held and administers	od for the		
organization by:	ssession of the organization that a	ire neiu anu auministere	eu for trie	Υe	es No
(i) unrelated organizations				3a(i)	
(ii) related organizations				3a(ii)	
b If 'Yes' to 3a(II), are the related organi	zations listed as required on So	chedule R?		3b	
4 Describe in Part XIII the intended uses	of the organization's endowme	ent funds		<u> </u>	
Part VII Land, Buildings, and Equi	pment.				
Complete if the organization	-	n 990, Part IV, line	e 11a. See Forn	n 990, Part X	, line 10.
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulate	d (d) Boo	k value
	(investment)	basis (other)	depreciation		
1 a Land					
b Buildings			ļ		
c Leasehold improvements					
d Equipment					
e Other .					<u> </u>
Total. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X,	column (B), line 10c)	<u></u>	<u> </u>	0.
BAA				Schedule D (Form	990) 2014
			ŀ		

(7)(8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, column (B) line 25) 424,589.

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 tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

TEEA3303L 08/25/14 Schedule **D** (Form 990) 2014

Schedule D (Form 990) 2014 ARLINGTON RECREATION & PARK COM	мтттг	23-7183942	Page 4
Part XI Reconciliation of Revenue per Audited Financial State			1 age 4
Complete if the organization answered 'Yes' to Form 99		per iteturii. II/A	
Total revenue, gains, and other support per audited financial statements	0, 1 dr(17, mio 12d)	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		400	
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2 b	38.5.	
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	
Part XII Reconciliation of Expenses per Audited Financial State		es per Return. N/A	
Complete if the organization answered 'Yes' to Form 99		50 por 110tanin 11, 11	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		*****	 -
a Donated services and use of facilities	2a	Lia A	
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		~ 3 ₂ 3	<u>_</u>
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4 b	. "	
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5	
Part XIII Supplemental Information.			

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

BAA

Schedule **D** (Form 990) 2014

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.

at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047

2014

Open to Rublic !!

Department of the Treasury Internal Revenue Service

Name of the organization ARLINGTON RECREATION & PARK COMMITTEE INC.

Employer identification number 23-7183942

Form 990, Part III, Line 1 - Organization Mission

The Arlington Recreational and Park Committee, Inc is dedicated to the support of recreational, athletic and sports activities for people of all ages. The goal is to provide financial and volunteer support for its own projects and/or to collaborate with local governing bodies and non-profit organizations for the following purposes:

(a) recreational programs and activities developed and conducted by the organization and, (b) recreational programs and activities developed and conducted by local governmental bodies and non-profit organizations. In addition, the organization shall provide oversight and management to protect and grow its endowment fund to ensure the future availability of funds for identified recreational needs.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

THERE IS A COUPLE ON THE BOARD

Form 990, Part VI, Line 11b - Form 990 Review Process

REVIEWED BY PRESIDENT AND TREASURER.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

AVAILABLE UPON REQUEST