Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

Open to Public Inspection

A		he 2014 calendar year, or tax year beginning 7/01 , 2014, and ending 6/30	,	2015	
В	Check	if applicable: C D En	mployer ide	ntification number	
\vdash	1		75-6056680		
-	Initial r	P.O. BOX 121045	Telephone number		
┝	1	INDITACTOR TO JENIO	(817)	420-5588	
	ł		roup Exe		
	1	ir G		anpuon ►	
G	Acco	unting Method: ☐ Cash 💢 Accrual Other (specify) ► H Check ► 🕅	if the o	rganization is not	
ŀ	Webs	site: WWW.ARLINGTONROTARY.COM required to			
j	Tax-ex	tempt status (check only one) — 501(c)(3) X 501(c) (4) ◄ (insert no.) 4947(a)(1) or 527	990-EZ,	or 990-PF).	
K		of organization: X Corporation Trust Association Other			
L	asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total is (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ►\$	67,231.	
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	ions fo	r Part I)	
	·	Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received	1	67,228.	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4	3.	
	5a	Gross amount from sale of assets other than inventory 5 a			
	b	Less: cost or other basis and sales expenses]		
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c		
		Gaming and fundraising events			
REV	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
Į.	b	Gross income from fundraising events (not including \$ of contributions	1		
E N U E		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
	С	Less: direct expenses from gaming and fundraising events 6 c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
	7 a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7 c		
	8	Other revenue (describe in Schedule O)	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8▶	9	67,231.	
•	10	Grants and similar amounts paid (list in Schedule O)	10	30,818.	
	11	Benefits paid to or for members.	11		
Ê	12	Salaries, other compensation, and employee benefits	12		
XPENSES	13	Professional fees and other payments to independent contractors	13		
Ŋ	14	Occupancy, rent, utilities, and maintenance	14		
E	15	Printing, publications, postage, and shipping	15	233.	
\$	16	Other expenses (describe in Schedule O). SEE SCHEDULE O	16	45,062.	
	17	Total expenses. Add lines 10 through 16▶	17	76,113.	
A	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,882.	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		-,	
ËE	'	figure reported on prior year's return)	19	58,361.	
ASSET'S	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20▶	21	49,479.	
BA	A Foi	r Paperwork Reduction Act Notice, see the separate instructions.	·	Form 990-EZ (2014)	

Par	<u>till</u> Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	estion in this Part II			X
	Oriota in the organization assa conte	date o to respecte to any qu		A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			58,701.	22	44,177.
23					23	
24	Land and buildingsOther assets (describe in Schedule O)	SEE SCHEDULI	E.O	430.	24	6,368.
25				59,131.	25	50,545.
26	Total liabilities (describe in Schedule O)	SEE SCHEDULI	E.O	770.	26	1,066.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	58,361.	27	49,479.
	t III Statement of Program Service Ac			30,301.	<u> = , </u>	Expenses
Į I : AI	Check if the organization used Sci	hedule O to respond to any	question in this Part III	X	(Dam.	ired for section 501
What	is the organization's primary exempt purpose? SEE				(c)(3)	and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of	its three largest progra	m services, as	organ	izations; optional
meas	cribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e mariner, describe the servi	ces provided, the num	ber of persons	or otl	ners.)
28	TO ENCOURAGE AND FOSTER T	HE IDEAL OF SERVIC	TE AS A BASIS (DE_MOKIHX -		
	ENTERPRISE.					
			,,,			
	(Grants \$) If th	is amount includes foreign g	rants, check here		28 a	57,185.
29					-	
	(Grants \$) If th	is amount includes foreign g	rants, check here	, 🟲 🔃	29 a	
30						
						
	(Grants \$) If th	is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch	edule O)		, , , , , , , , , , , , , , , ,		•
		is amount includes foreign g			31 a	
32	Total program service expenses (add lin				32	57,185.
	t IV List of Officers, Directors,					
1 SCA	Check if the organization used Sci					
	Chron i ino diganizzatori acca co		1			
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defe	/ee	(e) Estimated amount of other compensation
		posițion	(If not paid, enter -0-)	compensation		other compensation
SEE	SCHEDULE_Q					
			0	.	0.	0.
						
					+	
					ŀ	
					-	
					-	
					-	
					Ī	
BAA		TEEA0812L (05/28/14	•		Form 990-EZ (2014)

Pa	It V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. П
33			Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect		-	
25	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	5		32
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 a		X
		35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 с		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a 0	100	£90,990	<u> </u>
	b Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	50500	hillmini.	2642-43
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?b If 'Yes,' complete Schedule L, Part II and enter the total	38 a		X
	amount involved			
	Section 501(c)(7) organizations. Enter:		0.00	
	a Initiation fees and capital contributions included on line 9		(6)(0)	
	b Gross receipts, included on line 9, for public use of club facilities			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A			
	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A		1000	
١	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b		v
		400		<u>X</u>
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	0.074.95	1212	
**	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		<u>X</u>
41	List the states with which a copy of this return is filed NONE			
12.	a. The accomination is			
42 8	a The organization's books are in care of ► JAMES MCCROSKEY Telephone no. ► 817-42	ሰ-59	22	
	Located at > 3801 MATLOCK ROAD ARLINGTON TX ZIP + 4 > 76015	0 _0.		
ŀ	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	-+	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country:►			666
			Service 1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	2000000	986 B	Light
(c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		<u>X</u>
	If 'Yes,' enter the name of the foreign country:►			
42				
	Carting 4047(1)(1)		г	
43				N/A
40	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	· · · · · · •		I/A
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		1	
44 a	and enter the amount of tax-exempt interest received or accrued during the tax year ■ 2 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		I/A
44 a	and enter the amount of tax-exempt interest received or accrued during the tax year	44 a		No X
44 a	and enter the amount of tax-exempt interest received or accrued during the tax year	44 a 44 b		No X
44 a	and enter the amount of tax-exempt interest received or accrued during the tax year	44 a		N/A No X X X
44 a	and enter the amount of tax-exempt interest received or accrued during the tax year. a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44 a 44 b 44 c		N/A No X X X
44 a	and enter the amount of tax-exempt interest received or accrued during the tax year	44 a 44 b 44 c		N/A No X X X

Form 990-EZ (2014)

				• • • • • • • • • • • • • • • • • • • •	***************************************	Yes	No
	he organization engage, directly or indire idates for public office? If 'Yes,' complete						X
Part VI	· •						
	All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b an	d 52, and complete	the tal	bles	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI				
5110				2 (1)		Yes	No
comp	ne organization engage in lobbying activities olete Schedule C, Part II						
	e organization a school as described in se				⊢		<u> </u>
	he organization make any transfers to an	•	_			9 a	
	es,' was the related organization a section plete this table for the organization's five high					9 b	
emple	oyees) who each received more than \$100,0	00 of compensation from	the organization. If there	is none, enter 'None.'	.cy		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		nated amou compensati	
	MA MAI AM						
5 1 Comp	number of other employees paid over \$ plete this table for the organization's five highers at the properties. If there is a second over the properties are the properties are the properties.	nest compensated indepe	endent contractors who ea	ach received more than \$	\$100,000 c	of	
	(a) Name and business address of each independent of		(b) Type	of service	(c) C	ompensatio	———
			~				
					<u> </u>		
							
					<u> </u>		
	number of other independent contractor	•			·		
	he organization complete Schedule A? Nobleted Schedule A			,	► □\	Yes	No
Under penaltic	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	including accompanying sche	dules and statements, and to the	e best of my knowledge and be	lief, it is		
,							
Sign	Signature of officer			Date			
Here	JAMES MCCROSKEY Type or print name and title			TREASURER			
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Daid	KIMBERLY D CRAWFORD			Check Lif self-employed I	P00446	484	
Paid Preparer	Firm's name ➤ SUTTON FROST CA	RY LLP					
Use Only	Firm's address ► 600 SIX FLAGS D	R., SUITE 600		Firm's EIN	75-25	93210	i
	ARLINGTON, TX 76011 Phone no.					9-80 <u>8</u> :	3
May the IF	RS discuss this return with the preparer sl	nown above? See instr	uctions		► X	res _	No

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047 2014

Open to Public Inspection

Employer identification number

75-6056680 ROTARY CLUB OF ARLINGTON FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000 DONEE'S NAME: HONDURAS WATER FILTERS \$ CASH AMOUNT GIVEN: 25,818. FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES 4-WAY TEST. 350. ADOPTION AWARENESS PICNIC..... 600. AWARDS & PLAQUES FOR MEMBERS..... 344. AWARDS & PLAQUES FOR SCHOOLS. 2,985. 730. BACKPACKS FOR CAMP..... 54. BANK CHARGES..... CONFERENCES, CONVENTIONS, AND MEETINGS...... 2,172. CONTRIBUTIONS 2,238. 300. DICTIONARIES FOR WEBB..... DISTRICT DUES 3,990. EREY..... 141. FELLOWSHIP..... 1,182. GUEST MEALS..... 3,365. INFORMATION TECHNOLOGY. 819. 10,105. INTERNATIONAL DUES. 2,979. JOB FAIR..... MEETING EXPENSES... 3,725. MEMBERSHIP SUPPLIES..... 385. MISCELLANEOUS EXPENSE..... 651. OFFICE EXPENSES..... 255. 364. 1,700. RYLA... 1,631. SCHOOL SUPPLIES FOR SAFE HAVEN..... 1,000. SHELTER BOXES SPECIAL PROJECTS. 957. 2,040. YOUTH EXCHANGE..... 45,062. TOTAL FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING ENDING PREPAID EXPENSES AND DEFERRED CHARGES..... <u>430.</u> \$ 6,368 430.368. TOTAL FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES BEGINNING ENDING 770. ACCOUNTS PAYABLE AND ACCRUED EXPENSES...... 1,066. TOTAL 1,066. FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE.

Name of the organization

ROTARY CLUB OF ARLINGTON

75-6056680

FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES $\,$

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMP SAT:		HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
JOY NUNN SECRETARY	0	\$	0.	\$ 0.	\$ 0.
SUSIE MCALISTER DIRECTOR	0		0.	0.	0.
DERRICK KINNEY PAST PRESIDENT	0		0.	0.	0.
JAMES MCCROSKEY TREASURER	0		0.	0.	0.
VALERIE LANDRY DIRECTOR	0		0.	0.	0.
PATRICK JONES DIRECTOR	0		0.	0.	0.
LYNN STAVINOHA DIRECTOR	0		0.	0.	0.
PETER SCOTT DIRECTOR	0		0.	0.	0.
DAVID PETTER DIRECTOR	0		0.	0.	0.
DAN BLUMBERG DIRECTOR	0		0.	0.	0.
BILL HINDS DIRECTOR	0		0.	0.	0.
TOM WARE DIRECTOR	0		0.	0.	0.
CLETE MCALISTER PRESIDENT ELECT	0		0.	0.	0.
EARL HARCROW DIRECTOR	0		0.	0.	0.
TIM MOLONEY DIRECTOR	0		0.	0.	0.
JOYCE STANTON PRESIDENT	0		0.	0.	0.

Name of the organization

ROTARY CLUB OF ARLINGTON

Employer identification number

75-6056680

FORM 990-EZ, PART IV (CONTINUED) LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	 COMPEN- SATION	_	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	_	ESTIMATED AMOUNT OF OTHER COMPEN.
SALLY HOPPER DIRECTOR	0	\$ 0.	\$	0.	\$	0.
JIM FULGHAM DIRECTOR	0	0.		0.		0.
	TOTAL	\$ 0.	\$	0.	\$	0.