Form **990-EZ**

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)

2016

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For	the 2016 calendar year, or tax year beginning 7/01 , 2016, and ending 6/30	,	2017		
В	Addr	ck if applicable: C D	Employer identification number			
F	₹	e change ROTARY CLUB OF ARLINGTON	75-6056680			
F	╡	P.O. BOX 121045	Telephone number			
F	Final	ARLINGTON, TX 76012	(817) 420-5588			
Ē	Ame	nded return				
Ĺ	Appli		Group Ex Number	emption ▶		
G	Acc		X if the	organization is not		
1				Schedule B		
J	Tax-	exempt status (check only one) — \square 501(c)(3) \square 501(c)(4) \triangleleft (insert no.) \square 4947(a)(1) or \square 527 (Form 990)), 990-EZ	or 990-PF).		
K		m of organization: X Corporation Trust Association Other				
L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	>\$	142,712.		
P		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		or Part I)		
		Check if the organization used Schedule O to respond to any question in this Part I		X		
	1	Contributions, gifts, grants, and similar amounts received.	. 1	142,700.		
	2	Program service revenue including government fees and contracts	2	112/100.		
	3	Membership dues and assessments				
	4	Investment income	1	12.		
	5	a Gross amount from sale of assets other than inventory		12.		
	1	b Less: cost or other basis and sales expenses. 5b	-			
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c			
	6	Gaming and fundraising events	30			
Ŗ		a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a				
R E V E		b Gross income from fundraising events (not including \$ of contributions				
N		from fundraising events reported on line 1) (attach Schedule G if the sum	1			
E		of such gross income and contributions exceeds \$15,000)				
	(Less: direct expenses from gaming and fundraising events				
	(d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6 d			
	7 a	a Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold	1 1			
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7 0			
	8	Other revenue (describe in Schedule O)				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.		142,712.		
	10	Grants and similar amounts paid (list in Schedule O). SEE SCHEDULE O	10	37,405.		
	11	Benefits paid to or for members.		37,403.		
Ε	12	Salaries, other compensation, and employee benefits	12			
EXPENSES	13	Professional fees and other payments to independent contractors	2000			
E N	14	Occupancy, rent, utilities, and maintenance	14			
S	15	Printing, publications, postage, and shipping	15	110		
Š	16	Other expenses (describe in Schedule O). SEE SCHEDULE O		440.		
	17	Total expenses. Add lines 10 through 16.	16	96,841.		
-	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	134,686.		
A			10	8,026.		
NS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	40 676		
A N S E E T T S	20	Other changes in net assets or fund balances (explain in Schedule O)	20	43,676.		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.		E1 702		
RA/		r Paperwork Reduction Act Notice, see the separate instructions		51,702.		

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Form 990-EZ (2016)

BAA

Part 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			
		Yes	No			
33 Did the organization engage in any significant activity not previously reported to the IRS? 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						
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)?	35 a		Х			
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 b					
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	000					
reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 c		X			
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. > 37 a 0.			Λ.			
b Did the organization file Form 1120-POL for this year?	37 b		Х			
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х			
b If "Yes," complete Schedule L, Part II and enter the total amount involved	gren	173				
39 Section 501(c)(7) organizations, Enter:		K	5			
a Initiation fees and capital contributions included on line 9		P-5				
b Gross receipts, included on line 9, for public use of club facilities	-					
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A	1	h.				
section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A						
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		Х			
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	المرايا					
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. □ 0.						
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	hØd	F				
shelter transaction? If 'Ÿes,' complete Form 8886-T.	40 e		Х			
41 List the states with which a copy of this return is filed NONE						
42 a The organization's						
books are in care of ► JAMES MCCROSKEY Telephone no. ► 817-4	26-8	565				
Located at ► 308 E. RENFRO STREET, SUITE 100 BURLESON TX ZIP + 4 ► 76028						
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: >						
	in King					
See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		-				
c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		X			
If 'Yes,' enter the name of the foreign country: ►						
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	* * * * * *	-	N/A			
and enter the amount of tax-exempt interest received or accrued during the tax year 143			N/A			
		Yes	No_			
44 a 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		Χ			
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	44 b		X			
c Did the organization receive any payments for indoor tanning services during the year?	44 C		_X_			
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 d					
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		Х			
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	AF I		17			
Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) TEEA0812L 12/22/16 Fig. 12/22/16	45 b orm 99	0-F7 (X 2016)			
The Wester States of		(/			

Form 990	EZ (2016) ROTARY CLUB OF ARLI	NGTON		75-605	6680	F	age 4
	the organization engage, directly or indirectididates for public office? If 'Yes,' complete				46	Yes	No X
Part VI			*******		40	1	
Chili	All section 501(c)(3) organization for lines 50 and 51.	ons must answer o	questions 47-49b ar	nd 52, and complete	e the tabl	es	
	Check if the organization used Schedule	O to respond to any o	question in this Part VI.	eriogra orrane extendes			
47 Did	the organization engage in lobbying activiti	es or have a section 5	01(b) election in effect d	uring the tay year? If 'Ye	ac' [Yes	No
com	plete Schedule C, Part II				47		
48 Is th	e organization a school as described in se	ction 170(b)(1)(A)(ii)?	If 'Yes,' complete Sched	ule E	48		
	the organization make any transfers to an						
	es,' was the related organization a section aplete this table for the organization's five h						
	loyees) who each received more than \$100						
	(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	(e) Estimated other com		
51 Com	I number of other employees paid over \$10 splete this table for the organization's five hopensation from the organization. If there is	nighest compensated in	ndependent contractors v	who each received more	than \$100,0	000 of	
	(a) Name and business address of each independent co	intractor	(b) Type (of service	(c) Comp	ensalior	1
			п				
52 Did t	I number of other independent contractors the organization complete Schedule A? No pleted Schedule A.	te: All section 501(c)(3	3) organizations must atta		► Yes		No
	prefet Scriedule A. s of perjury, I declare that I have examined this return, inclu- and complete. Declaration of preparer (other than officer						
true, correct.	and complete Declaration of preparer (other than office)	is based on all information o	f which preparer has any knowle	Q-12-1	7		
Sign	Signature of officer			Date	/		
Here	JAMES MCCROSKEY Type or print name and title	TREASURER					
	Print/Type preparer's name	Preparer's signature	who of 8/18/17	Check I if PT	IN		
Paid	KIMBERLY D CRAWFORD		0044648	4			
Preparer	Firm's name > SUTTON FROST CA	A THE SOURCE SECURISION CONTRACTOR CONTRACTO	<i>U</i>		75 7507	210	
Use Only	Firm's address ► 600 SIX FLAGS DI ARLINGTON, TX 76	R., SUITE 600 5011		Firm's EIN Phone no. (81	75-2593 7) 649-1		
May the ID	RS discuss this return with the preparer sho		ctions	101	► X Yes		No
may the in	to discuss this retain with the property site	000.0.			Form 99		

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.

CMB No. 1545-6047

2016

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 FRIENDS OF THE ARLINGTON PUBLIC LIBRARY DONEE'S NAME: DONEE'S ADDRESS: 101 W. ABRAM STREET ARLINGTON TX 76010 CASH AMOUNT GIVEN: 10,000. THE ROTARY FOUNDATION DONEE'S NAME: DONEE'S ADDRESS: 1560 SHERMAN AVENUE EVANSTON IL 60201 CASH AMOUNT GIVEN: 27,405. FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES 4-WAY TEST. 450. ACCOUNTING SOFTWARE 259. ACCOUNTING SOFTWARE.

ADOPTION AWARENESS

AWARDS & PLAQUES FOR SCHOOLS

BACKPACKS FOR CAMP.

BANK CHARGES.

CONFERENCES, CONVENTIONS, AND MEETINGS.

CONTRIBUTIONS

DICTIONARIES FOR WEBB. 600. 2,932. 493. 292. 6,955. 1,300. 240. DISTRICT DUES
FELLOWSHIP
GUEST MEALS 4,410. 1,462. 3,348. HEROS RUN
INFORMATION TECHNOLOGY
INTERNATIONAL DUES
JOB FAIR 2,741. 927. 10,839. 1,000. MEETING EXPENSES

MEMBERSHIP SUPPLIES

OFFICE EXPENSES 5,561. 543. 811. PAY PAL FEES. 669. RI - ANNUAL FUND RYLA SCHOOL SUPPLIES FOR SAFE HAVEN 122. 2,000. 1,110. 1,000. SHELTER BOXES SPECIAL PROJECTS TRAINING 548. 5,900. WATER FILTERS 40,309. 20. WEBB MISC 96,841. TOTAL \$ FORM 990-EZ, PART II, LINE 24 OTHER ASSETS ENDING BEGINNING_ PREPAID EXPENSES AND DEFERRED CHARGES.... 305. 490 6,305. 490 TOTAL

Name of the organization	Employer identification number
ROTARY CLUB OF ARLINGTON	75-6056680

FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	BEGINNING	ENDING_
ACCOUNTS PAYABLE AND ACCRUED EXPENSES		. 7 2/0001
TOTAL	9 0,21.	1,303.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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

FORM 990-EZ, PART IV 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.
JOE WAY PRESIDENT ELECT	0	\$	0,	\$ 0.	\$ 0.
SUSIE MCALISTER SECRETARY	0		0.	0.	0 .
JAMES MCCROSKEY TREASURER	0		0.	0.	0.
VALERIE LANDRY PRESIDENT	0		0.	0.	0.
MARY TOM CURNUTT ASSTNT SECETARY	0		0.	0.	0.
LYNN STAVINOHA DIRECTOR	0		0.	0.	0.
PETER SCOTT DIRECTOR	0		0.	0.	0.
DIANE PATRICK DIRECTOR	0		0.	0.	0.
DAN BLUMBERG DIRECTOR	0		0.	0.	0.
STEVE BROOKS DIRECTOR	0		0.	0.	0.
DAVID SARGENT DIRECTOR	0		0.	0.	0.
CLETE MCALISTER PAST 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.
CHAD BATES DIRECTOR	0	\$ 0.	\$ 0.	\$ 0.
VICTORIA FARRAR-MYERS DIRECTOR	0	0.	0.	0.
TOM WIGHTMAN DIRECTOR	0	0.	0.	0.
JOY BATES DIRECTOR	0	0.	0.	0.
SALLY HOPPER DIRECTOR	0	0.	0.	0.
SCOTT HENDRICKS DIRECTOR	0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.