## SUTTON FROST CARY LLP 600 SIX FLAGS DR., SUITE 600 ARLINGTON, TX 76011 (817) 649-8083

August 21, 2019

ROTARY CLUB OF ARLINGTON P.O. BOX 121045 ARLINGTON, TX 76012

Dear Client:

Your 2018 Form 990 has been electronically filed with the IRS. Please sign and retain a copy for your files. If applicable, we have also included a public disclosure copy that removes the names of large donors. Also, please sign and retain in your files a copy of the Form 8879-EO included herewith. This is support for the return being e-filed. No tax is payable with the filing of this return.

Please feel free to contact us if you have any questions.

Sincerely,

Kimberly D Crawford

# 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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

A	For t	he 2018 calendar year, or tax year beginning 7/01 , 2018, and ending 6/30	, 201	9				
В	Check	if applicable: C D Em	Employer identification number					
	Addres	ss change	E COECCO	0				
	Name	change Itolinii ollob or interioron	75-6056680 E Telephone number					
	Initial r	return II.O. DOWN III.O.		EEOO				
	1	urn/terminated	817) 420					
L	4	I NI	oup Exemption	on •				
느	1000	anon pending		zation is not				
G								
١,	Website: ► WWW.ARLINGTONROTARY.COM required to attach Schedule B  J Tax-exempt status (check only one) — 501(c)(3)							
J 		Actinit status (circle offing office)						
		of organization.						
L	Add I	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	170,331.				
D.		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc						
Pa	art I	Check if the organization used Schedule O to respond to any question in this Part I	110113 101 1	X				
	1	Contributions, gifts, grants, and similar amounts received	1	169,933.				
	2	Program service revenue including government fees and contracts	2	100,000.				
	3	Membership dues and assessments	3					
	4	Investment income	4	398.				
		Gross amount from sale of assets other than inventory a		330.				
		Less: cost or other basis and sales expenses						
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c					
	6	Gaming and fundraising events:						
Φ		Gross income from gaming (attach Schedule G if greater than \$15,000)   6 a						
ĭ		Gross income from fundraising events (not including \$ 25,454. of contributions						
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum						
ď		of such gross income and contributions exceeds \$15,000)						
	С	Less: direct expenses from gaming and fundraising events						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and	6.1	6 050				
		6b and subtract line 6c)	6 d	-6,950.				
		Gross sales of inventory, less returns and allowances						
		Less: cost of goods sold	7 c					
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8					
	8			163,381.				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  Grants and similar amounts paid (list in Schedule O).  SEE SCHEDULE O	10	31,942.				
	10	Benefits paid to or for members	11	31, 342.				
	11	Salaries, other compensation, and employee benefits	12					
"	12	Professional fees and other payments to independent contractors	13					
Expenses	13	Occupancy, rent, utilities, and maintenance	14	6,450.				
ben	14		15	284.				
$\overline{\Sigma}$	16	Printing, publications, postage, and shipping.  Other expenses (describe in Schedule O).  SEE SCHEDULE O	16	106,717.				
	17	Total expenses. Add lines 10 through 16.	17	145,393.				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,988.				
sts		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	Table 1	1 = = = =				
SSE	19	figure reported on prior year's return)	19	46,366.				
Net Assets	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	64,354.				
BA	-	r Paperwork Reduction Act Notice, see the separate instructions.		n <b>990-EZ</b> (2018)				

Par	Halance Sheets (see the Inst Check if the organization used Sched	ructions for Part II) ule 0 to respond to any gues	tion in this Part II			X
				(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			47,530	) . 22	61,673.
23	Land and buildings		<u>.</u>		23	
24	Land and buildings  Other assets (describe in Schedule O)	SEE SCHEDULE	≦.0		24	5,126.
25	Total access		1	47,530	25	66,799.
26	Total liabilities (describe in Schedule O) .	SEE SCHEDULE	EO	1,164		2,445.
27	Net assets or fund balances (line 27 of co	olumn (B) <b>must</b> agree with lin	ne 21)	46,366	5. 27	64,354.
Par	Statement of Program Service Accordance Check if the organization used School	mplishments (see the instruction adule O to respond to any que	ons for Part III) estion in this Part III	X	(Requ	Expenses uired for section 501
What i	is the organization's primary exempt purpose? SEE	SCHEDULE O			(c)(3)	and 501(c)(4) nizations; optional
Desc meas bene	ribe the organization's program service acc sured by expenses. In a clear and concise fited, and other relevant information for eac	complishments for each of its manner, describe the service ch program title.	s three largest progra es provided, the num	ber of persons		hers.)
28	TO ENCOURAGE AND FOSTER T	HE IDEAL OF SERVICE	CE AS A BASIS	OF WORTHY	-	
	ENTERPRISE.				] _	
29		s amount includes foreign gra			28 a	122,486.
					-	
	(Grants \$ ) If thi	s amount includes foreign gra	ants, check here	<b>F</b>	29 a	
30					-	
		s amount includes foreign gra	onto phoek horo		- ∏ 30 a	
31	Other program services (describe in Sche	dule O)	,		30 a	
		s amount includes foreign gra			31 a	122,486.
32	Total program service expenses (add line t IV List of Officers, Directors, Tr	es 28a through 31a)	· · · · · · · · · · · · · · · · · · ·	a ouen if not componented	200	
Par	Check if the organization used Sch	odulo O to respond to any qui	yees (list each one	e even ii not compensated	— 3cc (II	e instructions for rare it
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISO (if not paid, enter -0-	4 B 4 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	its, ployee eferred	(e) Estimated amount of other compensation
SEE				Componedio		
	′			0.	0.	0.
			7			
	¥-					

33 bit the cognization on engage in any significant activity not previously reported to the IRS?   Yes   Not   17 yes   Notice of a detailed description of cache activity in Schedule 0.   34 we are any sunfacent changes made to the organization growering documents if "Yes   attach a conformed copy of the asserted documents if they relied a change to the organization provided in the provided of the common of the provided in the common of the senseted documents if they relied a change to the operation of the organization and the common of the	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
A Vera sysportion a detailed description of each activity in Schedule O.  A Vera sysportiant change mode to the specifyin or greating document if 1"No, attach a conformed copy of the ameniate documents if they reflect a change to the reproduct same. Otherwise, epiden the charge or Schedule O. See instructions.  3	33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
a sharps to the organizations have. Offerwise, seplan the charge on Sendardie G. Sein instructions.  34	If 'Yes.' provide a detailed description of each activity in Schedule O	33		X
35a 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, anonog others?)  bit 1 Yes' to line 53b, has the organization flied a Form 990-T for the year? If 1 Nb, 'provide an explanation in Schedule O 35b 4	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they remaind the phonon on Schedule Q. See instructions	ellect		y
Such as those reported on lines 2, 6a, and 7a, among others)?  b If Yes' to line 35a, has the organization field a form 990-T for the year? If 'No,' provide an explanation in Schedule O  c Was the organization a section 501(c)(6), 501(c)(6), 501(c)(6), organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Specidue C, Part III    stock the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete Specidue C, Part III    stock the organization between the complete specidue of the instructions    37 a Enter amount of political expenditures, direct or indirect, as described in the instructions    37 a Enter amount of political expenditures, direct or indirect, as described in the instructions    37 a Enter amount program of the stock is year?    38 a Diff the organization between from, or make any loans to, any officer, director, function or every employee or were any such loans made in a prior year and still outstanding at the end of the lax year covered by this return?    38 a Diff the organization between from, or make any loans to, any officer, director, function, or section 4912    b Diff the organization between from year and still outstanding at the end of the lax year covered by this return?    38 a Diff the organization between year and still outstanding at the end of the lax year covered by this return?    38 a Diff the organization between the still and the end of the lax year covered by the organization between the still and the end of the lax year covered by this return?    38 a Diff the organization between the still and the end of the lax year covered by the organization when the still and the end of the lax year under sections and the lax year under which a section 4912    A Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualitation permay 900 or 900 EZ if If Yes, complete Sende Lp. P	35.a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	5	+	
c Was the organization a section 501(c)(4), 501(c)(6), of 501(c)(6), organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a	1	X
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Ves, complete splicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37 a 0.  37 bit There amount of political expenditures, direct or indirect, as described in the instructions. * 37 a 0.  38 bit the organization berrow 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 bit Tyss., complete Schedule L, Part II and enter the total amount involved.  39 Section 501(c)(7) organizations. Enter:  30 Initiation fees and capital contributions included on line 9.  30 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 4915 * N/A  39 Section 501(c)(3), 501(c)(4), and 501(c)(20) 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 this prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part II.  30 Section 501(c)(3), 501(c)(4), 401 Schodule organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under sections 4912, 4935, and 4956.  30 Section 501(c)(3), 501(c)(4), 401 Schodule organizations. The amount of tax imposed on organization and the prior sections 4912 and 4936.  31 Section 501(c)(3), 501(c)(4), 401 Schodule organizations. The amount of tax imposed on organization and the prior sections 4912 and 4936 and	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule C	) <b>35</b> 1	)	
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Ves, complete splicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37 a 0.  37 bit There amount of political expenditures, direct or indirect, as described in the instructions. * 37 a 0.  38 bit the organization berrow 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 bit Tyss., complete Schedule L, Part II and enter the total amount involved.  39 Section 501(c)(7) organizations. Enter:  30 Initiation fees and capital contributions included on line 9.  30 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 4915 * N/A  39 Section 501(c)(3), 501(c)(4), and 501(c)(20) 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 this prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part II.  30 Section 501(c)(3), 501(c)(4), 401 Schodule organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under sections 4912, 4935, and 4956.  30 Section 501(c)(3), 501(c)(4), 401 Schodule organizations. The amount of tax imposed on organization and the prior sections 4912 and 4936.  31 Section 501(c)(3), 501(c)(4), 401 Schodule organizations. The amount of tax imposed on organization and the prior sections 4912 and 4936 and	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35	,	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions*   37a   0.   37b   X   38a Did the organization berrow from, or make any leans to, any officer, director, fusiles, 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?	36 Did the organization undergo a liquidation, dissolution, termination, or significant			
b Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1126-POL for this year?  38 a Did the organization file Form 1904-POL for this year?  38 a Did the organization file Form 1904-POL for this year?  38 a Did the organization file form 1126-POL for this year or did the organization during the year under:  N/A  38 b N/A  39 b N/A  39 b N/A  40 section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 * Complete Schedule L, Part I  40 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualifited persons during the year under sections 4912, 4955, and 4938 * D.  40 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization for sections 4912, 4955, and 4938 * D.  41 List the states with which a copy of this return is filed * NONE  42 a The organization's beloads are in care of * JAMES MCCROSKEY  Lecated at * J308 E. RENIFRO STREET, SDITE 100 BURLESON TX  20 + 4 * 76028  42 a The organization's form 1904 * Did the organization maintain an office outside the United States?  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.  34 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.  35 NA  36 Did the orga			i mari	A
38 a Did the organization borrow from, or make any loans 1b, 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 b   N/A   39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 39 a   N/A   40 a Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: N/A   5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A   5 Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction of its prior Forms 990 or 990-EZ? If Yes, complete Schedule I, Part I   5 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   0, described on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule I, Part I   5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   7 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   8 Section 4917(a) the calendar year, did the organization have an interest in or a signature or other authority over a financial account; a foreign country (such as a bank account, securities account, or other financial account)?  4 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here.   N/A   8 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here.   N/A   8 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here.   N/A   8 Section 4947(a)(1)			)	Х
b If Yes, complete Schedule L, Part II and enter the total amount involved.  38 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 39 a N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 \( \backsquare \) N/A; section 4955 \( \backsquare \) 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 utring the year, or did it engage in an excess benefit transaction utring the year, or did it engage in an excess benefit transaction utring the year, or did it engage in an excess benefit transaction utring the year, or did it engage in any section 4958 excess benefit transaction or 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 X  5 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 \( \backsquare \) 0.  40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  41 List the states with which a copy of this return is filed \( \backsquare \) NONE   42 a The organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8886-T.  42 a The organization in the vertical organization and the or	38.3 Did the organization borrow from or make any loans to any officer director trustee, or key employee or were		a	X
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction and prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes; complete Schodule L, Part I 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 4956 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheler transaction if Yes; complete Form 896-T beds are in care of JAMES MCCROSKEY Located at 308 E. RENFRO STREET, SUITE 100 BURLESON TX  12 The organization's books are in care of JAMES MCCROSKEY Located at 308 E. RENFRO STREET, SUITE 100 BURLESON TX  14 Tyes, center the name of the foreign country (such as a bank account, securities account, or other financial account) or a financial account in a foreign country (such as a bank account, securities account, or other financial account) (Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,	h If 'Yes' complete Schedule L. Part II and enter the total			
a Initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9, for public use of club facilities  B Gross receipts, included on line 9, for public use of club facilities  B Gross receipts, included on line 9, for public use of club facilities  B Gross receipts, included on line 9, for public use of club facilities  B Gross receipts, included on line 9, for public use of club facilities  B Gross receipts, included on line 9, for public use of club facilities  B Gross receipts, included on line 9, for public use of club facilities  B Gross receipts, included on line 9, for public use of club facilities  B Gross receipts, included on line 9, for public use of lub facilities  B Gross receipts, included on line 9, for public use of lub facilities  B Gross receipts, included on line 9, for public use of lub facilities  B Gross receipts, included on line 9, for public use of lub facilities  B Gross receipts, included on line 9, for public use of lub facilities  B M/A S Gross receipts, included on line 9, for public used in M/A Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization in a prior year that has not been reported on any of its prince forms 900(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on organization managers or degularified persons during the year vast the organization aparty to a prohibited tax  shelter transaction? If Yes, organizations during the tax year, was the organization aparty to a prohibited tax  shelter transaction? If Yes, complete Form 8986-T.  40 e		N/A		
b Gross receipts, included on line 9, for public use of club facilities		N/A		
40 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 4915 \( N/A \); section 4915 \( N/A \) 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 erg. If I'ves, complete Section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 erg. If I'ves, complete Section 4912 \( N/A \) and 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 4998 \( N \) 0.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax with which a copy of this return is filed \( N \) NONE  42a The organization's books are in care of \( \) 308 E. RENPRO STREET, SUTTE 100 BURLESON TX \( 1 \) EVELOSE TO BURLESON TY \( 1 \) Elephone no. \( \) 817-426-8565  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country with a securities account, or other financial account)?  See the instructions for exceptions and filing 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?  42b X  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year  43 Section 4947(a)(1) nonexempt charitable trusts filing form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ.  44c X  45 Did the organization operate one or more hospital facilit		102.10		
section 4911 ► N/A; section 4912 ► N/A; section 4915 ► 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-E22; if Yes, complete Schedule L, Part I of 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 of Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization by the organization.  • All organizations at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8896-T  • All organizations at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8896-T  • All tist the states with which a copy of this return is filed * NONE   **Part ** NONE   **Telephone on ** 817-426-8565*  **Death ** All organization ** **Death ** Total ** **Death ** Total ** **Death ** Total ** **Death ** Total ** **Death *				
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 I'ves, complete Schedule L, Part 1.  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 491(2, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization on the foreignization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-1.  It is the states with which a copy of this return is filed by NONE   42 a The organizations been during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-1.  It is the states with which a copy of this return is filed by NONE   42 a The organizations been during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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 b	section 4911 ► N/A; section 4912 ► N/A; section 4955 ►	N/A		
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 shelier transaction? If "Yes," complete Form 8886-T.  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.  817-426-8565	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	70		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.  41 List the states with which a copy of this return is filled * NONE  42 a The organization's books are in care of * JAMES MCCROSKEY	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	401		X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.  41 List the states with which a copy of this return is filled * NONE  42 a The organization's books are in care of * JAMES MCCROSKEY	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	0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.  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. * 817-426-8565	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	0.		
At any time during the calendar year, did the organization maintain an office outside the United States?  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 have a count, or other financial account)?  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?  If 'Yes,' enter the name of the foreign country  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?  42c	a All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40		x
42 a The organization's books are in care of    Located at    308 E. RENFRO STREET, SUITE 100 BURLESON TX		400	2	11
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filing 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	books are in care of ► JAMES MCCROSKEY Telephone no. ► 8			
See the instructions for exceptions and filing 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?  If 'Yes,' enter the name of the foreign country   3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year  43 In	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42		
c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.  44 and enter the amount of tax-exempt interest received or accrued during the tax year  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 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.  5 c Did the organization receive any payments for indoor tanning services during the year?  6 If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  6 If 'Yes' to line 44c, has the organization in Schedule O.  44 d		12/4		
c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.  44 and enter the amount of tax-exempt interest received or accrued during the tax year  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 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.  5 c Did the organization receive any payments for indoor tanning services during the year?  6 If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  6 If 'Yes' to line 44c, has the organization in Schedule O.  44 d	See the instructions for exceptions and filing requirements for FinCFN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here.  44 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here.  45 No	c At any time during the calendar year, did the organization maintain an office outside the United States?	42	3	X
and enter the amount of tax-exempt interest received or accrued during the tax year  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  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  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?				
and enter the amount of tax-exempt interest received or accrued during the tax year  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  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  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Section 4947(a)(1) popeyempt charitable trusts filing Form 990-F7 in lieu of Form 1041 — Check here		▶ □	l n/a
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.  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 d  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
of Form 990-EZ	44 a Did the organization maintain any donor advised funds during the year? If 'Yes.' Form 990 must be completed instead	d	163	140
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.  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 a X	of Form 990-EZ	44	3	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	instead of Form 990-EZ	44		
If 'No,' provide an explanation in Schedule O		44	3	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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 	
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	45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45	a	X
	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 'Ye Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	es,' 45	<b>3</b>	X

•				-			
Form 990-E	EZ (2018) ROTARY CLUB OF ARLI	NGTON		75-605	6680	Yes	age 4 No
46 Did tl	ne organization engage, directly or indirectl	y, in political campaigr	activities on behalf of o	r in opposition to		103	
cand	idates for public office? If 'Yes,' complete S	Schedule C, Part I			46		X
Part VI	Section 501(c)(3) Organizations All section 501(c)(3) organization for lines 50 and 51.	s <b>Only</b> ons must answer c	juestions 47-49b ar	nd 52, and complet	e the tab	les	_
	Check if the organization used Schedule	O to respond to any qu	uestion in this Part VI				Ш
47 Did to	ne organization engage in lobbying activitie	s or have a section 50	I (h) election in effect dur	ing the tax year? If 'Yes	s,' 47	Yes	No_
	e organization a school as described in sec						
	he organization make any transfers to an e es,' was the related organization a section s						
50 Com	plete this table for the organization a section of solutions and section of section and section of section and section as the section of section and section as the section of section and section are section as	ghest compensated em	ployees (other than office	ers, directors, trustees,	and key		
	(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) Estimate other com		
<b>51</b> Com	number of other employees paid over \$10 plete this table for the organization's five h bensation from the organization. If there is	ghest compensated inc	lependent contractors wh	no each received more t	i		
	(a) Name and business address of each independent co	ontractor	<b>(b)</b> Type	of service	(c) Comp	ensation	n ———
<b>52</b> Did t	number of other independent contractors he organization complete Schedule A? No	te: All section 501(c)(3	) organizations must atta		. ► \ Yes	. , Г	□ □ <sub>No</sub>
	Dieted Schedule A			my knowledge and belief, it is		<u> </u>	
true, correct,	and complete. Declaration of preparer (other than office	) is based on all information o	f which preparer has any knowle	9-21-19			
Sign	Signature of officer			Date			
Here	JAMES MCCROSKEY  Type or print name and title		-ILED	TREASURER			
	Print/Type preparer's name	Preparer's signature	As A Date	Check	PTIN		
Paid	KIMBERLY D CRAWFORD  Firm's name ► SUTTON FROST CA	Typical Ca	1921/1	self-employed	20044648	4	
Preparer Use Only	Firm's name ► SUTTON FROST CA.  600 SIX FLAGS D		V	Firm's EIN ►	75-2593	3210	
	ARLINGTON, TX 7	6011		Phone no. (81			
May the IR	S discuss this return with the preparer sho	wn above? See instruc	tions		. ► X Yes		No
					Form 99	0-EZ (	(2018)

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

75-6056680 ROTARY CLUB OF ARLINGTON Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants f b Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ...... **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundraiser (iv) Gross receipts (or retained by) fundraiser listed in (i) Name and address of individual (ii) Activity have custody or control of contributions? from activity or entity (fundraiser) organization column (i) Yes 1 2 3 5 6 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

75-6056680 Schedule G (Form 990 or 990-EZ) 2018 ROTARY CLUB OF ARLINGTON Page 2 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (d) Total events (add column (a) (b) Event #2 (a) Event #1 NONE ARLINGTON HERO through column (c) (event type) (total number) (event type) REVENUE 25,454. 1 Gross receipts..... 25,454 2 Less: Contributions..... 25,454. 25,454. Gross income (line 1 minus line 2)..... DIRECT Rent/facility costs..... Food and beverages ..... EXPENSES 6,950. 6,950. 10 Direct expense summary. Add lines 4 through 9 in column (d) ..... 6,950. -6,950.Net income summary. Subtract line 10 from line 3, column (d) ...... Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add column (a) through column (c)) bingo/progressive bingo (c) Other gaming REVENUE (a) Bingo Gross revenue..... Noncash prizes..... 4 Rent/facility costs..... Yes Yes Yes No Direct expense summary. Add lines 2 through 5 in column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? ...... No **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ..... Yes No **b** If 'Yes,' explain:

Sche	dule G (Form 990 or 990-EZ) 2018 ROTARY CLUB OF ARLINGTON 75	-6056680	Page 3
5.5	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme administer charitable gaming?	ed to	No
13	Indicate the percentage of gaming activity conducted in:	1 [	
	The organization's facility	13 a	%
	o An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and rec	cords:	
	Name •		
	Address •	<del></del>	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		No
		e amount	
	of gaming revenue retained by the third party  \$		
c	: If 'Yes,' enter name and address of the third party:		
	Name •		
	Address		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain t state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	nt in the	
	organization's own exempt activities during the tax year \$	Jumna (iii) and	(1):
Par	<b>TIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	y additional	(V),

#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ROTARY CLUB OF ARLINGTON		75-6056680	
FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAIL			
DONEE'S NAME: DONEE'S ADDRESS:	ARLINGTON VETERANS PARK FOUND 5910 MOSS DRIVE ARLINGTON TX 76016	ATION	
CASH AMOUNT GIVEN:		\$	6,135.
DONEE'S NAME: DONEE'S ADDRESS:	ARLINGTON FIRE DEPARTMENT RAN 5501 RON MCANDREW DR ARLINGTON TX 76013		
CASH AMOUNT GIVEN:		\$	6,135.
DONEE'S NAME: DONEE'S ADDRESS:	ARLINGTON POLICE FOUNDATION PO BOX 2318 ARLINGTON TX 76004		
CASH AMOUNT GIVEN:		\$	6,135.
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES			
ACCOUNTING SOFTWARE AWARDS & PLAQUES FOR SCHOOLS AWARDS AND PLAQUES FOR MEMBERS. BANK CHARGES CONFERENCES, CONVENTIONS, AND MIDISTRICT DUES GUEST MEALS INFORMATION TECHNOLOGY INTERNATIONAL DUES MEETING EXPENSES MEMBERS CARE, ILLNESS, BEREAVE OTHER DUES OTHER EXPENSES PAY PAL FEES SUPPLIES TRAINING WATER FILTERS  FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	EETINGS		360. 2,678. 405. 481. 250. 3,870. 1,668. 1,127. 11,042. 1,227. 1,015. 250. 211. 512. 736. 1,140. 79,295. 106,717.
	_	BEGINNING	ENDING
PREPAID EXPENSES AND DEFERRED C	HARGES	0. 0. \$	5,126. 5,126.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES			
		BEGINNING	ENDING
DUE TO ARL. ROTARY FOUNDATION DUE TO ROTARY FOUNDATION UNEARNED DUES		475. \$ 199. 490.	825. 640. 980.
	TOTAL S	1.164. S	2.445.

1,164.

Name of the organization

ROTARY CLUB OF ARLINGTON

Employer identification number

75-6056680

### 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 PAST PRESIDENT	1	\$ 0.	\$ 0.	\$ 0.
JOAN CHURCH SECRETARY	1	0.	0.	0.
TIM MOLONEY DIRECTOR	1	0.	0.	0.
JAMES MCCROSKEY TREASURER	. 1	0.	0.	0.
MICHELLE DEUELL DIRECTOR	1	0.	0.	0.
MARY TOM CURNUTT PRESIDENT	1	0.	0.	0.
MIA RUSSO DIRECTOR	1	0.	0.	0.
TOM WARE PRESIDENT ELECT	1	0.	0.	0.
DIANE PATRICK DIRECTOR	1	0.	0.	0.
DAVID WILBANKS DIRECTOR	1	0.	0.	0.
STEVE BROOKS SERGT-AT-ARMS	1	0.	0.	0.
VICTORIA FARRAR-MYERS DIRECTOR	1	0.	0.	0.
TOM WIGHTMAN DIRECTOR	1	0.	0.	0.
JOY BATES DIRECTOR	1	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	1	\$ 0.	\$ 0.	\$ 0.
DERRICK KINNEY DIRECTOR	1	0.	0.	0.
GLORIA PENA DIRECTOR	1	0.	0.	0.
SCOTT HENDRICKS DIRECTOR	1	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.