

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)

OMB No. 1545-1150

2014

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 at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 7/01, 2014, and ending 6/30, 2015

B Check if applicable: **C**

<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	ROTARY CLUB OF ARLINGTON P.O. BOX 121045 ARLINGTON, TX 76012	<p>D Employer identification number 75-6056680</p> <p>E Telephone number (817) 420-5588</p> <p>F Group Exemption Number..... ▶</p>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ WWW.ARLINGTONROTARY.COM

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀(insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization: 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 assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 67,231.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.....

	Description	Line	Amount
REVENUE	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.....	5a	
	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).....	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)....	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6b	
c Less: direct expenses from gaming and fundraising events.....	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d		
7a Gross sales of inventory, less returns and allowances.....	7a		
b Less: cost of goods sold.....	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c		
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.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O).....	10	30,818.
	11 Benefits paid to or for members.....	11	
	12 Salaries, other compensation, and employee benefits.....	12	
	13 Professional fees and other payments to independent contractors.....	13	
	14 Occupancy, rent, utilities, and maintenance.....	14	
	15 Printing, publications, postage, and shipping.....	15	233.
	16 Other expenses (describe in Schedule O).....	16	45,062.
	17 Total expenses. Add lines 10 through 16..... ▶	17	76,113.
18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	-8,882.	
NET ASSETS	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	58,361.
	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.

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	58,701.	22 44,177.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	430.	24 6,368.
25 Total assets	59,131.	25 50,545.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE 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.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE SCHEDULE O
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	28 a	Expenses
<u>TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	57,185.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)	31 a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	57,185.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE SCHEDULE O		0.	0.	0.

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. []

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting requirements.

42a The organization's books are in care of JAMES MCCROSKEY Telephone no. 817-420-5588 Located at 3801 MATLOCK ROAD ARLINGTON TX ZIP + 4 76015

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes a 'See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)' note.

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. 43 N/A

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

	Yes	No
47 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.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a	
b If 'Yes,' was the related organization a section 527 organization?	49 b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

(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 amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	▶ <u>JAMES MCCROSKEY</u> Type or print name and title		TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>KIMBERLY D CRAWFORD</u>				<u>P00446484</u>
	Firm's name ▶ <u>SUTTON FROST CARY LLP</u>				Firm's EIN ▶ <u>75-2593210</u>
	Firm's address ▶ <u>600 SIX FLAGS DR., SUITE 600</u> <u>ARLINGTON, TX 76011</u>				Phone no. <u>(817) 649-8083</u>

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2014

▶ 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ROTARY CLUB OF ARLINGTON

Employer identification number

75-6056680

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.
BACKPACKS FOR CAMP.....		730.
BANK CHARGES.....		54.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		2,172.
CONTRIBUTIONS.....		2,238.
DICTIONARIES FOR WEBB.....		300.
DISTRICT DUES.....		3,990.
EREY.....		141.
FELLOWSHIP.....		1,182.
GUEST MEALS.....		3,365.
INFORMATION TECHNOLOGY.....		819.
INTERNATIONAL DUES.....		10,105.
JOB FAIR.....		2,979.
MEETING EXPENSES.....		3,725.
MEMBERSHIP SUPPLIES.....		385.
MISCELLANEOUS EXPENSE.....		651.
OFFICE EXPENSES.....		255.
PAY PAL FEES.....		364.
RYLA.....		1,700.
SCHOOL SUPPLIES FOR SAFE HAVEN.....		1,631.
SHELTER BOXES.....		1,000.
SPECIAL PROJECTS.....		957.
YOUTH EXCHANGE.....		2,040.
	TOTAL \$	45,062.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID EXPENSES AND DEFERRED CHARGES.....	\$ 430.	\$ 6,368.
TOTAL	\$ 430.	\$ 6,368.

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 770.	\$ 1,066.
TOTAL	\$ 770.	\$ 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	Employer identification number 75-6056680
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**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- UTION 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 PETER 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

Employer identification number

ROTARY CLUB OF ARLINGTON

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- UTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
SALLY HOPPER DIRECTOR	0	\$ 0.	\$ 0.	\$ 0.
JIM FULGHAM DIRECTOR	0	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>