

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

August 21, 2019

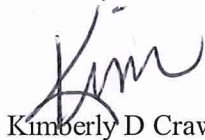
ROTARY CLUB OF ARLINGTON  
P.O. BOX 121045  
ARLINGTON, TX 76012

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**

**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

**2018**

Department of the Treasury  
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning 7/01, 2018, and ending 6/30, 2019

<b>B</b> Check if applicable: <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	<b>C</b> ROTARY CLUB OF ARLINGTON P.O. BOX 121045 ARLINGTON, TX 76012	<b>D</b> Employer identification number 75-6056680 <b>E</b> Telephone number (817) 420-5588 <b>F</b> Group Exemption Number
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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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ 170,331.

**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
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received .....	<b>1</b>	169,933.
	<b>2</b> Program service revenue including government fees and contracts .....	<b>2</b>	
	<b>3</b> Membership dues and assessments .....	<b>3</b>	
	<b>4</b> Investment income .....	<b>4</b>	398.
	<b>5a</b> Gross amount from sale of assets other than inventory .....	<b>5a</b>	
	<b>5b</b> Less: cost or other basis and sales expenses .....	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>6a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) .....	<b>6a</b>	
	<b>6b</b> Gross income from fundraising events (not including \$ <u>25,454.</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....	<b>6b</b>	
<b>6c</b> Less: direct expenses from gaming and fundraising events .....	<b>6c</b>	6,950.	
<b>6d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	<b>6d</b>	-6,950.	
<b>7a</b> Gross sales of inventory, less returns and allowances .....	<b>7a</b>		
<b>7b</b> Less: cost of goods sold .....	<b>7b</b>		
<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) .....	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. .... ▶	<b>9</b>	163,381.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) ..... <b>SEE SCHEDULE O</b> .....	<b>10</b>	31,942.
	<b>11</b> Benefits paid to or for members .....	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits .....	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors .....	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance .....	<b>14</b>	6,450.
	<b>15</b> Printing, publications, postage, and shipping .....	<b>15</b>	284.
	<b>16</b> Other expenses (describe in Schedule O) ..... <b>SEE SCHEDULE O</b> .....	<b>16</b>	106,717.
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16. .... ▶	<b>17</b>	145,393.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>18</b>	17,988.	
<b>Net Assets</b>	<b>19</b> 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) .....	<b>19</b>	46,366.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 ..... ▶	<b>21</b>	64,354.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)



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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35 b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
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 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 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:
40 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?
40 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
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
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of JAMES MCCROSKEY Telephone no. 817-426-8565
Located at 308 E. RENFRO STREET, SUITE 100 BURLESON TX ZIP + 4 76028
42 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?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 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)?

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

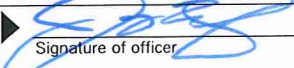
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'


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

<b>Sign Here</b>	Signature of officer 	Date <u>8-21-19</u>
	<b>JAMES MCCROSKEY</b> Type or print name and title	TREASURER

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIMBERLY D CRAWFORD</b>	Preparer's signature 	Date <u>8/21/19</u>	Check <input type="checkbox"/> if self-employed	PTIN P00446484
	Firm's name ▶ <b>SUTTON FROST CARY LLP</b>				
	Firm's address ▶ <b>600 SIX FLAGS DR., SUITE 600 ARLINGTON, TX 76011</b>	Firm's EIN ▶ <b>75-2593210</b>	Phone no. <b>(817) 649-8083</b>		

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

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

ROTARY CLUB OF ARLINGTON

Employer identification number

75-6056680

**Part I 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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a 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?  Yes  No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total.....▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II 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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	ARLINGTON HERO (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
1	Gross receipts	25,454.		25,454.	
2	Less: Contributions	25,454.		25,454.	
3	Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	6,950.		6,950.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			6,950.
11	Net income summary. Subtract line 10 from line 3, column (d)			-6,950.	

**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.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, 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?  Yes  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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility. ....	13 a	%
b An outside facility. ....	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the 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:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2018**

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.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

ROTARY CLUB OF ARLINGTON

75-6056680

**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

DONEE'S NAME:	ARLINGTON VETERANS PARK FOUNDATION		
DONEE'S ADDRESS:	5910 MOSS DRIVE		
	ARLINGTON TX 76016		
CASH AMOUNT GIVEN:		\$	6,135.
DONEE'S NAME:	ARLINGTON FIRE DEPARTMENT RANDOM ACTS		
DONEE'S ADDRESS:	5501 RON MCANDREW DR		
	ARLINGTON TX 76013		
CASH AMOUNT GIVEN:		\$	6,135.
DONEE'S NAME:	ARLINGTON POLICE FOUNDATION		
DONEE'S ADDRESS:	PO BOX 2318		
	ARLINGTON TX 76004		
CASH AMOUNT GIVEN:		\$	6,135.

**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

4-WAY TEST.....	\$	450.
ACCOUNTING SOFTWARE.....		360.
AWARDS & PLAQUES FOR SCHOOLS.....		2,678.
AWARDS AND PLAQUES FOR MEMBERS.....		405.
BANK CHARGES.....		481.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		250.
DISTRICT DUES.....		3,870.
GUEST MEALS.....		1,668.
INFORMATION TECHNOLOGY.....		1,127.
INTERNATIONAL DUES.....		11,042.
MEETING EXPENSES.....		1,227.
MEMBERS CARE, ILLNESS, BEREAVE.....		1,015.
OTHER DUES.....		250.
OTHER EXPENSES.....		211.
PAY PAL FEES.....		512.
SUPPLIES.....		736.
TRAINING.....		1,140.
WATER FILTERS.....		79,295.
<b>TOTAL</b>	<b>\$</b>	<b>106,717.</b>

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

	BEGINNING	ENDING
PREPAID EXPENSES AND DEFERRED CHARGES.....	\$ 0.	\$ 5,126.
<b>TOTAL</b>	<b>\$ 0.</b>	<b>\$ 5,126.</b>

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

	BEGINNING	ENDING
DUE TO ARL. ROTARY FOUNDATION.....	\$ 475.	\$ 825.
DUE TO ROTARY FOUNDATION.....	199.	640.
UNEARNED DUES.....	490.	980.
<b>TOTAL</b>	<b>\$ 1,164.</b>	<b>\$ 2,445.</b>

Name of the organization ROTARY CLUB OF ARLINGTON	Employer identification number 75-6056680
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**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- UTION 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- UTION 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		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>