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. 1545-0047 2021

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2021 calenda	r year, or tax year beginning 07-01, 2021, and	d ending		06-30	, 20 22	
В	Check if a	pplicable:	olicable: C Name of organization D Em		D Emplo	nployer identification number		
	Address c	hange	Rotary Club of Arlington Sunrise		36-	36-3981987		
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one numbe	er	
	Initial retur	rn						
	Final retur	n/terminated	PO Box 387					
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption		
	Application	n pending	Arlington, TX 76004-0387		Numbe	er 🕨	0573	
G	Account	ting Method:	X Cash ☐ Accrual Other (specify) ►		H Check ►	X if the o	organization is not	
I	Website	e: ►www.	arlingtonsunriserotary.com		required to	attach Sch	nedule B	
J	Tax-exe	empt status (check only one) - ☐ 501(c)(3)	or 527	(Form 990)			
K	Form of	organization:	X Corporation ☐ Trust ☐ Association ☐ Other					
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or r	nore, or if to	otal assets			
(Pa	art II, col	lumn (B)) are S	\$500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	151,577	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balar	nces (see	the instructio	ns for Pa	rt I)	
		Check if	the organization used Schedule O to respond to any question in t	his Part I			<u>x</u>	
	1	Contributions	s, gifts, grants, and similar amounts received			1	13,617	
	2	Program ser	vice revenue including government fees and contracts			2		
	3	Membership	dues and assessments			3	67,372	
	4	Investment in	ncome			4		
	5a	Gross amou	nt from sale of assets other than inventory	5a				
	b	Less: cost o	r other basis and sales expenses	5b				
	С	Gain or (loss	s) from sale of assets other than inventory (subtract line 5b from line 5a)			5c		
	6							
	а	a Gross income from gaming (attach Schedule G if greater than						
ne		\$15,000) .		6a				
Revenue	b	Gross incom	ne from fundraising events (not including \$ of co	ntributions				
Re		from fundrais	sing events reported on line 1) (attach Schedule G if the					
		sum of such	gross income and contributions exceeds \$15,000)	6b	70,588			
	С	Less: direct	expenses from gaming and fundraising events	6c	15,612			
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subj	tract				
		line 6c)				6d	54,976	
	7a	Gross sales	of inventory, less returns and allowances	7a				
	b	Less: cost of	goods sold	7b				
	С	Gross profit	or (loss) from sales of inventory (subtract line 7b from line 7a)			7c		
	8	Other revenu	ue (describe in Schedule O)			8		
_	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	135,965	
Expenses	10	Grants and s	similar amounts paid (list in Schedule O)			10	18,012	
	11	Benefits paid	d to or for members			11		
	12	Salaries, oth	er compensation, and employee benefits			12		
	13	Professional	fees and other payments to independent contractors $\ \ldots \ \ldots \ \ldots$			13		
	14	Occupancy,	rent, utilities, and maintenance			14		
	15	Printing, pub	lications, postage, and shipping			15		
	16	Other expen	ses (describe in Schedule O)			16	93,463	
	17	Total expen	ses. Add lines 10 through 16	<u></u> .	▶	17	111,475	
Net Assets	18		leficit) for the year (subtract line 17 from line 9)			18	24,490	
	19	Net assets of	or fund balances at beginning of year (from line 27, column (A)) (must agree	e with				
		end-of-year	figure reported on prior year's retum)			19	111,278	
	20	Other chang	es in net assets or fund balances (explain in Schedule O)			20		
Ź	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20			21	135,768	

Form 990-EZ (2021) Rotary Club of Arlington Sunrise 36-3981987 Page 2 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 (B) End of year (A) Beginning of year 135,768 111,278 22 23 0 0 24 0 0 111,278 25 135,768 26 0 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 27 111,278 135,768 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Encourage & foster the ideal of service 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.) persons benefited, and other relevant information for each program title. 28 Holiday Families - Provide gifts to children at local elementary schools, assist families with expenses. 28a (Grants \$) If this amount includes foreign grants, check here 18,012 29 Provide scholarhips to high school students in the areas served by our organization 29a (Grants \$) If this amount includes foreign grants, check here 2,300 30 STEM Academy Initiative (Grants \$) If this amount includes foreign grants, check here 30a 4,555 (Grants \$) If this amount includes foreign grants, check here 31a 32 24,867 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 r	espond 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/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See 990_OFOV		(if not paid, enter -0-)		
Sheri Halll				
President	0.00	0	0	0
Doug Stewart				
President-Elect	0.00	0	0	0
Walter Swayze				
Secretary	0.00	0	0	0
Debbie Hogan				
Treasurer	0.00	0	0	0
Ron Cross				
Seargant at Arms	0.00	0	0	0
Dwayne Lee				
Director	0.00	0	0	0
Alan Walter				
Director	0.00	0	0	0
Eli Gross				
Director	0.00	0	0	0
Samir Ahuja				
Director	0.00	0	0	0
Sallie Moore				
Director	0.00	0	0	0
Mel Crosier				
Director	0.00	0	0	0_
EEA		<u> </u>		Form 990-EZ (2021

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Pai	rt 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			
			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		x
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			ĺ
	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)?	35a		x
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
	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	35c		v
26		330		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	26		
07 -	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			i
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			i
b	Gross receipts, included on line 9, for public use of club facilities			i
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			i
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			i
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			ĺ
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		х
С	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,			i
	4955, and 4958			i
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			i
	40c reimbursed by the organization			i
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			i
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed			
	The organization's books are in care of ▶ Debbie Hogan Telephone no. ▶ 817-6.	33_1	645	
72 U	Located at ▶ PO Box 387, Arlington, TX ZIP + 4 ▶ 76004			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	-030	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	X
		420		
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filling requirements for EigCEN Form 114. Report of Eggin Bank and			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR).	40-		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
40	If "Yes," enter the name of the foreign country Section 4047(a)(d) are presented to evide the arrote filling. Form 900, E7 in lieu of Form 4044 Check have			
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		V	
	Diddle and before well-to an decomplete of the transfer of the		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	44a		Х
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	44b		Х
	Did the organization receive any payments for indoor tanning services during the year?	44c		х
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	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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	45b		x

Form 990-EZ (2021) Rotary Club of Arlington Sunrise 36-3981987 Page 4 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition 46 Х 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 47 48 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E...... 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a 49b 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." (b) Average (e) Estimated amount of contributions to employee (a) Name and title of each employee hours per week (Forms W-2/1099-MISC/ benefit plans, and deferred other compensation devoted to position 1099-NEC) compensation Total number of other employees paid over \$100,000 ▶ 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 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. Debbie Hogan Signature of officer Sign Date Here Debbie Hogan, Treasurer Type or print name and title PTIN Print/Type preparer's name Date Preparer's signature X if Check Paid self-employed Christopher J Wade 05-15-2023 P00958583 **Preparer** Firm's name ▶ Christopher J Wade CPA PC Firm's EIN ▶

817-264-3243

Phone no.

Use Only

Firm's address

PO Box 183673

Arlington TX 76096

May the IRS discuss this return with the preparer shown above? See instructions

List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.							
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation			
Colby Van Sickler							
Director	0.00	0	0	0			
Andrew Walley							
Director	0.00	0	0	0			

SCHEDULE G (Form 990)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization Rotary Club of Arlington Sunrise 36-3981987 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 x Mail solicitations Solicitation of non-government grants Solicitation of government grants ☐ Internet and email solicitations b Phone solicitations Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, Yes X No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 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.

If "Yes," explain:

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. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add col. (a) through Flags/Fundra None col. (c)) (total number) (event type) (event type) Revenue Gross receipts 1 Less: Contributions 2 3 Gross income (line 1 minus Cash prizes 4 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 8 Entertainment 9 Other direct expenses 10 11 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 (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 8 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Rotary Club of Arlington Sunrise

Employer identification number
36-3981987

01. List of grants and similar amounts paid (Part I, line 10)						
Activity	Holiday Families					
Amount	18,012					
02. Description of other expense	s (Part I, line 16)					
Description	Amount					
Donations - Various	8,215					
International Committee	500					
Club Runner	600					
Community Service II	4,600					
Credit Card Fees	1,058					
District Dues	2,070					
Meeting Costs	35,030					
EREY	4,017					
New Generations Committee	5,898					
PO Box	232					
Rotary International Dues	6,175					
Rotary Youth Leadership Award	1,379					
Speaker Gifts	4,927					
STEM Initiative	4,555					
Sunshine Committee	1,017					
Supplies	2,226					
Telephone	296					
Vocational Service	3,099					