

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

	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		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 change on Schedule O (see instructions)		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)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35 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? If 'Yes,' complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
b Did the organization file Form 1120-POL for this year?	37 b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	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
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: section 4911 N/A; section 4912 N/A; section 4955 N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b	X
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.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
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
 Located at 308 E. RENFRO STREET, SUITE 100 BURLESON TX ZIP + 4 76028

	Yes	No
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:	42 b	X
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:	42 c	X

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

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	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 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	X

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. Yes No
 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

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. Yes No
 47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Yes No
 48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
 49 a X

b If 'Yes,' was the related organization a section 527 organization? Yes No
 49 b X

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.'

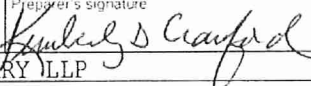
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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
▶ 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: 8-18-17
 JAMES MCCROSKEY TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: KIMBERLY D CRAWFORD Preparer's signature:  Date: 8/18/17
 Firm's name: SUTTON FROST CARY LLP Check if self-employed PTIN: P00446484
 Firm's address: 600 SIX FLAGS DR., SUITE 600 ARLINGTON, TX 76011 Firm's EIN: 75-2593210 Phone no.: (817) 649-8083

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

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:	FRIENDS OF THE ARLINGTON PUBLIC LIBRARY	
DONEE'S ADDRESS:	101 W. ABRAM STREET	
	ARLINGTON TX 76010	
CASH AMOUNT GIVEN:		\$ 10,000.
DONEE'S NAME:	THE ROTARY FOUNDATION	
DONEE'S ADDRESS:	1560 SHERMAN AVENUE	
	EVANSTON IL 60201	
CASH AMOUNT GIVEN:		\$ 27,405.

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

4-WAY TEST.....	\$ 450.
ACCOUNTING SOFTWARE.....	259.
ADOPTION AWARENESS.....	600.
AWARDS & PLAQUES FOR SCHOOLS.....	2,932.
BACKPACKS FOR CAMP.....	493.
BANK CHARGES.....	292.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	6,955.
CONTRIBUTIONS.....	1,300.
DICTIONARIES FOR WEBB.....	240.
DISTRICT DUES.....	4,410.
FELLOWSHIP.....	1,462.
GUEST MEALS.....	3,348.
HEROS RUN.....	2,741.
INFORMATION TECHNOLOGY.....	927.
INTERNATIONAL DUES.....	10,839.
JOB FAIR.....	1,000.
MEETING EXPENSES.....	5,561.
MEMBERSHIP SUPPLIES.....	543.
OFFICE EXPENSES.....	811.
PAY PAL FEES.....	669.
RI - ANNUAL FUND.....	122.
RYLA.....	2,000.
SCHOOL SUPPLIES FOR SAFE HAVEN.....	1,110.
SHELTER BOXES.....	1,000.
SPECIAL PROJECTS.....	548.
TRAINING.....	5,900.
WATER FILTERS.....	40,309.
WEBB MISC.....	20.
TOTAL	\$ 96,841.

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

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID EXPENSES AND DEFERRED CHARGES.....	\$ 6,305.	\$ 490.
TOTAL	\$ 6,305.	\$ 490.

Name of the organization

Employer identification number

ROTARY CLUB OF ARLINGTON

75-6056680

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

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 8,279.	\$ 1,503.
TOTAL	\$ 8,279.	\$ 1,503.

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 PRESIDENT ELECT	0	\$ 0.	\$ 0.	\$ 0.
SUSIE MCALISTER SECRETARY	0	0.	0.	0.
JAMES MCCROSKEY TREASURER	0	0.	0.	0.
VALERIE LANDRY PRESIDENT	0	0.	0.	0.
MARY TOM CURNUTT ASSTNT SECETARY	0	0.	0.	0.
LYNN STAVINOHA DIRECTOR	0	0.	0.	0.
PETER SCOTT DIRECTOR	0	0.	0.	0.
DIANE PATRICK DIRECTOR	0	0.	0.	0.
DAN BLUMBERG DIRECTOR	0	0.	0.	0.
STEVE BROOKS DIRECTOR	0	0.	0.	0.
DAVID SARGENT DIRECTOR	0	0.	0.	0.
CLETE MCALISTER PAST PRESIDENT	0	0.	0.	0.

Name of the organization ROTARY CLUB OF ARLINGTON	Employer identification number 75-6056680
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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.
CHAD BATES DIRECTOR	0	\$ 0.	\$ 0.	\$ 0.
VICTORIA FARRAR-MYERS DIRECTOR	0	0.	0.	0.
TOM WIGHTMAN DIRECTOR	0	0.	0.	0.
JOY BATES DIRECTOR	0	0.	0.	0.
SALLY HOPPER DIRECTOR	0	0.	0.	0.
SCOTT HENDRICKS DIRECTOR	0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.