

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

2020

- ▶ 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.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 7/01, 2020, and ending 6/30, 2021

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	C ROTARY CLUB OF ARLINGTON P.O. BOX 121045 ARLINGTON, TX 76012	D Employer identification number 75-6056680 E Telephone number (817) 420-5588 F Group Exemption Number
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

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

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. ▶ \$ 58,054.

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.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1		57,125.
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4		3.
	5 a Gross amount from sale of assets other than inventory	5 a		
	b Less: cost or other basis and sales expenses	5 b		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5 c		
	6 Gaming and fundraising events:			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a		
	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)	6 b		
c Less: direct expenses from gaming and fundraising events	6 c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d			
	7 a Gross sales of inventory, less returns and allowances	7 a		
	b Less: cost of goods sold	7 b		
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7 c		
	8 Other revenue (describe in Schedule O) SEE SCHEDULE O	8		926.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		58,054.
Expenses	10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10		92,399.
	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		450.
	15 Printing, publications, postage, and shipping	15		287.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16		39,037.
	17 Total expenses. Add lines 10 through 16	17		132,173.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18		-74,119.
	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		139,446.
	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		65,327.

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

Form 990-EZ (2020)

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. [X]

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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. [X]

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.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 3 columns: Description, 28a, 29a, 30a, 31a, 32. Row 28: TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE. (Grants \$ 92,399.)

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. []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e 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

42a The organization's books are in care of KIM CRAWFORD Telephone no. 817-649-8083
Located at 600 SIX FLAGS DRIVE, SUITE 600 ARLINGTON TX ZIP + 4 76011

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
See the instructions for exceptions and filing requirements for FinCEN 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 [] N/A
and enter the amount of tax-exempt interest received or accrued during the tax year. 43

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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 Yes No 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. 47 Yes No

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

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

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

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.'

Table with 5 columns: (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.'

Table with 3 columns: (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: KIM CRAWFORD, Date: TREASURER ELECT

Paid Preparer Use Only: Print/Type preparer's name: CARROLL ELIZABETH ARNOTT, Preparer's signature, Date, Check [] if self-employed, PTIN: P01965628, Firm's name: SUTTON FROST CARY LLP, 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. [X] 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.
▶ Attach to Form 990 or 990-EZ.

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Go to 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 8
OTHER REVENUE

MISCELLANEOUS INCOME.....	\$	926.
TOTAL	\$	<u>926.</u>

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

CLASS OF ACTIVITY:	GENERAL SUPPORT	
DONEE'S NAME:	FOOD BANK OF WEST CENTRAL TEXAS	
DONEE'S ADDRESS:	5505 N. 1ST ST. ABILENE TX 79603	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 7,500.

CLASS OF ACTIVITY:	GENERAL SUPPORT	
DONEE'S NAME:	WICHITA FALLS AREA FOOD BANK	
DONEE'S ADDRESS:	1230 MIDWESTERN PKWY. WICHITA FALLS TX 76302	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 7,500.

CLASS OF ACTIVITY:	GENERAL SUPPORT	
DONEE'S NAME:	UNITED REGIONAL HEALTH CARE	
DONEE'S ADDRESS:	1600 11TH ST. WICHITA FALLS TX 76310	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 11,525.

CLASS OF ACTIVITY:	GENERAL SUPPORT	
DONEE'S NAME:	TARRANT AREA FOOD BANK	
DONEE'S ADDRESS:	2600 CULLEN ST. FORT WORTH TX 76107	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 57,720.

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

4-WAY TEST.....	\$	500.
ADVERTISING AND PROMOTION.....		250.
BANK CHARGES.....		631.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		860.
DISTRICT DUES.....		4,155.
FELLOWSHIP EVENTS.....		1,248.
INFORMATION TECHNOLOGY.....		1,503.
INTERNATIONAL DUES.....		12,220.
MEMBERSHIP EXPENSES.....		2,231.
MISCELLANEOUS.....		475.
OTHER DUES.....		250.
PAY PAL FEES.....		465.
SPECIAL PROJECTS.....		9,205.
SUPPLIES.....		422.
TRAINING.....		100.
YOUTH PROGRAM.....		4,522.
TOTAL	\$	<u>39,037.</u>

Name of the organization ROTARY CLUB OF ARLINGTON	Employer identification number 75-6056680
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**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE.....	\$ 0.	\$ 1,320.
PREPAID EXPENSES AND DEFERRED CHARGES.....	0.	1,125.
TOTAL	<u>\$ 0.</u>	<u>\$ 2,445.</u>

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

	BEGINNING	ENDING
DUE TO ARL. ROTARY FOUNDATION.....	\$ 1,795.	\$ 1,105.
DUE TO ROTARY FOUNDATION.....	421.	540.
UNEARNED ADVERTISING.....	0.	5,000.
UNEARNED DUES.....	245.	8,820.
TOTAL	<u>\$ 2,461.</u>	<u>\$ 15,465.</u>

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.
SUSIE MCALISTER PRESIDENT	1	\$ 0.	\$ 0.	\$ 0.
PETER SCOTT DIRECTOR	1	0.	0.	0.
KURT BARTLEY PRESIDENT ELECT	1	0.	0.	0.
JAMES MCCROSKEY TREASURER	1	0.	0.	0.
APRIL PETTITT DIRECTOR	1	0.	0.	0.
TOM WARE PAST PRESIDENT	1	0.	0.	0.
MIA RUSSO SECRETARY	1	0.	0.	0.
HEATHER KIPKER 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.
DIANE PATRICK DIRECTOR	1	\$ 0.	\$ 0.	\$ 0.
BRYAN ROBERTS DIRECTOR	1	0.	0.	0.
STEVE BROOKS SERGT-AT-ARMS	1	0.	0.	0.
DIXON HOLMAN DIRECTOR	1	0.	0.	0.
RANDY HENDRICKS DIRECTOR	1	0.	0.	0.
JOYCE STANTON DIRECTOR	1	0.	0.	0.
VERA MCKISSIC DIRECTOR	1	0.	0.	0.
TOMMY THOMPSON DIRECTOR	1	0.	0.	0.
JOY BATES DIRECTOR	1	0.	0.	0.
SALLY HOPPER DIRECTOR	1	0.	0.	0.
DERRICK KINNEY DIRECTOR	1	0.	0.	0.
SAM SCOTT DIRECTOR	1	0.	0.	0.
SCOTT HENDRICKS DIRECTOR	1	0.	0.	0.
KIM CRAWFORD TREASURER ELECT	1	0.	0.	0.
ESTEBAN BLANCO DIRECTOR	1	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.