efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492064001399 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 07-01-2017 and ending 06-30-2018 B Check if applicable C Name of organization D Employer identification number ROTARY CLUB OF ARLINGTON SUNRISE \square Address change 36-3981987 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 387 ☐ Final return/terminated (817) 633-1645 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return ARLINGTON, TX 76004 F Group Exemption ☐ Application pending Number ▶ 0573 Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www arlingtonsunriserotary com **J Tax-exempt status**(check only one) - □ 501(c)(3) 回 501(c)(4) **◄**(insert no) □ 4947(a)(1) or □ 527 ☐ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 8,927 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 49,253 4 4 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 58,038 sum of such gross income and contributions exceeds \$15,000) 🕏 🕟 6.547 Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 51.491 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) **7**c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 109,671 10 10 Grants and similar amounts paid (list in Schedule O) 31,304 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 383 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 56,286 17 Total expenses. Add lines 10 through 16 17 87,973 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 21,698 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 6,355 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 28,053 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

-orm 990-EZ (2017)						Page 2
Part II Balance Sheets (see the instructions Check if the organization used Schedule		wastian in this	Dort II			П
Check if the organization used Schedule	O to respond to any q	uestion in this		eginning of year	· ·	(B) End of year
22 Cash, savings, and investments			(4) 5	6,355	22	28,053
23 Land and buildings					23	
24 Other assets (describe in Schedule O)					24	
25 Total assets				6,355	-	28,053
26 Total liabilities (describe in Schedule O)				6,355	26	20.052
27 Net assets or fund balances (line 27 of column Part III Statement of Program Service A	<u> </u>	-	ons for Pa		T T	28,053 Expenses
Check if the organization used Schedule						equired for section 501(c)
What is the organization's primary exempt purpose? TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE	TAC A BACIC OF MOD	TUV EVDEDIEN	CE) and 501(c)(4) ganizations, optional for
Describe the organization's program service accompli- measured by expenses. In a clear and concise manne benefited, and other relevant information for each pro-	shments for each of its er, describe the service	three largest	program		- oti	ners)
28 See Additional Data Table						
70 · · · · · · · · · · · · · · · · · · ·				. \Box		
(Grants \$) If this amoun 29	t includes foreign gran	its, check here		. ▶ ⊔	28a 29a	
29					294	
(Grants \$) If this amoun	t includes foreign gran	its check here		. ▶ □		
30	- Includes foreign gran	its, check here	• •		30a	
30					304	
(Grants \$) If this amoun	t includes foreign gran	its. check here		. ▶ □		
31 Other program services (describe in Schedule O)				<u> </u>	+	
, ,	t includes foreign gran			. ▶ □	31a	
32 Total program service expenses (add lines 28a				•	_	
Part IV List of Officers, Directors, Trustees,						
Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.		•	🗆
(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no enter -0	ition /1099- i t paid,	(d) Health ben- contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
See Additional Data Table						

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the	9	
	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		No
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)	34		No
35a	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		No
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		No
	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	35c		No
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		No
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?	38a		No
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b 0			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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	40Ь		No
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 sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No No
41	transaction? If "Yes," complete Form 8886-T			
	The organization's books are in care of ▶ JONATHAN JANUTA Telephone no ▶ (817) 6	33-1645	5
		7600	14	
L	At any time during the calendar year, did the organization have an interest in or a cignature or other authority over a	ı		
Б	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)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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 • 43	[Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-	No
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		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

6 B 10		-No 17 - 1			L.		Yes	No
	anization engage, directly or indired for public office? If "Yes," complete				to	46		No
	tion 501(c)(3) organization							
All s	section 501(c)(3) organizations ck if the organization used Schedul	s must answer quest e O to respond to any q	ions 47-49b and 52 juestion in this Part VI	and complete t	he tables	s for lii	nes 50	and 5 ⊐
		<u> , p </u>					Yes	No
Did the org	anization engage in lobbying activit	ties or have a section 50	01(h) election in effect	during the tax yea	ar?			
If "Yes," co	mplete Schedule C, Part II		• • • • • •			47		
Is the organ	nization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E		48		
a Did the org	anızatıon make any transfers to an	exempt non-charitable	related organization?			49a		
b If "Yes," wa	as the related organization a section	n 527 organization? .				49b		
	his table for the organization's five eceived more than \$100,000 of con					and key	employ	ees)
	e and title of each employee	(b) Average	(c) Reportable	(d) Health be	nefits,		tımated	
		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to benefit plans deferred compe	s, and	or otne	er comp	ensati
NE								
f Total num	wher of other employees hald over	\$100,000						
	iber of other employees paid over \$	ŕ			. ▶	an \$10	0.000.0	
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Complete the compensation (nis table for the organization's five on from the organization. If there is a) Name and business address of organization.	highest compensated in s none, enter "None " each independent control e	\$100,000 c)(3) organizations mu	(b) Type of servi	Ce (c)) Compe	ensation	
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Complete the compensation (INE) I Total number of the complete er penalties ownedge and be	ins table for the organization's five on from the organization. If there is a Name and business address of organization and business address of organization complete Schedule A? In a Schedule A	bighest compensated in significant results in the seach independent control each independent control each independent control each receiving over significant receiving significant receiving receiving significant rece	\$100,000 c)(3) organizations mu	(b) Type of servi	ce (c)	Compo	s I	do my
Total num Did the ocomplete er penalties of wledge and be any knowledge n	ins table for the organization's five on from the organization. If there is a Name and business address of organization and business address of organization complete Schedule A? In a Schedule A	bighest compensated in significant results in the seach independent control each independent control each independent control each receiving over significant receiving significant receiving receiving significant rece	\$100,000 c)(3) organizations mu	(b) Type of servi	ce (c)	Compo	s I	do my
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Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 36-3981987

Name: ROTARY CLUB OF ARLINGTON SUNRISE

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.			(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 ADOPTION AWARENESS PICNIC	C - EVENT HELD TO HELP LOCAL CHILDREN GET ADOPTED	28a		
(Grants \$ 910)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \Box$			

(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
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
	hours per week devoted to position	hours per week devoted to position compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	hours per week devoted to position (Forms W-2/1099-MISC) (If not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0

DUB SWAYZE Director

DLN: 93492064001399 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 **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 Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 If "Yes," list the ten 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

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. **(b)** Event #2 (a)Event #1 (c)Other events (d) Total events **FUNDRAISING** (add col (a) through INCOME (event type) (total number) col (c)) (event type) Revenue 1 Gross receipts. 58,038 58,038 2 Less Contributions. 3 Gross income (line 1 minus 58,038 58,038 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 6,547 6,547 **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 6,547 11 Net income summary Subtract line 10 from line 3, column (d) 51,491 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 (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes____ 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3
L1	Does the organization conduct gaming	g activities with nonmembers	37		☐ Yes	Пио	
L2	Is the organization a grantor, benefici formed to administer charitable gamin		member of a partnership or other entity		□Yes		
L3	Indicate the percentage of gaming act	tivity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
.4	Enter the name and address of the pe	rson who prepares the organ	nization's gaming/special events books and r	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract revenue?	with a third party from who	m the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b			ne			
С	If "Yes," enter name and address of the	ne third party					
	Name •						
	Address ▶						
6	Gaming manager information						
	Name ▶						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under sta retain the state gaming license?	te law to make charitable di	stributions from the gaming proceeds to		☐Yes	Пио	
b	Enter the amount of distributions required in the organization's own exempt active		ted to other exempt organizations or spent				
Par	t IV Supplemental Informati	on. Provide the explanat	ions required by Part I, line 2b, column				
		150, 10, and 170, as app	ıcable. Also provide any additional info	matior	(see insi	Liuctions	٠).
	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPH	IC print - DO NOT PROCESS	DLN	l: 93492064001399
SCHEDUL (Form 990 or EZ)	OMB No 1545-0047 2017 Open to Public Inspection		
	RLINGTON SUNRISE O, Supplemental Information	36-3981987	tification number
Return Reference Grants and Similar Amounts Paid In Excess of \$5,000 3	Donee's Name HOLIDAY FAMILIES Cash Amount Given \$6055		

Return Reference Explanation

Grants and | Donee's Name SCHOLARSHIPS | Cash Amount Given \$7500

990 Schedule O, Supplemental Information

Grants and Scholarships | Cash Amount Given \$7500

Similar Amounts | Paid In |
Excess of \$5,000 7

Return Reference

Grants and | Donee's Name ROTARY DISTRICT FOUNDATION | Cash Amount Given \$6025

990 Schedule O, Supplemental Information

\$5,000 10

Grants and | Donee's Name ROTARY DISTRICT FOUNDATION | Cash Amount Given \$6025

Similar Amounts | Paid In | Excess of

990 Schedule O, Supplemental Information Return Explanation Reference

Other Information Technology \$239 Expenses 1003

990 Schedule O, Supplemental Information Return Explanation Reference

Other MEETING COSTS \$38029

Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other ROTARY INTERNATIONAL DUES \$7596
Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other DISTRICT DUES \$2070
Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference

Other CLUB SUPPLIES \$1843
Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other OTHER ADMINISTRATIVE EXPENSES \$1629
Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference

Other MISCELLANEOUS EXPENSE \$1556
Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference

Other COMMUNITY SERVICE COMMITTEE \$800
Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference

Other CLUB RUNNER WEBSITE \$551
Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference

Other ADMINISTRATION COMMITTEE \$420 Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference

Other SPEAKER'S GIFTS \$387

Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Reference

Other PRESIDENT ELECT TRAINING \$335

Expenses 12

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other TELEPHONE \$236
Expenses 13

990 Schedule O, Supplemental Information Return Explanation Reference

Other OFFICE SUPPLIES \$180
Expenses 14

990 Schedule O, Supplemental Information

Return Explanation

Reference
Other DISTRICT ASSEMBLY/CONFERENCE \$165

Expenses 15

990 Schedule O, Supplemental Information Return Explanation Reference Other PO BOX \$132

Expenses 16

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other BANK/CREDIT CARD CHARGES \$118
Expenses 17