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 2017

Open to Public Inspection

Department of the Treasury

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.

Internal Revenue Service For the 2017 calendar year, or tax year beginning 07/01/17 , and ending 06/30/18 D Employer identification number C Name of organization Address change 75-1746115 Name change FREDONIA ROTARY CLUB Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 936-569-9518 PO BOX 633092 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return TX 75963-3092 NACOGDOCHES Number > Application pending Check ▶ X if the organization is not X Cash Accrual Other (specify) ▶ Accounting Method required to attach Schedule B Website: ► N/A 501(c)(3) X 501(c) ( (Form 990, 990-EZ, or 990-PF) 4 ) 4 (insert no ) 527 Tax-exempt status (check only one) — Form of organization X Corporation Trust Association Other 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 38,246 (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 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 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 17 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the 6b sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a 7h Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 38,246 9 q Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 17 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 43 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 38,358 16 Other expenses (describe in Schedule O) 38,358 Total expenses. Add lines 10 through 16 17 17 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 15,706 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 15,594 21 Net assets or fund balances at end of year Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)



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Form **990-EZ** (2017)

FREDONIA ROTARY CLUB

F	Part II Balance Sheets (see the instructions for Pa	art II)					
	. Check if the organization used Schedule O to	respond to any o	uestion in this Part II				_
	,	<del></del>		ginning of year		(B) End of year	_
22	Cash, savings, and investments			15,706	22	15,594	į
	Land and buildings			0	23		
24	Other assets (describe in Schedule O)			0	24		_
	Total assets		15,706	25	15,594	Ī	
	Total liabilities (describe in Schedule O)			0	26	(	)
	Net assets or fund balances (line 27 of column (B) must agree	e with line 21)		15,706	27	15,594	Ī
	Part III Statement of Program Service Accomp		e the instructions for F	Part III)			_
٠	Check if the organization used Schedule O to					Expenses	
۸/h	nat is the organization's primary exempt purpose?	roopona to any c			(Re	equired for section	
	ESTABLISH AND PROMOTE BUSINESS AND INTERNATIONAL	COODWILL.				(c)(3) and 501(c)(4)	
	scribe the organization's program service accomplishments for ea		st program services.			anizations, optional for	
	measured by expenses In a clear and concise manner, describe				_	ers)	
	rsons benefited, and other relevant information for each program to		56, (116 Hamber 51	İ	0111	613 /	
					T		-
28	FUNDED HIGH SCHOOL STUDENTS TO ATTEND RYLA.		DADENMO				
	HOSTED ADOPTION AWARNESS EVENT WITH CHILDREN A	AND PROSPECTIVE	PARENTS.				
	HOSTED COUNTY WIDE EVENT AT LOCAL UNIVERSITY.		l. b	_ [-4]	202	35,946	
	(Grants \$ ) If this amount includes for	oreign grants, chec	k nere		28a	33,340	<u>,</u>
29							
				ا ہے			
	(Grants \$ ) If this amount includes for	oreign grants, chec	k here	<b>&gt;</b>	29a		_
30							
	(Grants \$ ) If this amount includes for	oreign grants, chec	k here	<b>▶</b> □	30a		
31	Other program services (describe in Schedule O)						_
	(Grants \$ ) If this amount includes for	oreign grants, chec	k here	▶ □	31a		
32	Total program service expenses (add lines 28a through 31a)			<b>&gt;</b>	32	35,946	;
	Part IV List of Officers, Directors, Trustees, and Key En	nployees (list each	one even if not compens	sated — see the in	structi	ons for Part IV)	-
_	Check if the organization used Schedule O to respon		n this Part IV (c) Reportable	I (d) Health han	-E4-	<del>,                                    </del>	-
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	(d) Health ben contributions to er	nployee	(e) Estimated amount of	
	(a) Hamb and the	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, deferred comper		other compensation	
<b>N</b>	MARY FRANCES BRADFORD		(				-
	PRESIDENT	1.50	0	ه ا		0	
	JOE G. AGUILAR	1					-
	TREASURER	1.50	0	٥		0	
	POLLY ETTA SUNDA	1.50		<b>-</b>			-
		1.50		0		0	
	DIRECTOR	1.50	<u> </u>				-
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FREDONIA ROTARY CLUB

75-1746115

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P	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			
	change on Schedule O (see instructions)	34		X
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		X
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		
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	35c		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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
Jua	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
<b>h</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(7) organizations Enter			
39	Initiation fees and capital contributions included on line 9			
a	This did not to be and beginning to the second of the seco			
b	Cross receipted, intoleded on line of the passes etc.			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			1
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	406		x
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> </u>
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,			
	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	— I '		
е	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	40e		LX_
41	List the states with which a copy of this return is filed NONE	026 56		<del>-10</del>
42a	The organization's books are in care of ▶ JOE G. AGUILAR Telephone no. ▶	936-56	9-9	2TR
	179 SANDSTONE LANE	75065		
	Located at ► NACOGDOCHES TX ZIP + 4 ►	75965		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country	— I '		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)	40-		<b>.</b>
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u> </u>
	If "Yes," enter the name of the foreign country	<del></del>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			<b>•</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			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		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	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		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	44d		—
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	L	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)	45b		X

Form	990-EZ (201	17)	FREDO	IA ROT	ARY CLU	JB_			75-17	4611	.5				F	Page 4
46		-		rectly or indire			. •	on behalf	f of or in opposition	on				46	Yes	No X
Pa	ųt VI	Section All section 50 and	<b>n 501(c)(</b> ion 501(c)( 51.	3) organiz 3) organizat	ations only ions must a	<b>y</b> Inswer	questions 47-		d 52, and com	•	e tables t	for line:	s			
47		•			ities or have a	a sectio	on 501(h) electio	n in effe	ct during the tax				ſ		Yes	No
48	-			ule C, Part II described in s	section 170(b)	)(1)(A)(	וו)? If "Yes," com	nplete Sc	hedule E				ŀ	47 48		
49a b		-		transfers to a			able related orga	nization'	7				-	49a 49b		<u></u>
50	Complete	this table	for the orga	anization's five	highest comp	pensat	ed employees (d		n officers, directo			еу	L	430		
	employees	es) who ea	ach received	l more than \$1	00,000 of cor	mpensa		<del>,</del>	on If there is non	·		. r				
	(a) Name and title of each employee			d	(b) Average hours per week evoted to position	Ċ	(c) Reportable compensation (Forms W-2/1099-MISC)		(d) Health benefits, contributions to employee benefit plans, and deferred compensation			(e) Estimated am other compens				
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f 51	Complete	this table	for the orga		highest comp		ed independent , enter "None "	contracto	ors who each rec	eived me	ore than					
				address of eac					( <b>b</b> ) Typ	e of servi	ce		(c) C	omper	nsation	)
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			<del></del>													
d 52			•	dent contracto Schedule A? N		•	er \$100,000 (c)(3) organizati	ons mus	t attach a							
	completed	•	•				······································					<b>&gt;</b>		Yes		No
									d statements, and t preparer has any kr		t of my knov	wledge a	nd belie	ef, it is		
Cim			Y-X	<b>&gt;</b> -	0_					1-12	2-18					
Sigr Here	i	<u>40</u>	e of officer  F G . I	GUILAR					TREASURE	ete ER					-	
	.1	nt/Type prep	· · · · · · · · · · · · · · · · · · ·			Prepar	er's signature			D	ate	Check	if	PTIN	<del></del>	
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	`~	m's address	<u> </u>	-	~				· ····	<del>- · · -</del>		-	-			
May	the IRS dis	scuss this	return with	the preparer s	hown above?	See ir	nstructions				Phone	no	<b>•</b>	Ye	s	No
													Forr	n <b>99</b> 0	)-EZ	(2017)

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.

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

OMB No 1545-0047

Open to Public Inspection

FREDONIA ROTARY CLUB

Employer identification number 75-1746115

FORM 990-EZ, PART I, LINE 16	- OTHER EX	(PENSES					
DESCRIPTION AMOUNT							
EXPENSES							
FREDONIA 5/10 K	\$	2,299					
CLUB MEETING CHARGES	\$	24,018					
CLUB SUPPLIES	\$	602					
MEET THE JACKS EXPENSES	\$	3,579					
ROTARY DUES	\$	3,956					
RYLA EXPENSES	\$	363					
P.E.T.S.	\$	701					
DISTRICT CONFERENCE	\$	415					
DISTRICT GOVERNOR EXPENSE	\$	50					
ADOPTION AWARNESS PROGRAM	\$	505					
POST OFFICE BOX	\$	64					
CONTRIBUTIONS	\$	800					
OFFICE SUPPLIES	\$	16					
MISC ADMIN EXPENSES	\$	145					
CLUBRUNNER	\$	419					
POLIO PLUS	\$	426					
	TOTAL \$	38,358					