Short Form Return of Organization Exempt From Income Tax

29492334022241-11509

2018

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 Inspection⁴

900 Department of the Treasury Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19 В Check if applicable C Name of organization D Employer identification number Address change 75-1746115 FREDONIA ROTARY CLUB Name change 1 Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return E Telephone number Final return/terminated PO BOX 633092 936-569-9518 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption TX 75963-3092 NACOGDOCHES Application pending Number > Check ► X if the organization is not Accounting Method: X Cash Accrual Other (specify) ▶ N/A required to attach Schedule B Website: Tax-exempt status (check only one) — 501(c)(3) X 501(c) (**4**) **4** (insert no) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) 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 (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 37,995 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) X Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 37,975 3 Membership dues and assessments 3 Investment income 4 Gross amount from sale of assets other than inventory 5a 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) Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 6b sum of such gross income and contributions exceeds \$15,000) c Less, direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 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 37,995 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule O) 38,234 16 38,234 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18

For Paperwork Reduction Act Notice, see the separate instructions.

end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year Combine lines 18 through 20

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Form **990-EZ** (2018)

19

20

21

15,593

15,354

Net Assets

FREDONIA Page 2 FREDONIA ROTARY CLUB 75-1746115 Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 15,593 22 22 Cash, savings, and investments 0 23 Land and buildings 23 0 24 Other assets (describe in Schedule O) 15,593 15,354 25 Total assets 25 0 Total liabilities (describe in Schedule O) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 15,593 15 354 27 Statement of Program Service Accomplishments (see the instructions for Part III) X Check if the organization used Schedule O to respond to any question in this Part III **Expenses** What is the organization's primary exempt purpose? (Required for section ESTABLISH AND PROMOTE BUSINESS AND INTERNATIONAL GOODWILL. 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 FUNDED HIGH SCHOOL STUDENTS TO ATTEND RYLA. HOSTED ADOPTION AWARNESS EVENT WITH CHILDREN AND PROSPECTIVE PARENTS. HOSTED COUNTY WIDE EVENT AT LOCAL UNIVERSITY. (Grants \$) If this amount includes foreign grants, check here 28a 36,334 29 (Grants \$) If this amount includes foreign grants, check here 29a 30 (Grants \$ If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a 36 32 32 Total program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated --see the instructions for Part IV) Part IV

Check if the organization used Schedule O to re-	spond to any question	on in this Part IV		
(a) Name and title	(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
POLLY ETTA SUNDA				
PRESIDENT	1.50	0		
JOE G AGUILAR				
TREASURER	1.50	0		
JEREMY TERRELL				
DIRECTOR	1.50	0_		

Fo 990-E (2018)

Pa	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 F	le Part V		\Box
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this P	ait v	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		1,00	-,,,,
	detailed description of each activity in Schedule O	33		х
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		Х
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	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		1	Ì
	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	,	37b		X
38a				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:		[[]
a	' '	r		
b				
40a				
b				
b	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	40b		х
С				1
_	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	į.		
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		_x
41	List the states with which a copy of this return is filed NONE	·- <u>-</u>		
42a	·	936-56	9 - 9	518
	179 SANDSTONE LANE	85065		
	Located at ► NACOGDOCHES TX ZIP + 4 ►	75965		
þ	,	401	Yes	No
	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	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		}	
	Financial Accounts (FBAR)			
С		42c		X
	If "Yes," enter the name of the foreign country	<u> </u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			\blacktriangleright
	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		_ <u>x</u> _
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	<u></u>		
	completed instead of Form 990-EZ	44b		_X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		_ <u>x</u> _
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			لحسما
	explanation in Schedule O	44d		L <u>. </u>
45a	3 (, , , , , , , , , , , , , , ,	45a	<u> </u>	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			اــــا
	Form 990-EZ See instructions	45b		_X_

Form 990-EZ (2018)

46115

Page 4

		e organization engage, directly or indirectly, in poli		s on bel	half of or in oppo	sition	-		46	Yes	No X
	t_VI		nly answer questions 47		·	•	tables fo	r lines	_40_		<u> </u>
		Check if the organization used Schedule	O to respond to any	questi	on in this Part	<u>V I</u>				Yes	No
		e organization engage in lobbying activities or hav	e a section 501(h) elec	tion in e	ffect during the t	ax				163	1,40
	•	If "Yes," complete Schedule C, Part II	(b)(4)(A)(u)2 If "Voo." o	omoloto	Sabadula E				47 48		
								49a		 	
							49b		 		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key											
	emplo	yees) who each received more than \$100,000 of o	<u> </u>	organız	ation If there is r	one, enter	"None."				
		(a) Name and title of each employee	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 employ benefit plans, and deferred compensation		other compensation						
										• •	
									_		
51	Comp	number of other employees paid over \$100,000 lete this table for the organization's five highest co			actors who each	received m	ore than				
	(a) Name and business address of each independent contractor			(b) Type of service (c)				Compensation			
				_							
							<u>, </u>				
			 			-					
					<u> </u>						
52	Did th	number of other independent contractors each rec e organization complete Schedule A? Note: All se eted Schedule A	•	ations m	nust attach a			<u> </u>	Yes	\Box	 No
Under	penalti	es of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than officer						wledge ar	d belie	f, it is	
Cian		Jan Jankon				<u> </u>	-19				
Sign Here		Signature of officer Date TREASURER Type or print name and title									
		Print/Type preparer's name	Preparer's signature			Date			PTIN		
Paid							I .	eck if f-employed			
Prep	arer	Firm's name THIS TAX RETURN	1				Firm's EIN		<u> </u>		
Use (Firm's address PREPARED BY A	·	_				_			
		NON-PAID PREPAR		_			Phone no				
May t	ne IRS	6 discuss this return with the preparer shown above	re? See instructions					For	Ye m 990		(2018)

SCHEDULE O (Form 990 or 990-EZ) 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.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

2018

Open to Public

Inspection

75-1746115

FREDONIA ROTARY CLUB

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES DESCRIPTION AMOUNT **EXPENSES** FREDONIA 5/10 K Ś 2,343 CLUB MEETING CHARGES 24,443 CLUB SUPPLIES 490 MEET THE JACKS EXPENSES 3,226 3,918 ROTARY DUES S 1,005 RYLA EXPENSES 891 P.E.T.S. 30 DISTRICT GOVERNOR EXPENSE ADOPTION AWARNESS PROGRAM 299 POST OFFICE BOX \$ 70 CONTRIBUTIONS \$ 1,100 419 CLUBRUNNER TOTAL \$ 38,234