

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning **07/01/17** , and ending **06/30/18**

75-0472626

ROTARY INTERNATIONAL WICHITA FALLS

Net Asset / Fund Balance at Beginning of Year		<u>33,348</u>
Revenue		
Contributions	<u>2,868</u>	
Program service revenue	<u>59,795</u>	
Investment income	<u>15</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>42,720</u>	
Direct expenses	<u>14,631</u>	
Net income	<u>28,089</u>	
Other income	<u>335</u>	
Total revenue		<u>91,102</u>
Expenses		
Program services		
Management and general		
Fundraising		
Total expenses		<u>83,829</u>
Excess / (deficit)		<u>7,273</u>
Changes		<u>55</u>
Net Asset / Fund Balance at End of Year		<u><u>40,676</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>_____</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>_____</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>36,975</u>	<u>43,448</u>	
Liabilities	<u>3,627</u>	<u>2,772</u>	
Net assets	<u><u>33,348</u></u>	<u><u>40,676</u></u>	<u><u>7,328</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/19
 Failure to file penalty _____

**P. Benay Ayers, CPA, PLLC
4210 Kell Blvd., Suite 212
Wichita Falls, TX 76309
940-696-5477**

November 20, 2018

CONFIDENTIAL

ROTARY INTERNATIONAL WICHITA FALLS
P O Box 4728
WICHITA FALLS, TX 76308

Dear Board Members and Officers:

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990-EZ for the year ended 6/30/18 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

P. Benay Ayers, CPA, PLLC
4210 Kell Blvd., Suite 212
Wichita Falls, TX 76309

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.** If previously signed and returned no further action is required.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

P. Benay Ayers, CPA, PLLC

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 20 18

2017

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

ROTARY INTERNATIONAL WICHITA FALLS

Employer identification number

75-0472626

Name and title of officer

**Benay Ayers
Treasurer**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	91,102
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **P. Benay Ayers, CPA, PLLC** to enter my PIN **08787** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **11/20/18**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

75958776309
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature }

Date } **11/20/18**

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

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
Internal Revenue Service

} 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.

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

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 Name of organization <p style="text-align: center;">ROTARY INTERNATIONAL WICHITA FALLS</p> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <p style="text-align: center;">P O Box 4728</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">WICHITA FALLS TX 76308</p>	D Employer identification number <p style="text-align: center;">75-0472626</p> E Telephone number <p style="text-align: center;">940-696-5477</p> F Group Exemption Number u 0573
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G Accounting Method: Cash Accrual Other (specify) **u** _____

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

I Website: **u** **N/A**

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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **u** \$ **105,733**

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	2,868
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	59,795
	4 Investment income	4	15
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 2,868 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	42,720
c Less: direct expenses from gaming and fundraising events	6c	14,631	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	28,089	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	335	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	91,102	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	27,915
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	11,856
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	44,058
	17 Total expenses. Add lines 10 through 16	17	83,829
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,273
	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	33,348
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	55
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,676

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	36,069	22	42,537
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	906	24	911
25 Total assets	36,975	25	43,448
26 Total liabilities (describe in Schedule O)	3,627	26	2,772
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,348	27	40,676

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

What is the organization's primary exempt purpose?

COMMUNITY SERVICES

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.)

28 THE ROTARY CLUB OF WICHITA FALLS PROVIDES GRANTS TO MANY CHARITABLE ORGANIZATIONS AND COMMUNITY PROJECTS. THE DONEES AND AMOUNTS ARE LISTED ON THE ENCLOSED SCHEDULE. (Grants \$ <u>27,915</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	u	28a	27,915
29 THE ROTARY CLUB OF WICHITA FALLS PROVIDES WEEKLY MEETINGS FOR THE MEMBERSHIP AND THEIR GUESTS. EACH MEETING HAS AN INFORMATIVE PROGRAM ON COMMUNITY ACTIVITIES. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	29a	55,914
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	31a	
32 Total program service expenses (add lines 28a through 31a)	u	32	83,829

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

(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
Warren Gardner President	10.00	0	0	0
Steve Priester President-Elect	1.00	0	0	0
Andy Kocher Vice-President	0.50	0	0	0
James Hughes Secretary	0.10	0	0	0
Benay Ayers Treasurer	0.20	0	0	0
David Hartman Chaplain	0.10	0	0	0
Bob Brotherton Director	0.10	0	0	0
Hannah Fryer Director	0.10	0	0	0
Cliff Harris Director	0.10	0	0	0
James Hughes Director	0.10	0	0	0
Rick Orr Director	0.10	0	0	0
David Spencer Director	0.10	0	0	0

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and governance.

		Yes	No
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		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

		Yes	No
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		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

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	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p style="font-size: small;">Signature of officer</p> <p style="font-size: large; margin: 0;">Benay Ayers</p> <p style="font-size: small;">Type or print name and title</p> </div> <div style="width: 20%; text-align: right;"> <p style="font-size: small;">Date</p> <p style="font-size: large; margin: 0;">Treasurer</p> </div> </div>
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Paid Preparer Use Only	Print/Type preparer's name P Benay Ayers CPA	Preparer's signature	Date 11/20/18	Check <input type="checkbox"/> if self-employed	PTIN P01258976
	Firm's name } P. Benay Ayers, CPA, PLLC	Firm's EIN } 46-4732205			
	Firm's address } 4210 Kell Blvd., Suite 212 Wichita Falls, TX 76309	Phone no. 940-696-5477			

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

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

⚡ Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL WICHITA FALLS

Employer identification number

75-0472626

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a 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

b If "Yes," list the 10 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

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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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FLAG REVENUE (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	45,588		45,588
	2	Less: Contributions	2,868		2,868
	3	Gross income (line 1 minus line 2)	42,720		42,720
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	14,631		14,631
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				28,089

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL WICHITA FALLS

Employer identification number

75-0472626

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISCELLANEOUS INCOME	\$ 335
Total	\$ 335

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations

Name: THE BOYS CLUB OF WICHITA FALLS INC

Address: 1318 6TH STREET

Wichita Falls, TX 76301

Cash contribution: 9,719

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
OFFICE SUPPLIES	\$ 337
BANNERS & BADGES	\$ 22
PETS CONFERENCE	\$ 1,163
ANNUAL END OF YEAR PARTY	\$ 1,675
ANNIVERSARY CELEBRATION DEPOS	\$ 305
DISTRICT GOVERNOR'S VISIT	\$ 200
DISTRICT DUES	\$ 2,370
LUNCHEONS	\$ 26,416
ROTARY INT'L DUES	\$ 6,263
OFFICE & TELEPHONE	\$ 2,258
OTHER DUES & SUBSCRIPTION	\$ 596

Name of the organization ROTARY INTERNATIONAL WICHITA FALLS	Employer identification number 75-0472626
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PRESIDENT'S GIFT	\$	258
MISC EXPENSES	\$	246
MEMBERSHIP DEVELOPMENT	\$	638
GIFTS FOR SPEAKERS	\$	1,150
Non-investment Depreciation	\$	161
Total	\$	44,058

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
PRIOR YEAR ADJUSTMENT	\$ 55

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 383	\$ 549
Equipment & other depreciable assets	\$ 6,951	\$ 6,951
Less Accumulated Depreciation	\$ 6,428	\$ 6,589
Total	\$ 906	\$ 911

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,402	\$ 2,311
Deferred Revenue	\$ 776	\$ 0
PAYROLL LIABILITIES	\$ 449	\$ 461

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.
u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return

ROTARY INTERNATIONAL WICHITA FALLS

Identifying number

75-0472626

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	161

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	161
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

75-0472626

Federal Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
17	PRINTER, FAX, COPIER, SCANNER	12/17/09	593			593	5 MO S/L	593	0
18	Laptop	9/21/15	805			805	5 MO S/L	282	161
	Total Other Depreciation		<u>1,398</u>			<u>1,398</u>		<u>875</u>	<u>161</u>
	Total ACRS and Other Depreciation		<u>1,398</u>			<u>1,398</u>		<u>875</u>	<u>161</u>
	Grand Totals		1,398			1,398		875	161
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,398</u>			<u>1,398</u>		<u>875</u>	<u>161</u>

75-0472626

Federal Asset Report

FYE: 6/30/2018

FLAG REVENUE

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
2	Sales flag trailer	6/30/06	607			607	5 MQ200DB	607	0
15	5 4x8 Trailers	5/12/04	2,849		X	1,424	5 MQ200DB	2,849	0
16	Trailer Modification	6/07/04	214		X	107	5 MQ200DB	214	0
			<u>3,670</u>			<u>2,138</u>		<u>3,670</u>	<u>0</u>
Other Depreciation:									
1	TRAILER FOR FLAGS	6/01/98	529			529	5 MO S/L	529	0
3	Flag trailer	9/18/06	607			607	5 MO S/L	607	0
17	Flag Trailer	5/23/12	747			747	5 MO S/L	747	0
	Total Other Depreciation		<u>1,883</u>			<u>1,883</u>		<u>1,883</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,883</u>			<u>1,883</u>		<u>1,883</u>	<u>0</u>
	Grand Totals		5,553			4,021		5,553	0
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>5,553</u>			<u>4,021</u>		<u>5,553</u>	<u>0</u>

75-0472626

Bonus Depreciation Report

FYE: 6/30/2018

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: FLAG REVENUE								
15	5 4x8 Trailers	5/12/04	2,849		0	0	1,425	1,424
16	Trailer Modification	6/07/04	214		0	0	107	107
	FLAG REVENUE		<u>3,063</u>		<u>0</u>	<u>0</u>	<u>1,532</u>	<u>1,531</u>
	Grand Total		<u>3,063</u>		<u>0</u>	<u>0</u>	<u>1,532</u>	<u>1,531</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
17	PRINTER, FAX, COPIER, SCANNER	12/17/09	593	0	0
18	Laptop	9/21/15	805	161	0
	Total Other Depreciation		<u>1,398</u>	<u>161</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,398</u>	<u>161</u>	<u>0</u>
	Grand Totals		<u>1,398</u>	<u>161</u>	<u>0</u>

Future Depreciation Report FYE: 6/30/19

FLAG REVENUE

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
2	Sales flag trailer	6/30/06	607	0	0
15	5 4x8 Trailers	5/12/04	2,849	0	0
16	Trailer Modification	6/07/04	214	0	0
			<u>3,670</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
1	TRAILER FOR FLAGS	6/01/98	529	0	0
3	Flag trailer	9/18/06	607	0	0
17	Flag Trailer	5/23/12	747	0	0
	Total Other Depreciation		<u>1,883</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,883</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>5,553</u>	<u>0</u>	<u>0</u>

Form 990	Two Year Comparison Report	2016 & 2017
For calendar year 2017, or tax year beginning 07/01/17 , ending 06/30/18		

Name _____ Taxpayer Identification Number _____

ROTARY INTERNATIONAL WICHITA FALLS

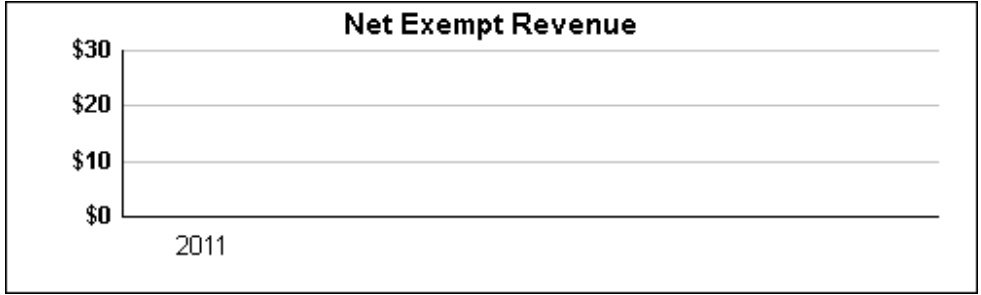
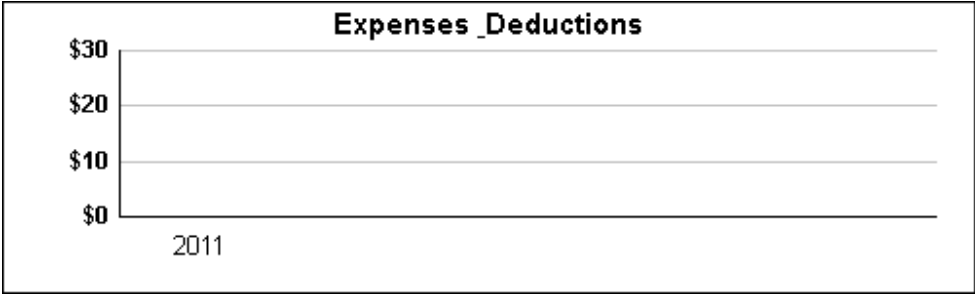
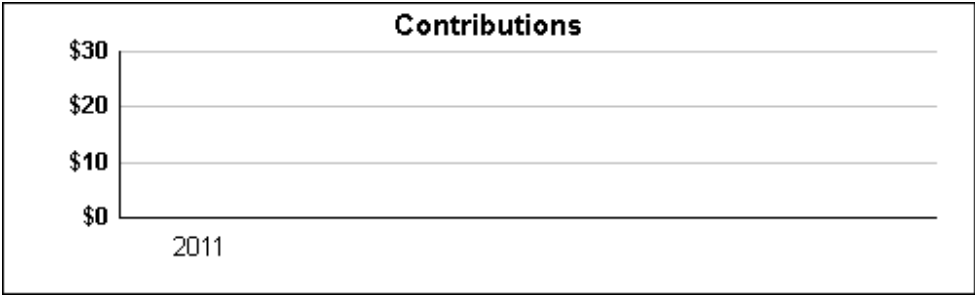
75-0472626

			2016	2017	Differences
R e v e n u e	1. Contributions, gifts, grants	1.	2,220	2,868	648
	2. Membership dues and assessments	2.	57,626	59,795	2,169
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.	17	15	-2
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	21,028	28,089	7,061
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	367	335	-32
	12. Total revenue. Add lines 1 through 11	12.	81,258	91,102	9,844
E x p e n s e s	13. Grants and similar amounts paid	13.	33,621	27,915	-5,706
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	10,827	11,856	1,029
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.			
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.			
	21. Other expenses	21.	42,420	44,058	1,638
	22. Total expenses. Add lines 13 through 21	22.	86,868	83,829	-3,039
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-5,610	7,273	12,883
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24.			
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.			
	27. Total assets	27.	36,975	43,448	6,473
	28. Total liabilities	28.	3,631	2,772	-859
	29. Retained earnings	29.	33,344	40,676	7,332
	30. Number of voting members of governing body	30.			
31. Number of independent voting members of governing body	31.	17	17		
32. Number of employees	32.	2	2		
33. Number of volunteers	33.				

Form 990T	Tax Return History	2017
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Name ROTARY INTERNATIONAL WICHITA FALLS	Employer Identification Number 75-0472626
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	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

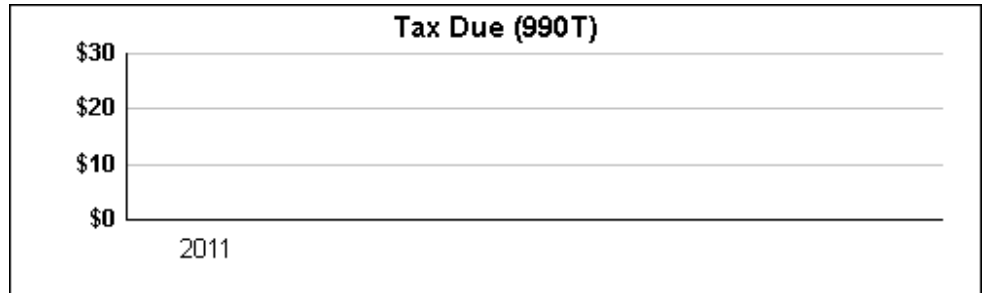
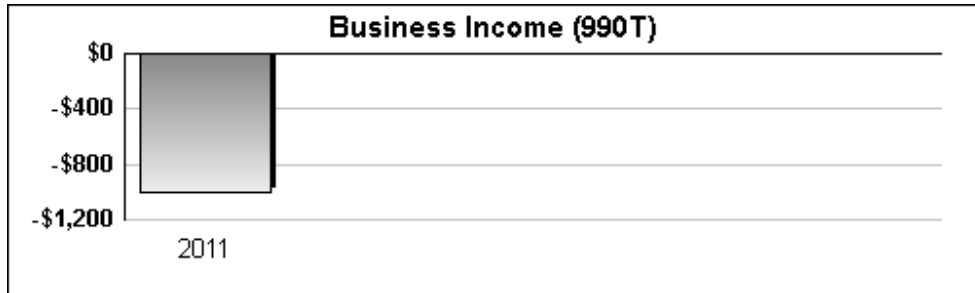
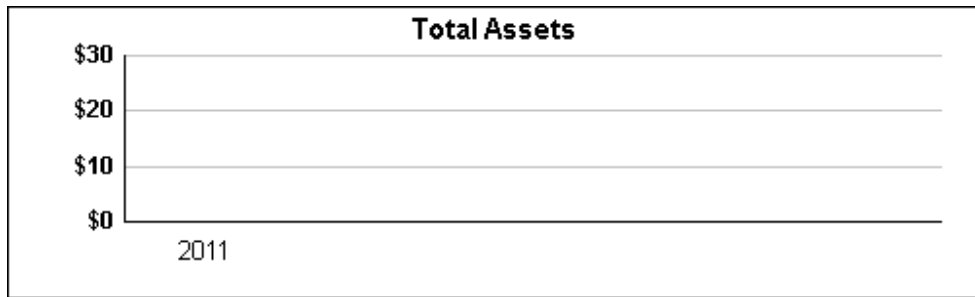


Form 990T	Tax Return History	2017
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Name ROTARY INTERNATIONAL WICHITA FALLS	Employer Identification Number 75-0472626
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	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



75-0472626

Federal Statements

FYE: 6/30/2018

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
Membership Dues	\$ <u>59,795</u>
Total	\$ <u><u>59,795</u></u>