

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

## 2018

**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

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

**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: **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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **109,535**

**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
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	4,758
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	60,302
	4 Investment income	4	19
	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 \$ <b>4,758</b> 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	44,220
c Less: direct expenses from gaming and fundraising events	6c	14,431	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	29,789	
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	236	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	95,104	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	31,498
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	12,042
	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	45,504
17 <b>Total expenses.</b> Add lines 10 through 16	17	89,044	
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,060
	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	40,679
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	46,739

Client Copy

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

**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	42,537	22	48,996
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	911	24	424
25 Total assets	43,448	25	49,420
26 Total liabilities (describe in Schedule O)	2,769	26	2,681
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,679	27	46,739

**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 \$ <b>31,498</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	<b>31,498</b>
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"/>	29a	<b>57,546</b>
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	<b>89,044</b>

**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
Steve Priester President	10.00	0	0	0
Andy Kocher President-Elect	1.00	0	0	0
David Kelley 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
Mary Aranda Director	0.10	0	0	0
Jake Munholland Director	0.10	0	0	0
Tommy Richardson Director	0.10	0	0	0
Mike Saville Director	0.10	0	0	0
Glenn Tole Director	0.10	0	0	0
Warren Gardner 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

		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		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		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)?		X
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			
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? If "Yes," complete Schedule C, Part III		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		X
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?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
39a			
b	Gross receipts, included on line 9, for public use of club facilities		
39b			
40a	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		X
40b			
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 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		
e	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		X
40e			
41	List the states with which a copy of this return is filed		
41	None		
42a	The organization's books are in care of		
42a	TINA WILLIAMS		
	P.O. BOX 4728		
	Located at		
	WICHITA FALLS TX ZIP + 4		
	76308		
b	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)? If "Yes," enter the name of the foreign country		X
42b			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country		X
42c			
43	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			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a			
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		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
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)?		X
45a			
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		X
45b			

	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		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		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

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 *P Benay Ayers* Signature of officer Date **7-31-19**  
**Benay Ayers** Type or print name and title **Treasurer**

Paid Preparer Use Only  
 Print/Type preparer's name **P Benay Ayers CPA** Preparer's signature *P Benay Ayers CPA* Date **07/31/19** Check  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

**2018**

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](http://www.irs.gov/Form990) for instructions and the latest information.

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							
<b>Total</b>							

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.

.....

.....

.....

.....

**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
		<b>FLAG REVENUE</b> (event type)	_____ (event type)	<b>None</b> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	48,978			48,978
	2 Less: Contributions	4,758			4,758
	3 Gross income (line 1 minus line 2)	44,220			44,220
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,431			14,431
	10 Direct expense summary. Add lines 4 through 9 in column (d)				14,431
11 Net income summary. Subtract line 10 from line 3, column (d)				29,789	

**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))
		_____	_____	_____	_____
Revenue	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)

**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.

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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	\$ 236
<b>Total</b>	<b>\$ 236</b>

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

Description	Amount
<b>Expenses</b>	
BANNERS & BADGES	\$ 48
PETS CONFERENCE	\$ 943
ANNUAL END OF YEAR PARTY	\$ 1,837
DISTRICT GOVERNOR'S VISIT	\$ 200
DISTRICT DUES	\$ 2,460
LUNCHEONS	\$ 28,451
BANK CHARGES/PENALTIES	\$ 2
ROTARY INT'L DUES	\$ 6,573
OFFICE & TELEPHONE	\$ 2,814
OTHER DUES & SUBSCRIPTION	\$ 596
PRESIDENT'S GIFT	\$ 269
GIFTS FOR SPEAKERS	\$ 1,150
Non-investment Depreciation	\$ 161
<b>Total</b>	<b>\$ 45,504</b>

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

Description	Beg. of Year	End of Year
-------------	--------------	-------------

Name of the organization

Employer identification number

**ROTARY INTERNATIONAL WICHITA FALLS**

**75-0472626**

<b>Accounts Receivable</b>	<b>\$ 549</b>	<b>\$ 223</b>
<b>Equipment &amp; other depreciable assets</b>	<b>\$ 6,951</b>	<b>\$ 6,951</b>
<b>Less Accumulated Depreciation</b>	<b>\$ 6,589</b>	<b>\$ 6,750</b>
<b>Total</b>	<b>\$ 911</b>	<b>\$ 424</b>

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

Description	Beg. of Year	End of Year
<b>Accounts Payable and Accrued Expenses</b>	<b>\$ 2,308</b>	<b>\$ 2,037</b>
<b>PAYROLL LIABILITIES</b>	<b>\$ 461</b>	<b>\$ 644</b>

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**

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	1,000,000
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	2,500,000
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 2017 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 2019. 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 2018	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 type="checkbox"/>	

**Section B—Assets Placed in Service During 2018 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 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.

DAA

75-0472626

**Federal Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
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	443	161
	<b>Total Other Depreciation</b>		<u>1,398</u>			<u>1,398</u>		<u>1,036</u>	<u>161</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,398</u>			<u>1,398</u>		<u>1,036</u>	<u>161</u>
	<b>Grand Totals</b>		1,398			1,398		1,036	161
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>1,398</u>			<u>1,398</u>		<u>1,036</u>	<u>161</u>

75-0472626

**Federal Asset Report**

FYE: 6/30/2019

**FLAG REVENUE**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
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>
<b>Other Depreciation:</b>									
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
	<b>Total Other Depreciation</b>		<u>1,883</u>			<u>1,883</u>		<u>1,883</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,883</u>			<u>1,883</u>		<u>1,883</u>	<u>0</u>
	<b>Grand Totals</b>		5,553			4,021		5,553	0
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>5,553</u>			<u>4,021</u>		<u>5,553</u>	<u>0</u>

75-0472626

# Bonus Depreciation Report

FYE: 6/30/2019

## FLAG REVENUE

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
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
<b>Grand Total</b>			<u>3,063</u>		<u>0</u>	<u>0</u>	<u>1,532</u>	<u>1,531</u>

75-0472626

# Depreciation Adjustment Report

FYE: 6/30/2019

## 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>
There are no assets that meet the criteria of this report						

75-0472626

**Future Depreciation Report** **FYE: 6/30/20**

FYE: 6/30/2019

**Form 990, Page 1**

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



75-0472626

**Future Depreciation Report** **FYE: 6/30/20**

FYE: 6/30/2019

**FLAG REVENUE**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
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>
<b>Other Depreciation:</b>					
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
	<b>Total Other Depreciation</b>		<u>1,883</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,883</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>5,553</u>	<u>0</u>	<u>0</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2018</b>
Description <b>FLAG REVENUE</b>		

Name <b>ROTARY INTERNATIONAL WICHITA FALLS</b>	Taxpayer Identification Number <b>75-0472626</b>
---------------------------------------------------	-----------------------------------------------------

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	44,220	
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.	4,758	
7. Total revenue. Add lines 1 through 6	7.	48,978	
8. Cost of Goods Sold	8.	837	
9. Employment Expense	9.	11,136	
10. Fees for services	10.		
11. Indirect Expense	11.	1,506	
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.	952	
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.	14,431	
16. Net Income/Loss. Line 7 minus Line 15	16.	34,547	

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	21
Printing/publication/postage	1,485
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	<b>1,506</b>

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	952
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
<b>Total Exempt Activity Expense</b>	<b>952</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	837
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	<b>837</b>

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	10,329
Pension plan contributions	
Other employee benefits	
Payroll taxes	807
<b>Total Employment Expense</b>	<b>11,136</b>

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Form **990**

**Two Year Comparison Report**

**2017 & 2018**

For calendar year 2018, or tax year beginning **07/01/18**, ending **06/30/19**

Name

Taxpayer Identification Number

**ROTARY INTERNATIONAL WICHITA FALLS**

**75-0472626**

		2017	2018	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1.		
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5.		
	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.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	<b>12. Total revenue. Add lines 1 through 11</b>	<b>12.</b>		
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16.		
	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.		
	<b>22. Total expenses. Add lines 13 through 21</b>	<b>22.</b>		
	<b>23. Excess or (Deficit). Subtract line 22 from line 12</b>	<b>23.</b>		
<b>Other Information</b>	24. Total exempt revenue	24.		
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26.		
	27. Total assets	27.		
	28. Total liabilities	28.		
	29. Retained earnings	29.		
	30. Number of voting members of governing body	30.		
31. Number of independent voting members of governing body	31.	<b>17</b>		
32. Number of employees	32.			
33. Number of volunteers	33.			

75-0472626

**Federal Statements**

FYE: 6/30/2019

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

<u>Description</u>	<u>Amount</u>
Membership Dues	\$ <u>60,302</u>
Total	\$ <u><u>60,302</u></u>