

Return of Organization Exempt From Income Tax

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning Jul 1, 2013, **and ending** Jun 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROTARY INTERNATIONAL S.W. WICHITA FALLS Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 1566 City or town, state or province, country, and ZIP or foreign postal code WICHITA FALLS TX 76307	D Employer Identification Number 75-1155698 E Telephone number (940) 733-9795 G Gross receipts \$ 46,372.
I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
J Website: N/A		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1956 M State of legal domicile: TX

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>A CHARITABLE ORGANIZATION IN WICHITA FALLS- CONTRIBUTING TO THE GENERAL PUBLIC NEEDS.</u>			
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3		11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4		11
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		0
	6	Total number of volunteers (estimate if necessary)	6		0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	19,687.		21,099.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7.		8.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,316.		14,028.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,010.		35,135.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,911.		8,046.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,416.		21,723.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,327.		29,769.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,317.		5,366.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	39,163.	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)			
	22	Net assets or fund balances. Subtract line 21 from line 20	39,163.		44,529.

Part II Signature Block

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	Signature of officer	Date	
	Type or print name and title.		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	THOMAS D BARBER CPA	<i>Thomas D Barber</i>	05/12/15
	Firm's name ▶ THOMAS D. BARBER C.P.A. Firm's address ▶ 2629 PLAZA PKWY SUITE B-12 WICHITA FALLS TX 76308	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00447678

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><i>Dept of the Treasury</i> <i>DRB</i> <i>Ogden UT</i> <i>84201-6627</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>241 MAY 22 2015 IRS-OSC</p> </div> <p>3. Service Type OGDEN UT</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p>	<p style="text-align: center;">7014 1820 0000 1364 6818</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

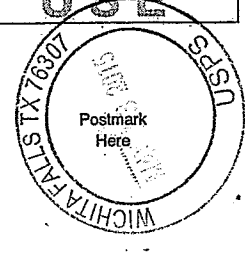
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Sent To *Dept of the Treasury*

Street & Apt. No., or PO Box No. *DRB*

City, State, ZIP+4® *Ogden UT 84201-6627*

PS Form 3800, July 2014 See Reverse for Instructions