# .... 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)

2014

OMB No. 1545-1150

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

ΑI	For the	2014 calend	ar year, or tax year beginning JULY 1 , 2014, and end	ng .	IUNE 30	, 20	5		
8	B Check if applicable: C Name of organization		D Emp	loyer ide	ntification number				
	Address change ROTARY CLUB OF WICHITA FALLS NORTH					5-2003727			
	Name cha	- :	ite E Tele	E Telephone number					
=	Initial retur		P. O. BOX 636		940	0-692-5128			
-	rınaı retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exen	nption			
=		n pending	Nu	nber 🕨	•				
G	Account	ing Method:	WICHITA FALLS, TX 76307  ✓ Cash Accrual Other (specify)	H Check	▶ ☐ if	the organization is	s not		
	Vebsite		ich Schedule B						
JT	ax-exen	npt status (che	eck only one) — ☐ 501(c)(3) ☑ 501(c) ( 4 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	_ '		EZ, or 990-PF).			
		organization:		<u> </u>					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or i	f total assets					
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	50	,105		
E	art [	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the instru	ctions	for Part I)	1100		
			the organization used Schedule O to respond to any question in this P				Ø		
	1		ons, gifts, grants, and similar amounts received		H		.840		
	2		ervice revenue including government fees and contracts		2	30	,070		
	3		ip dues and assessments	• • • •	3	15	),655		
	4	investment	·		4	FL	116		
	5a		ount from sale of assets other than inventory 5a		360.2227		111		
	b		or other basis and sales expenses		-				
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<del></del>	5c				
	6		Gaming and fundraising events						
	a		Gross income from gaming (attach Schedule G if greater than						
<u>a)</u>	_ ^				20111354				
Revenue	b	•	me from fundraising events (not including \$ of contrib	utions	-				
2	~		rom fundraising events reported on line 1) (attach Schedule G if the						
Œ			th gross income and contributions exceeds \$15,000)   6b	40 000					
	С		et expenses from gaming and fundraising events 6c	16,568	3950				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	30,540	4				
		** *	o or (1000) from gaining and fundament overtal (add miles of and ob an	a Subsidut	6d	// 2	070		
	7a	•			00	(13	,972		
	b		s of inventory, less returns and allowances		-				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	•	nue (describe in Schedule O)		8		926		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9				
	10		i similar amounts paid (list in Schedule O)	<u> /</u>	10		3,565		
	11		aid to or for members		11		,247		
45	12	•			12	14	2,097		
ö	13		ther compensation, and employee benefits						
ē	14		al fees and other payments to independent contractors		13		500		
Expense	15		y, rent, utilities, and maintenance		14		,200		
n-Lif	16		ublications, postage, and shipping		15		,082		
	17		enses (describe in Schedule O)		16		897		
		Event expe	enses. Add lines 10 through 16	<u>P</u>	17		7,023		
<b>5</b> 5	18 19	EXCUSS OF	(deficit) for the year (Subtract line 17 from line 9)		18	-	,542		
SSE	1.2		or fund balances at beginning of year (from line 27, column (A)) (must a stringure reported on prior year's return)						
Net Assets	00				19	32	2,966		
Ž	20		nges in net assets or fund balances (explain in Schedule O)		20				
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	🕨	21	34	1,508		

200						_	
Pa	Balance Sheets (see the instru				. Po . a. H		-
	Check if the organization used S	scriedule O	to respond to a	ny question in this	(A) Beginning of year	•	(B) End of year
22	Cash, savings, and investments				32,966	22	
23					32,960	23	35,97
24	<b>-</b>					24	
25				• • • • • •	32,966		26 37
26	Total liabilities (describe in Schedule C	))			32,300	26	35,979 1,46
27	•		must agree wit	n line 21)	32,966		34,50
Par	t III Statement of Program Service	Accompli	shments (see th	ne instructions for	Part (III)		57,000
	Check if the organization used S	ichedule O	to respond to a	ny question in this	Part III 🗸	ŀ	Expenses
Wha	at is the organization's primary exempt purp	pose? SE	E SCHEDULE O				quired for section (c)(3) and 501(c)(4)
Desc	cribe the organization's program service a	ccomplishn	nents for each o	f its three largest p	program services,	orga	(c)(3) and out(c)(4) anizations; optional for ars.)
pers	neasured by expenses. In a clear and co cons benefited, and other relevant informati	on cise mani	program title.	e services provide	o, the number of	Quit	ND-;
28	ROTARY COMMUNITY SERVICE PROGRAM	IS - DONATIO	NS TO VARIOUS	NON-PROFIT ORGA	ANIZATIONS TO		T
	PROVIDE FUNDS TO HELP WITH SPECIFIC	PROJECTS	FOR THOSE ORG	ANIZATIONS			
	(Grants \$ 3.850) if this	amount inc	ludes foreign ora	ints, check here .		28a	
29					MIZATIONS	200	5,364
	THAT CATER TO CHILDREN RELATED ACT	WITIES INCL	LIDING SCHOLAS	SCHIDS TO FIRTHE	DEDICATION		
				COURT TO LUXING	KEDUCATOR		
	(Grants \$ 4,495) if this	amount inc	udes foreign gra	ints, check here .	> 🗇	29a	4,495
30		DS TO PAY	FOR YOUTH TO A	TTEND   FADERSHI			7,700
	OTHER TRAINING COURSES						
				H <del>************************************</del>			
	(Grants \$ ) If this	amount inc	udes foreign gra	ints, check here .	▶ □	30a	1,388
31	Other program services (describe in Schei	dule O)					1
	(Grants \$ ) If this	amount inc	udes foreign gra	nts, check here	▶ □	31a	Į.
32	Total program service expenses (add iln	nes 28a thro	ugh 31a)		🕨	32	11,247
Part		and Key En	<b>iployees</b> (list each	one even If not com	pensated—see the In	struc	ctions for Part (V)
	Check if the organization used So	chedule O 1	o respond to ar				· · · · □
	(a) Name and title	d	(b) Average hours per week evoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0	Estimated amount of other compensation
ROB	GOODFELLOWE					$\top$	
PRE5	SIDENT	2		C			O
	YSOUTHARD					1	
	SIDENT-ELECT & SGT AT ARMS	2				]	0
	TWOOD						
	PRESIDENT	2		0			0
	ii secord					T	
	RETARY	3	·	0		)	0
	LUCAS						
	ASURER	4		<u> </u>		2	0
	( PAPPAS						
•	CTOR	1		0		1	0
	ROBERTS				1		
	CTOR	1		0	(	<u> </u>	0
	RILL CAIN						
	CTOR KNON HOPKINS	1				4	0
	CTOR						
	CROCKER			0	C	-	0
	CROCKER						
	BRENNAN			0	<u>                                     </u>	4	0
	CTOR						
	WAGGONER	- 1		0		1	0
	CTOP			_			

Were any slightificant 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)  Jol 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?)  If "Yes," to line \$3a, has the organization filed a Form \$90-T for the year? If "No," provide an explanation in Schedule O (was the organization a section \$510(46), \$510(66), \$501(66), \$501(66), \$501(66), \$601(	in the		_
detailed description of each activity in Schedule O  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)  10 If yes, roll nes 35, has the organization business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7a, among others)?  10 If "Yes," to line 35s, has the organization filed a Form 990-1 for the year? If "No," provide an explanation in Schedule O  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 star requirements during the year? If "Yes," complete Schedule C, Part III.  10 Id the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N, and a star organization of the section 501(c)(3) and section 501(c)(3) organizations. Enter:  10 If "Yes," complete Schedule L, Part II and enter the total amount involved section 501(c)(3) organizations. Enter:  21 Initiation fees and capital contributions included on line 9 because the section 4915 because the section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4915 because the section 501(c)(3) organizations. Enter amount of tax imposed on 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 980-E27 if "Yes," complete Schedule L, Part 1 organizations benefit engages or disqualified persons during the year under sections 4912, 4955, and 4958.  21 Section 501(c)(3), 501(c)(4), and 501(c)(29) o		/ Yes	No
Were any slightficant 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)  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?)  If "Yes," to line \$3a, has the organization filed a Form \$90-T for the year? If "No." provide an explanation in Schedule O (was the organization a section \$510(4), 501(6)(5), 501(6)(6), 501(6)	33	168	NU ✓
activities (such as those reported on lines 2, 6a, and 7a, among others)?  b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0  c Was the organization a section 501(c)(4), 501(c)(6), 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 oblide the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   9	34		<b>√</b>
b If "Yes," to line \$5a, has the organization fled a Form 990-T for the year? If "No," provide an explanation in Schedule 0  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 .  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete schedule parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	35a		<b>V</b>
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  Did the organization file Form 1120-POL for this year?  Bia 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?  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?  Did if "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39c 38c 39c 39c 39c 39c 39c 39c 39c 39c 39c 39	35b 35c		<b>✓</b>
The amount of political expenditures, direct or indirect, as described in the instructions ▶ 0  Did the organization file Form 1120-PDL for this year?  32 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?  If "Yes," complete Schedule L, Part II and enter the total amount involved	36		<b>▼</b>
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?  If "Yes," complete Schedule L, Part II and enter the total amount involved			ring)
b If "Yes," complete Schedule L, Part II and enter the total amount involved	37b 38a	51. /št	_ <b>√</b> ✓
a Initiation fees and capital contributions included on line 9 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? (f "Yes," complete Schedule L, Part I  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  All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? (f "Yes," complete Form 8886-T  List the states with which a copy of this return is filled ▶ NONE  Telephone no. ▶ 940 Located at ▶ 4213 BERWICK DRIVE, WICHITA FALLS, TX  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: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?		87784	9950
b Gross receipts, included on line 9, for public use of club facilities			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 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  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  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  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  List the states with which a copy of this return is filled ▶ NONE  The organization's books are in care of ▶ ANN LUCAS  Located at ▶ 4213 BERWICK DRIVE, WICHITA FALLS, TX  Telephone no. ▶ 341  Located at ▶ 4213 BERWICK DRIVE, WICHITA FALLS, TX  Telephone no. ▶ 341  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: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?			
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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  List the states with which a copy of this return is filed ▶ NONE  The organization's books are in care of ▶ ANN LUCAS  The organization's books are in care of ▶ ANN LUCAS  Located at ▶ 4213 BERWICK DRIVE, WICHITA FALLS, TX  Telephone no. ▶ 94  Located at ▶ 4213 BERWICK DRIVE, WICHITA FALLS, TX  Telephone no. ▶ 94  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: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country: ▶  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  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for Indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an expendice in Secretic Parts.	40b		1
d Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Enter amount of tax on line 40c relimbursed by the organization  • 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  • List the states with which a copy of this return is filled ▶ NONE  The organization's books are in care of ▶ ANN LUCAS  Located at ▶ 4213 BERWICK DRIVE, WICHITA FALLS, TX  ZIP + 4 ▶ 76  • 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: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  • At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)(1) nonexempt charitable trusts filling 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  bid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  bid the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for Indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an appropriate of the organization filed a Form 720 to report these payments? If "No," provide an appropriate of the organization filed a Form 720 to report these payments? If "No," provide an appropriate of the organization filed a Form 720 to report these payments? If "No," provide an appropriate of the organization filed a Form 720 to report			
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.  List the states with which a copy of this return is filed ▶ NONE  The organization's books are in care of ▶ ANN LUCAS  The organization's books are in care of ▶ ANN LUCAS  Telephone no. ▶ 944  Locaded at ▶ 4213 BERWICK DRIVE, WICHITA FALLS, TX  ZIP + 4 ▶ 76  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: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?	100		
The organization's books are in care of ➤ ANN LUCAS  Located at ➤ 4213 BERWICK DRIVE, WICHITA FALLS, TX  ZIP + 4 ➤ 76  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: ➤  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 U.S.?	40e	2000	<b>√</b>
Located at   4213 BERWICK DRIVE, WICHITA FALLS, TX  ZIP + 4   76  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:   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 U.S.?  If "Yes," enter the name of the foreign country:   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			
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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: ▶  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 U.S.?	76309-4	4150 <b>Yes</b>	NI-
If "Yes," enter the name of the foreign country: ►  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 U.S.?	42b	169	<u>√</u>
Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?		5000000	
If "Yes," enter the name of the foreign country: ▶  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	5.2		
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	42c		<b>√</b>
completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an organization in School via Co.	· ·	, Þ	<b>▶</b> □
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	44a	Yes	No √
c Did the organization receive any payments for Indoor tanning services during the year?	44b		<u> </u>
	44c 44d		<b>√</b> ✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

	•				•	
Form 99	90-EZ (2014)					Page 4
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of the candidates for public office?	ndirectly, in political complete Schedule C	ampaign activities on	behalf of or In opp		es No
Part		s <b>only</b> s must answer que	stions 47-49b and	52, and complet	·············	lines
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities, or have a	section 501(h) electio	_	the tax	es No
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to if "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha action 527 organizatio i five highest compen	i)? If "Yes," complete s iritable related organiz on?	Schedule E	49b	and key
	(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 emplo benefit plans, and defe compensation	oyee (e) Estimated a	
f 51	Total number of other employees paid ove Complete this table for the organization's \$100,000 of compensation from the orga	s five highest compe	ensated independent	contractors who	each received m	ore than
	(a) Name and business address of each independ		(b) Type of servi	ce	(c) Compensation	
						<del>/</del>
	Total number of other independent contra					
52					▶□ Yes □	No
under pe true, con	enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than	etum, including accompany officer) is based on all info	ring schedules and statemer mation of which preparer h	as any knowledge.		ief, it is
Sign Here	Signature of officer  ANN F. LUCAS, TREASURER  Type or print name and title			Date 9	3, 2016	
Daid	Print/Type preparer's name	Preparer's signature	Dat	9	m. PTIN	

Paid

Preparer Use Only

Firm's name

Firm's address >

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

PTIN

Check if self-employed

Firm's EiN ▶

Phone no.

### Schedule B

(Form 990, 990-EZ. or 990-PF)

Name of the organization

ROTARY CLUB OF WICHITA FALLS NORTH

# **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

75-2003727

Organi	zation type (check or	ıe):			
Filers of:		Section:			
Form 9	90 or 990-EZ	501(c)( 4 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		☐ 527 political organization →			
Form 99	90-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Ob l- i	f				
	nly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
Genera	l Rule				
Ø	For an organization to or more (in money or contributor's total or	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.			
Special	Rules				
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution	Rution. An organization that is not covered by the General Puls and/or the Special Pulse does not file Sebadule D./Term one				

	organization		Employer identification number
	CLUB OF WICHITA FALLS NORTH		75-2003727
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FAIN FOUNDATION	<b>A</b>	Person  Payroll
	807 8TH STREET WICHITA FALLS, TX 76307-3319		(Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
2	BRYANT EDWARDS FOUNDATION	b	Person  Payroll
	WICHITA FALLS, TX 76301-3319	\$	O Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$   \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person

Name of organization **Employer identification number ROTARY CLUB OF WICHITA FALLS NORTH** 75-2003727 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b)
Description of noncash property given (d) from FMV (or estimate) Date received Part I (see instructions) (a) No. (c) FMV (or estimate) (d) trom Description of noncash property given Date received Part I (see instructions) (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Name of or				Employer identification number	9T				
ROTARY C Part III	LUB OF WICHITA FALLS NORTH  Exclusively religious, charitable, e	ta contributions to a	ranizationa da:	75-2003727					
	(10) that total more than \$1,000 fo	r the year from any or ations completing Part I	ne contributor. C	omplete columns (a) through (e) and of exclusively religious, charitable, etc	) J.,				
	Use duplicate copies of Part III if ad								
(a) No. from Part I	(b) Purpose of gift	(c) Use of		(d) Description of how gift is held	*****				
	***************************************								
-		(e) Transfer	of gift		_				
			-						
_	Transferee's name, address, a	and ZIP + 4 Relation		onship of transferor to transferee					
	***************************************	***************************************							
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	*****				
	***************************************								
		**************************************							
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
<del>[</del>		110 ZIF T T	neiadolis	nip or transferor to transferee					
			***********						
.									
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held					
ļ -									
		************	***************************************						
<u> </u>					,				
	(e) Transfer of gift								
-	Transferee's name, address, a	Relationsl	nip of transferor to transferee						
-			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
-		~~~~~~~~	**************************************						
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held					
-		***************************************							
			*****************************						
_									
		(e) Transfer	of gift						
	Transferee's name, address, a	nd ZIP + A	Deletionalin of the control of						
-		IV AU TY	neiauunsi	nip of transferor to transferee					
-									
-			**********************						

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

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

(iv) Gross receipts from activity

(v) Amount paid to

(or retained by) fundraiser listed in

col. (i)

OMB No. 1545-0047 Open to Public Inspection

(vii) Amount paid to (or retained by)

organization

Department of the Treasury Internal Revenue Service

1

2

3

5

(i) Name and address of individual

or entity (fundraiser)

Name of the organization Employer identification number **ROTARY CLUB OF WICHITA FALLS NORTH** 75-2003727 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations C g 

Special fundraising events ☐ In-person solicitations đ 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(iii) Did fundraiser have

custody or control of contributions?

No

Yes

(ii) Activity

6					
7					
8					
9					
10					
Total			. •		
registration or lic	which the organization is recensing.				een notified it is exempt from
	***************************************				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
***************************************					
For Paperwork Reduction Ac	t Notice, see the instructions for I	Form 990 or 990-EZ.	Cat. No.	50083H Se	hedule G (Form 990 or 990-EZ) 2014

₽	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" to and gross income on	o Form 990, Part IV, lin o Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
			(a) Event #1 BREW FEST (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	33,586		,	33,586
_	2	Less: Contributions Gross income (line 1 minus	17,018			17,018
	<u> </u>	line 2)	16,568			16,568
	4	Cash prizes	0	si si		0
	5	Noncash prizes	0			0
Direct Expenses	6	Rent/facility costs	3,802			3,802
EXD EXD	7	Food and beverages	5,428			5,428
Οire	8	Entertainment , .	1,196			1,196
	9	Other direct expenses .	20,114			20,114
	10 11	Direct expense summary. Ad Net Income summary. Subtra	d lines 4 through 9 in c act line 10 from line 3. c	olumn (d)		30,540
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99	organization answer	ed "Yes" to Form 99	0, Part IV, line 19, or	(13,972) reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
8	1	Gross revenue				
Ses	2	Cash prizes				
ct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Add	d lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary.	. Subtract line 7 from lin	ne 1, column (d)		
9 8 b	Ent	er the state(s) in which the org	anization conducts gar	ning activities: In each of these states		🗌 Yes 🗌 No
10a	Wara any of the angle II all					· · · · · · · · · · · · · · · · · · ·

Scriedo	ae G (FORT 880 OF 880-EZ) 2014		F	age (			
11 12	Does the organization conduct gaming activities with nonmembers?	□ Y	es 🗌	No			
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	□ Ye	ae	i Nic			
13	Indicate the percentage of gaming activity conducted in:	L_ 1'	29 [	, INU			
а	The organization's facility			%			
b	An outside facility			%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ►			*****			
	Address▶						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ <b>v</b> .	C	. N			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	L 10	38 📙	MO			
	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party;						
	Name ►						
	Address▶						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶		*******				
	□ Director/officer □ Employee □ Independent contractor						
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to						
-	rerain the etate demina Reagned	☐ Ye		Ma			
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			IVU			
Part I	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) ar Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informinstructions).	nd (v), nation	and (see	·			
<b></b>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
		<b>4</b>	******				

#### 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.

OMB No. 1545-9047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ROTARY CLUB OF WICHITA FALLS NORTH	75-2003727
PART I - LINE 8 - OTHER REVENUE:	
REIMBURSEMENTS	926
***	
PART 1 - LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID:	
SCHOLARSHIPS 3,	995
MISCELLANEOUS YOUTH PROGRAMS 1	,388
RIVER BEND NATURE CENTER 1	,200
WICHITA FALLS AREA FOOD BANK 1	,000
ADOPTED SQUADRON PROGRAM	942
INTERFAITH MINISTRIES	750
BLOOD DRIVES - SAFB/TB/CPS COOKOUT	694
THE HUB (UNITED WAY)	500
FLAG PROGRAM	278
CHILDREN'S AID SOCIETY	250
CHILD ADVOCATES	250
TOTAL GRANTS AND SIMILAR AMOUNTS PAID 11,	247
PART I - LINE 16 - OTHER EXPENSES:	
REIMBURSABLE EXPENSES	794
MISCELLANEOUS EXPENSES	98
BANK CHARGES	5
TOTAL OTHER EXPENSES	897
	***************************************

Name of the organization	Page 2
ROTARY CLUB OF WICHITA FALLS NORTH	Employer identification number
	75-2003727
PART II - LINE 26 - TOTAL LIABILITIES:	
PAYABLE TO OTHERS	1,467
,	
PART III - ORGANIZATION PRIMARY EXEMPT PURPOSE	
TO ENGAGE IN ACTIVITIES OF HUMANITARIN SERVICE TO THE COMMUNITY AND THE WORLD	
	***************************************
·	
	***************************************
	***************************************

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# **Application for Extension of Time To File an Exempt Organization Return**

▶ File a separate application for each return.
 ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If you are	filing for an Automatic 3-Month Extension, o	complete (	only Part I and chec	k this box		<b>&gt;</b> 🛚 🗙	
• If you are	filing for an Additional (Not Automatic) 3-Mo	onth Exter	sion, complete onl	v Part II (on page 2 of	f this form)		
Do not com	pplete Part II unless you have already been o	granted an	automatic 3-month	extension on a previou	usly filed For	m 8868.	
a corporation 8868 to require Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition uest an extension of time to file any of the t Transfers Associated With Certain Persona ). For more details on the electronic filing of the	al (not auto forms liste I Benefit (	omatic) 3-month extended in Part I or Part II Contracts, which me	ension of time. You ca with the exception o ust be sent to the II	an electronic f Form 8870 RS in paper	ally file Form , Information format (see	
Part I		Only sul	bmit original (no co	opies needed).			
Part I only	on required to file Form 990-T and reque	sting an a	iutomatic 6-month	extension—check thi	s box and	complete	
All other cor	rporations (including 1120-C filers), partnersh ne tax returns.	ips, REMIC	Os, and trusts must (	use Form 7004 to req	uest an exte	nsion of time	
				Enter filer's identifyin	a number se	a inetructione	
Tuna	Name of exempt organization or other filer, see in	e instructions		Employer identification number (EIN) or			
Type or print	1	100 0010101					
•	ROTARY CI UB OF WICHITA FALLS. NORTH Number, street, and room or suite no. If a P.O. bo	ov see instructions		75-2003727 Social security number (SSN)			
File by the due date for	P.O. BOX 636	, cooo.,	401101	Coolai Cooliny Hambor	)er (0014)		
filing your	City, town or post office, state, and ZIP code. Fo	r a foreign a	ddress, see instruction	S.			
return. See instructions.	WICHITA FALLS, TX 76307						
Enter the Re	eturn code for the return that this application i	s for (file a	separate application	n for each return) .		. 0 1	
Application	n	Return	Application		···	Return	
ls For		Code	Is For			Code	
Form 990 c	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-6	3L	02	Form 1041-A			08	
Form 4720	(individual)	03	Form 4720 (other than individual)			09	
Form 990-PF		04		Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			10	
Form 990-T (trust other than above)		06	Form 8870			12	
Telephone If the orga If this is fo	No. ► 940-692-5128  nization does not have an office or place of b r a Group Return, enter the organization's fou	Fusiness in ur digit Gro	ax No. ► the United States, cl up Exemption Numb	940-761-3855 neck this box er (GEN)		▶□ his is	
for the whole	e group, check this box $\cdot$ $\blacktriangleright$ $\square$ . If	it is for par	t of the group, checl	this box	▶ □ and a	ittach	
	e names and EINs of all members the extensi						
	uest an automatic 3-month (6 months for a co		required to file Form	990-T) extension of ti	me	,	
	FEBRUARY 15, 20 16, to file the exer ne organization's return for:	npt organiz	zation return for the	organization named a	bove. The ex	tension is	
	calendar year 20 or						
<b>►</b> [7]	tax year beginning JULY 1	00	بعالممم لمورم		0/	٠	
	tax year beginning JULY 1 tax year entered in line 1 is for less than 12 n	, ZV	14 , and ending	JUNE 30	, ∠\	, <u>15</u> .	
		nonths, ch	eck reason: 🛄 initia	ıı return 🔛 Finai retur	'n		
	nange in accounting period	O T 4700	or enen anti-the to	material for tone			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			٠. ه				
		1720 or 6	SOSO antar any rafe	ındahla aradita and	3a \$	<del></del>	
estin	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b \$			
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using							
EFTF	EFTPS (Electronic Federal Tax Payment System). See instructions.  3c   \$						
Caution. If yo instructions.	u are going to make an electronic funds withdrawa	l (direct deb	oit) with this Form 8868	, see Form 8453-EO and	Form 8879-E	O for payment	

# Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If you ar	e filing for an Automatic 3-Month Extension,	complete (	only Part Land chec	k this box			<b></b> ▶ □
	e filing for an Additional (Not Automatic) 3-M						🗆
Do not co	implete Part II unless you have already been	granted an	automatic 3-month	extension on a previou	uns : usly fi	led Forn	n 8868.
a corpora 8868 to re Return fo	c filing (e-file). You can electronically file Form tion required to file Form 990-T), or an addition request an extension of time to file any of the r Transfers Associated With Certain Personals). For more details on the electronic filing of the	nal (not auto forms liste Il Benefit (	omatic) 3-month extended in Part II  Contracts, which me	ension of time. You ca with the exception or ust be sent to the If	an ele f Forr RS in	etronica n 8870, paper	ally file Form Information format (see
Part I	Automatic 3-Month Extension of Time	e. Only sul	bmit original (no co	opies needed).			
A corpora	tion required to file Form 990-T and reque	sting an a	utomatic 6-month	extension—check thi	s box	c and c	complete
Part I only							▶ [7]
All other of	orporations (including 1120-C filers), partnersh me tax retums.	nips, REMIC	Cs, and trusts must t	use Form 7004 to req	uest a	an exten	nsion of time
				Enter filer's identifyin			
Type or print	Name of exempt organization or other filer, see I	organization or other filer, see instructions.  Employer identification and room or suite no. If a P.O. box, see instructions.  Social security number			•		
File by the due date for	Number, street, and room or suite no. If a P.O. b						
filing your return. See instructions.	City, town or post office, state, and ZIP code. For	r a foreign a	ddress, see instruction	S.			
	Return code for the return that this application	is for (file a	separate application	for each return) .		. ,	. 🖂
Applicat	on	Return Code	Application Is For				Return
Form 990	or Form 990-EZ	01	Form 990-T (corpo	form 990-T (corporation)			07
Form 990		02	Form 1041-A				08
	0 (individual)	03	Form 4720 (other than individual)				09
Form 990		04	Form 5227				10
Form 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other than above)		06	Form 8870				12
Telephore If the org	he No. ►	Fousiness in ur digit Gro	ax No. ► the United States, cl up Exemption Numb	neck this box er (GEN)		 . If th	nis is
	the names and EINs of all members the extens		,		_		
	quest an automatic 3-month (6 months for a co		required to file Form	990-T) extension of ti	me		
						The ext	tension is
until, 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:							
	alendar year 20 or						
<b>▶</b> [	☐ tax year beginning	20	and anding			20	ī
<ul> <li>tax year beginning, 20, and ending, 20</li> <li>If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return</li> </ul>							
	Change in accounting period	nonns, ch	con reason. I minia	irreturi [] Fillar retur	11		
	nis application is for Forms 990-BL, 990-PF, 99	n-T 4720	or 6069, enter the to	entative tay less any			
nonrefundable credits. See instructions.		, , , , , , , , , , , , , , , , , , ,	,, or cood, circle the tentative tax, less any		3а	\$	
	his application is for Forms 990-PF, 990-T,	4720. or f	069 enter any refu	indable credits and	va	Ψ	
est	imated tax payments made. Include any prior y	ear overpa	vment allowed as a	credit.	it. 3b \$		
c Ba				-00	~		
EFTPS (Electronic Federal Tax Payment System). See instructions.  3c   \$					<del></del>	·····	
Caution. If instructions	you are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868	, see Form 8453-EO and	Form	8879-EC	) for payment

Form 8868 (Re	v. 1-2014)					Page 2	
Note. Only	filing for an <b>Additional (Not Automatic) 3-I</b> complete Part II if you have already been gr	anted an aut	omatic 3-month exte	ension on a previously	nis box y filed	▶ ☑ Form 8868.	
• If you are	filing for an Automatic 3-Month Extension	, complete d	only Part I (on page	1).			
Part II	Additional (Not Automatic) 3-Month	Extension	of Time. Only file	the original (no cop	ies ne	eded).	
				Enter filer's identifyin	ıg num	ber, see instruction	
Type or	Name of exempt organization or other filer, see	instructions.		Employer Identification	numb	er (EIN) or	
print	ROTARY CLUB OF WICHITA FALLS NORTH			75	2003727		
File by the				Social security number (SSN)			
due date for	P.O. BOX 636						
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.	WICHITA FALLS, TX, 76307						
Enter the Re	eturn code for the return that this application	n is for (file a	separate application	for each return) .		0 1	
Applicatio	n	Return	Application			Return	
ls For	••	Code	is For			Code	
	or Form 990-EZ				20094-2460166	Code	
Form 990-I		01	_				
	(individual)	02	Form 1041-A			08	
		03	Form 4720 (other t	han individual)		09	
Form 990-		04	Form 5227			10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-	T (trust other than above)	06	Form 8870			12	
• If the orga • If this is fo for the whole list with the  4 I required For Control of the contr	are in the care of ► ANN LUCAS  No. ► 940-692-5128  Initiation does not have an office or place of a Group Return, enter the organization's for a Group, check this box ► □ . I names and EINs of all members the extension usest an additional 3-month extension of time alendar year, or other tax year beging tax year entered in line 5 is for less than 12 mange in accounting period a in detail why you need the extension Additional Additiona	Fax No business in the pur digit Ground it is for partition is for.  The until ming the months, check the purchase in the purc	the United States, clup Exemption Numb t of the group, check  May 15  July 1 , 20 14 eck reason:  Initia	er (GEN) this box	June	If this is ] and attach a , 20	
hoso helo i	ital with heart related issues and has not had to be being provided to get this task done.	to time to con	nulete the records be	cessary to prepare the	return	vet. Additional	
nonre	efundable credits. See instructions.	, ,, ,, ====	5000, ontol the te	manyo tun, 1000 tilly	1 1	\$	
estim amou	s application is for Forms 990-PF, 990-T nated tax payments made. Include any pr unt paid previously with Form 8868.	ior year ove	rpayment allowed a	as a credit and any		\$	
c Balar (Elect	nce due. Subtract line 8b from line 8a. Include ronic Federal Tax Payment System). See instru	your payment actions.	with this form, if requ	ired, by using EFTPS	8c	\$	
	Signature and Verific	ation must	be completed fo	r Part II only.	·		
Under penalti knowledge an	es of perjury, I declare that I have examined to delief, it is true, correct, and complete, and that	this form, incl at I am authoriz	uding accompanying a sed to prepare this form	schedules and stateme 1.	nts, an	nd to the best of my	
Signature	no & Tuear	Title►	Treasurer	Da	ate ▶ 🧫	2/13/2016	
					Fo	rm <b>8868</b> (Rev. 1-2014	