

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. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization <p style="text-align: center;">ROTARY INTERNATIONAL WICHITA FALLS</p> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <p style="text-align: center;">P O Box 4728</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">WICHITA FALLS TX 76308</p>	D Employer identification number <p style="text-align: center;">75-0472626</p> E Telephone number <p style="text-align: center;">940-696-5477</p> F Group Exemption Number ▶ 0573
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____		H Check ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: <u>N/A</u>		
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>4</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> 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 ▶ \$ 94,876		

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	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	4,099
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	49,386
	4 Investment income	4	20
	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 \$ _____ 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	41,361
c Less: direct expenses from gaming and fundraising events	6c	14,410	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	26,951	
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	10	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	80,466	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	35,418
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	12,148
	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	33,002
17 Total expenses. Add lines 10 through 16	17	80,568	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-102
	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	46,737
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	459
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	47,094

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

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	48,996	22	47,756
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	424	24	40
25 Total assets	49,420	25	47,796
26 Total liabilities (describe in Schedule O)	2,683	26	702
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,737	27	47,094

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

COMMUNITY SERVICES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 THE ROTARY CLUB OF WICHITA FALLS PROVIDES GRANTS TO MANY CHARITABLE ORGANIZATIONS AND COMMUNITY PROJECTS. THE DONEES AND AMOUNTS ARE LISTED ON THE ENCLOSED SCHEDULE. (Grants \$ <u>34,368</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	34,368
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 \$ <u>1,050</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	46,200
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	80,568

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
Andy Kocher President	10.00	0	0	0
David Kelley President-Elect	1.00	0	0	0
James Hughes Vice President	1.00	0	0	0
Benay Ayers Treasurer	5.00	0	0	0
Steve Priester Ex-Officio	1.00	0	0	0
David Hartman Chaplain	1.00	0	0	0
Colton Heinrich Director	1.00	0	0	0
Jake Munholland Director	1.00	0	0	0
Tommy Richardson Director	1.00	0	0	0
Mike Saville Director	1.00	0	0	0
Glenn Tole Director	1.00	0	0	0
Sheldon Wang Director	1.00	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		
c	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 <input type="text" value="37a"/>		
b	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 <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
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
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 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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
41	List the states with which a copy of this return is filed <input type="text" value="None"/>		
42a	The organization's books are in care of <input type="text" value="TINA WILLIAMS"/> Telephone no. <input type="text" value="940-696-5477"/> P.O. BOX 4728 Located at <input type="text" value="WICHITA FALLS"/> TX ZIP + 4 <input type="text" value="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 <input type="text"/>		X
	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 <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="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
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
c	Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

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 Yes No
46

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

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 Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Date
Benay Ayers **Treasurer**
 Signature of officer Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name P Benay Ayers CPA	Preparer's signature	Date 08/17/20	Check <input type="checkbox"/> if self-employed	PTIN P01258976
Firm's name ▶ P. Benay Ayers, CPA, PLLC	Firm's EIN ▶ 46-4732205		Phone no. 940-696-5477	
Firm's address ▶ 4210 Kell Blvd., Suite 212 Wichita Falls, TX 76309				

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

2019

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for 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						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FLAG REVENUE (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	41,361		41,361
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	41,361		41,361
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	14,410		14,410
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				26,951

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))
		Yes % No	Yes % No	Yes % No	
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL WICHITA FALLS

Employer identification number

75-0472626

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

Description	Amount
MISCELLANEOUS INCOME	\$ 10
Total	\$ 10

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

Description	Amount
Expenses	
OFFICE SUPPLIES	\$ 10
BANNERS & BADGES	\$ 33
PETS CONFERENCE	\$ 608
ANNUAL END OF YEAR PARTY	\$ 1,138
DISTRICT GOVERNOR'S VISIT	\$ 200
ROTARACT	\$ 116
DISTRICT DUES	\$ 2,370
LUNCHEONS	\$ 17,310
BANK CHARGES/PENALTIES	\$ 44
PRINTING & PUBLICATIONS	\$ 72
ROTARY INT'L DUES	\$ 6,562
OFFICE & TELEPHONE	\$ 3,283
OTHER DUES & SUBSCRIPTION	\$ 45
PRESIDENT'S GIFT	\$ 275
GIFTS FOR SPEAKERS	\$ 775
Non-investment Depreciation	\$ 161
Total	\$ 33,002

Name of the organization

Employer identification number

ROTARY INTERNATIONAL WICHITA FALLS

75-0472626

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

Description	Amount
Deferred Revenues reported as income in prior year \$	459

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

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 223	\$ 0
Equipment & other depreciable assets	\$ 6,951	\$ 6,951
Less Accumulated Depreciation	\$ 6,750	\$ 6,911
Total	\$ 424	\$ 40

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,039	\$ 0
PAYROLL LIABILITIES	\$ 644	\$ 702

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

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	1,020,000
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	2,550,000
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 2018 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 2020. 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 2019	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		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2019 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.

Form **4562** (2019)

DAA

There are no amounts for Page 2

75-0472626

Federal Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
17	PRINTER, FAX, COPIER, SCANNER	12/17/09	593			593	5 MO S/L	593	0
18	Laptop	9/21/15	805			805	5 MO S/L	604	161
	Total Other Depreciation		<u>1,398</u>			<u>1,398</u>		<u>1,197</u>	<u>161</u>
	Total ACRS and Other Depreciation		<u>1,398</u>			<u>1,398</u>		<u>1,197</u>	<u>161</u>
	Grand Totals		1,398			1,398		1,197	161
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,398</u>			<u>1,398</u>		<u>1,197</u>	<u>161</u>

75-0472626

Federal Asset Report

FYE: 6/30/2020

FLAG REVENUE

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

75-0472626

Bonus Depreciation Report

FYE: 6/30/2020

FLAG REVENUE

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

75-0472626

Depreciation Adjustment Report

FYE: 6/30/2020

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: 6/30/21**

FYE: 6/30/2020

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Other Depreciation:					
17	PRINTER, FAX, COPIER, SCANNER	12/17/09	593	0	0
18	Laptop	9/21/15	805	40	0
	Total Other Depreciation		<u>1,398</u>	<u>40</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,398</u>	<u>40</u>	<u>0</u>
	Grand Totals		<u>1,398</u>	<u>40</u>	<u>0</u>

75-0472626

Future Depreciation Report **FYE: 6/30/21**

FYE: 6/30/2020

FLAG REVENUE

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
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>
<u>Other Depreciation:</u>					
1	TRAILER FOR FLAGS	6/01/98	529	0	0
3	Flag trailer	9/18/06	607	0	0
17	Flag Trailer	5/23/12	747	0	0
	Total Other Depreciation		<u>1,883</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,883</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>5,553</u>	<u>0</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2019
Description FLAG REVENUE		
Name ROTARY INTERNATIONAL WICHITA FALLS		Taxpayer Identification Number 75-0472626

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.	<u>41,361</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>41,361</u>
8. Cost of Goods Sold	8.	<u>884</u>
9. Employment Expense	9.	<u>11,190</u>
10. Fees for services	10.	
11. Indirect Expense	11.	<u>2,306</u>
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	<u>30</u>
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 1415.		<u>14,410</u>
16. Net Income/Loss. Line 7 minus Line 1516.		<u>26,951</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	<u>884</u>
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	<u>884</u>

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	<u>10,382</u>
Pension plan contributions	
Other employee benefits	
Payroll taxes	<u>808</u>
Total Employment Expense	<u>11,190</u>

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

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

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

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	<u>2,306</u>
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	<u>2,306</u>

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	<u>30</u>
Total Exempt Activity Expense	<u>30</u>

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	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990**

Two Year Comparison Report

2018 & 2019

For calendar year 2019, or tax year beginning **07/01/19**, ending **06/30/20**

Name

Taxpayer Identification Number

ROTARY INTERNATIONAL WICHITA FALLS

75-0472626

		2018	2019	Differences
Revenue	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.		
	12. Total revenue. Add lines 1 through 11	12.		
Expenses	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.		
	22. Total expenses. Add lines 13 through 21	22.		
	23. Excess or (Deficit). Subtract line 22 from line 12	23.		
Other Information	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.	17	
	32. Number of employees	32.		
	33. Number of volunteers	33.		

75-0472626

Federal Statements

FYE: 6/30/2020

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

<u>Description</u>	<u>Amount</u>
Membership Dues	\$ <u>49,386</u>
Total	\$ <u><u>49,386</u></u>