

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning **07/01/21**, and ending **06/30/22**

75-0472626

ROTARY INTERNATIONAL WICHITA FALLS

Net Asset / Fund Balance at Beginning of Year		<u>51,270</u>
Revenue		
Contributions	<u>10,942</u>	
Program service revenue	<u>59,811</u>	
Investment income	<u>25</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>47,066</u>	
Direct expenses	<u>17,323</u>	
Net income	<u>29,743</u>	
Other income	<u>464</u>	
Total revenue		<u>100,985</u>
Expenses		
Program services		
Management and general		
Fundraising		
Total expenses		<u>96,057</u>
Excess / (deficit)		<u>4,928</u>
Changes		<u>-4,240</u>
Net Asset / Fund Balance at End of Year		<u><u>51,958</u></u>

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>51,823</u>	<u>51,971</u>	
Liabilities	<u>553</u>	<u>13</u>	
Net assets	<u><u>51,270</u></u>	<u><u>51,958</u></u>	<u>688</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/22
 Failure to file penalty _____

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

August 23, 2022

CONFIDENTIAL

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

Dear Board Members and Officers:

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

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

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

Federal Filing Instructions

Your Form 990-EZ for the year ended 6/30/22 shows no balance due.

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

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

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

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

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

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

Sincerely,

P. Benay Ayers, CPA, PLLC

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 20 22

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879TE for the latest information.

2021

Department of the Treasury
Internal Revenue Service

Name of filer

ROTARY INTERNATIONAL WICHITA FALLS

EIN or SSN

75-0472626

Name and title of officer or person subject to tax **Benay Ayers**
Treasurer

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	100,985
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **P. Benay Ayers, CPA, PLLC** to enter my PIN **15963** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } _____ Date } **08/23/22**

Part III Certification and Authentication

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

75958776309

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } _____ Date } **08/23/22**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

2021

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 2021 calendar year, or tax year beginning **07/01/21**, and ending **06/30/22**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center; font-weight: bold; font-size: 1.2em;">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; font-weight: bold;">P O Box 4728</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center; font-weight: bold;">WICHITA FALLS TX 76308</p>	D Employer identification number <p style="text-align: center; font-weight: bold;">75-0472626</p> E Telephone number <p style="text-align: center; font-weight: bold;">940-696-5477</p> F Group Exemption Number u 0573
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) u _____		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).
I Website: u N/A		
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (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 u \$ 118,308		

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	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	10,942
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	59,811
	4 Investment income	4	25
	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	47,066
c Less: direct expenses from gaming and fundraising events	6c	17,323	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	29,743	
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	464	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	100,985	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	34,715
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	12,187
	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	49,155
17 Total expenses. Add lines 10 through 16	17	96,057	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	4,928
	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	51,270
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-4,240
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	51,958

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2021)

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	41,267	22	39,668
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	10,556	24	12,303
25 Total assets	51,823	25	51,971
26 Total liabilities (describe in Schedule O)	553	26	13
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,270	27	51,958

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 \$ 34,715) If this amount includes foreign grants, check here <input type="checkbox"/>	u	28a	34,715
29 THE ROTARY CLUB OF WICHITA FALLS PROVIDES WEEKLY MEETINGS FOR THE MEMBERSHIP AND THEIR GUESTS. EACH MEETING HAS AN INFORMATIVE PROGRAM ON COMMUNITY ACTIVITIES. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	29a	61,342
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	u	31a	
32 Total program service expenses (add lines 28a through 31a)	u	32	96,057

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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
James Hughes President	10.00	0	0	0
Arnold Oliver President-Elect	1.00	0	0	0
Stacie Cook Vice President	1.00	0	0	0
Benay Ayers Treasurer	10.00	0	0	0
David Kelley Ex-Officio	1.00	0	0	0
David Hartman Chaplain	1.00	0	0	0
Jim Hughes Secretary	1.00	0	0	0
Cliff Harris Director	1.00	0	0	0
Colton Heinrich Director	1.00	0	0	0
Jackie Lebow Director	1.00	0	0	0
Carol Murray Director	1.00	0	0	0
Cara Saucedo 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 u 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 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u		
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 u		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization u		
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 u None		
42a	The organization's books are in care of u TINA WILLIAMS Telephone no. u 940-696-5477 P O BOX 4728 Located at u Wichita Falls TX ZIP + 4 u 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 u See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
			X
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 u		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here u <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year u 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

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC (if not paid, enter -0-))	(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	Signature of officer Benay Ayers Type or print name and title	Date Treasurer
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Paid Preparer Use Only	Print/Type preparer's name P Benay Ayers CPA	Preparer's signature	Date 08/23/22	Check <input type="checkbox"/> if self-employed	PTIN P01258976
	Firm's name } P. Benay Ayers, CPA, PLLC	Firm's EIN } 46-4732205			
	Firm's address } 4210 Kell Blvd., Suite 212 Wichita Falls, TX 76309	Phone no. 940-696-5477			

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

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 []

Table with columns (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

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?

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.)

Table for program service expenses with rows 28, 29, 30, 31, and 32. Each row includes a description, a field for foreign grants (u []), and a column for expenses.

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 []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Lists Tony Bates, John Deason, Bob Hampton, Noel Filer, Alex Pappas, and Lance Spruiell.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2021

Open to Public Inspection

ROTARY INTERNATIONAL WICHITA FALLS

Employer identification number

75-0472626

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FLAG REVENUE (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	47,066		47,066
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	47,066		47,066
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	17,323		17,323
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				29,743

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** 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? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c** If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** 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 **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**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
Member T-Shirts	\$ 464
Total	\$ 464

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

Name: ROTARY PARK PLAYGROUND EQUIPMENT

Address: PO BOX 4728

Wichita Falls, TX 76308

Cash contribution: 14,095

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

Description	Amount
Expenses	
OFFICE SUPPLIES	\$ 437
PETS CONFERENCE	\$ 745
ANNUAL END OF YEAR PARTY	\$ 2,082
DISTRICT DUES	\$ 2,085
LUNCHEONS	\$ 31,890
ROTARY INT'L DUES	\$ 6,116
OFFICE & TELEPHONE	\$ 2,760
PRESIDENT'S GIFT	\$ 106
GIFTS FOR SPEAKERS	\$ 1,511
MEMBER SUPPLIES	\$ 40
MEMBER T SHIRTS & CAPS	\$ 463

Name of the organization ROTARY INTERNATIONAL WICHITA FALLS	Employer identification number 75-0472626
---	---

BANK CHARGES	\$	160
PRINTING & PUBLICATIONS	\$	368
DUES & SUBSCRIPTIONS	\$	75
MEMBER BIRTHDAYS	\$	160
Non-investment Depreciation	\$	157
Total	\$	49,155

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

Description	Amount
Transfer restricted revenue from prior years flags	\$ -4,143
Transfer restricted rev Rotaract dues	\$ -97

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

Description	Beg. of Year	End of Year
Grants Receivable	\$ 0	\$ 2,743
Accounts Receivable	\$ 0	\$ 495
Prepaid Expenses and Deferred Charges	\$ 0	\$ 630
Equipment & other depreciable assets	\$ 17,560	\$ 17,560
Less Accumulated Depreciation	\$ 7,004	\$ 9,125
Total	\$ 10,556	\$ 12,303

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 50	\$ 0
PAYROLL LIABILITIES	\$ 503	\$ 13

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

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	1,050,000
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	2,620,000
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 2020 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 2022. 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	157

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 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2021 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	157
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

ROTARY INTERNATIONAL WICHITA FALLS

Identifying number
75-0472626

Business or activity to which this form relates

FLAG REVENUE

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	1,050,000
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	2,620,000
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 2020 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 2022. 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	1,964

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 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2021 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	1,964
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

75-0472626

Federal Asset Report

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
17	PRINTER, FAX, COPIER, SCANNER	12/17/09	593			593	5 MO S/L	593	0
18	Laptop	9/21/15	805			805	5 MO S/L	805	0
19	Laptop -Zoom meetings	3/01/21	789			789	5 MO S/L	53	157
	Total Other Depreciation		<u>2,187</u>			<u>2,187</u>		<u>1,451</u>	<u>157</u>
	Total ACRS and Other Depreciation		<u>2,187</u>			<u>2,187</u>		<u>1,451</u>	<u>157</u>
	Grand Totals		2,187			2,187		1,451	157
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,187</u>			<u>2,187</u>		<u>1,451</u>	<u>157</u>

75-0472626

Federal Asset Report

FYE: 6/30/2022

FLAG REVENUE

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
2	Sales flag trailer	6/30/06	607			607	5 MQ200DB	607	0
15	5 4x8 Trailers	5/12/04	2,849		X	1,424	5 MQ200DB	2,849	0
16	Trailer Modification	6/07/04	214		X	107	5 MQ200DB	214	0
			<u>3,670</u>			<u>2,138</u>		<u>3,670</u>	<u>0</u>
Other Depreciation:									
1	TRAILER FOR FLAGS	6/01/98	529			529	5 MO S/L	529	0
3	Flag trailer	9/18/06	607			607	5 MO S/L	607	0
17	Flag Trailer	5/23/12	747			747	5 MO S/L	747	0
18	2021 Can-AM 4 Wheeler	6/21/21	9,820			9,820	5 MO S/L	0	1,964
	Total Other Depreciation		<u>11,703</u>			<u>11,703</u>		<u>1,883</u>	<u>1,964</u>
	Total ACRS and Other Depreciation		<u>11,703</u>			<u>11,703</u>		<u>1,883</u>	<u>1,964</u>
	Grand Totals		15,373			13,841		5,553	1,964
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>15,373</u>			<u>13,841</u>		<u>5,553</u>	<u>1,964</u>

75-0472626

Bonus Depreciation Report

FYE: 6/30/2022

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: 6/30/2022

All Business Activities

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

<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	0	0
19	Laptop -Zoom meetings	3/01/21	789	158	0
	Total Other Depreciation		<u>2,187</u>	<u>158</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,187</u>	<u>158</u>	<u>0</u>
	Grand Totals		<u>2,187</u>	<u>158</u>	<u>0</u>

FLAG REVENUE

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
2	Sales flag trailer	6/30/06	607	0	0
15	5 4x8 Trailers	5/12/04	2,849	0	0
16	Trailer Modification	6/07/04	214	0	0
			<u>3,670</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
1	TRAILER FOR FLAGS	6/01/98	529	0	0
3	Flag trailer	9/18/06	607	0	0
17	Flag Trailer	5/23/12	747	0	0
18	2021 Can-AM 4 Wheeler	6/21/21	9,820	1,964	0
	Total Other Depreciation		<u>11,703</u>	<u>1,964</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>11,703</u>	<u>1,964</u>	<u>0</u>
	Grand Totals		<u>15,373</u>	<u>1,964</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2021
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.		47,066
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.		47,066
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		11,224
10. Fees for services	10.		
11. Indirect Expense	11.		4,135
12. Depreciation Expense	12.		1,964
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		17,323
16. Net Income/Loss. Line 7 minus Line 15	16.		29,743

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	1,994
Info technology/Maintenance	2,141
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	4,135

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	1,964
Amortization	
Depletion	
Total Depreciation Expense	1,964

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

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

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	10,413
Pension plan contributions	
Other employee benefits	
Payroll taxes	811
Total Employment Expense	11,224

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	

Expense Details - Fees for Services:

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T, Schedule A:

	Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

75-0472626

Federal Statements

FYE: 6/30/2022

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

<u>Description</u>	<u>Amount</u>
Membership Dues	\$ 20,199
Meals	<u>39,612</u>
Total	<u>\$ 59,811</u>