Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

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/Form990 for instructions and the latest information.

Inspection

Form 990 (2017)

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, Check if applicable C Name of organization D Employer identification number Address change ROTARY INTERNATIONAL S.W. WICHITA FALLS Name 75-1155698 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final PO BOX 1566 (940)733-9795 return/ termin-ated City or town, state or province, country, and ZIP or foreign postal code 69,222. G Gross receipts \$ Amended WICHITA FALLS, TX 76307 H(a) Is this a group return for subordinates? Yes X No Applica-tion F Name and address of principal officer: JACK BROWNE pending H(b) Are all subordinates included? Yes No (SAME AS C ABOVE) I Tax-exempt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: WWW.SOUTHWESTROTARY.COM H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > Year of formation: 1956 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: A CHARITABLE ORGANIZATION IN Activities & Governance WICHITA FALLS, TEXAS CONTRIBUTING TO THE GENERAL PUBLIC NEEDS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0. 2,600. Program service revenue (Part VIII, line 2g) 18,351 22,729. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 95. 33. 30,905. 29,696. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 49,289 55,120. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 20,126 18,656. 13 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 26,470. 27,528. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 46,596. 46,184. Revenue less expenses. Subtract line 18 from line 12 8,936. 2,693. **Beginning of Current Year** End of Year 68,642. 77,578. Total assets (Part X, line 16) Total liabilities (Part X, line 26) 0 0. 68,642. 578. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Bang Places, CPA
Signature of officer 5/14/19 Sign Here BARRY PLAXCO, TREASURER Type or print name and title Date PTIN Preparer's signature
Barry Place, CPA Check Print/Type preparer's name 5/14 Paid P00441432 BARRY PLAXCO, CPA self-employed Preparer Firm's name MWH GROUP, P.C. Firm's EIN 75-2205423 Use Only Firm's address P.O. BOX 97000 WICHITA FALLS, TX 76307-7000 Phone no. (940)723-1471X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	t III Statement of Program Service Accomplishments
· a	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	A CHARITABLE ORGANIZATION IN WICHITA FALLS, TEXAS CONTRIBUTING TO THE GENERAL PUBLIC NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$\\$ 37,693. including grants of \$\\$ 18,656.) (Revenue \$\\$ 22,729.) A CHARITABLE ORGANIZATION IN WICHITA FALLS, TEXAS CONTRIBUTING TO THE
	GENERAL PUBLIC NEEDS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 37 693

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	19		X

Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X Part V, line 1 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O X

75-1155698 Page 5 Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Officer in Generating a response of note to any line in this Part v			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
20	(gambling) winnings to prize winners?	10		
24	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
h	filed for the calendar year ending with or within the year covered by this return 2a0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	OI-		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b		
32	Did the annual of the bound of the first of the second of	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		Λ
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	SD		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	74		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
h	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

The Enter the number of voting members of the governing body at the end of the tax year	X			Check if Schedule O contains a response or note to any line in this Part VI	
the Enter the number of voting members of the governing body at the end of the tax year If there are material diliterences in voting rights among members of the governing body, or if the governing body delegated broad suthority to an executive committee or similar committee, spials in Schedule 0. b. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 6 Did the organization base members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Did the organization and the governing body? 8 Did the organization base the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization base the prior persons other than the governing body? 8 Did the organization base the prior persons other than the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide names and addresses in Schedule O 10 Did the organization have written policies and procedures governing the activities				ction A. Governing Body and Management	Sec
If there are material differences in voting rights among members of the governing body, or if the governing body elegated broad authority to an executive committee or similar committee, explain in Schedule 0. In the tree number of voting members included in line 1a, above, who are independent 1. It is a province, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees 1. It is a province of ficer, director, trustee, or key employees to a management company or other person? It is a bid the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? It is bid the organization become aware during the year of a significant diversion of the organization's assets? It is bid the organization become aware during the year of a significant diversion of the organization's assets? It is bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? It is bid the organization new members, stockholders, or other persons other than the governing body? It is bid the organization one them provided the members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? It is bid the organization one them provided the members of the organization one organiz	s No	Ye			
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent lib 10 lid any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees as a family relationship or a business relationship with any other officer, director, trustee, or key employees as a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization that utthority to act on behalf of the governing body? 9 Is been any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If If Yes, Provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b If Yes, did the organization have a written office in therest policy? If Yes, or the in Schedule O the process, if any, used by the organization to review this Form 990. 11a Has the organization hav			0	a Enter the number of voting members of the governing body at the end of the tax year	1a
b Enter the number of voting members included in line 1a, above, who are independent 1b 1 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization on contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization in such that thority to act on behalf of the governing body? 9 Secction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10 Did the organization have local chapters, branches, or affiliates? 10 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization by every purposes? 10 Did the organization provided a complete copy of this Form 990 to all members of its governing body				If there are material differences in voting rights among members of the governing body, or if the governing	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization degate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If If Yes, "provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? 10b If Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b If B as the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Did the organiz				body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	
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Section C. Disclosure				in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	
			. 16b	exempt status with respect to such arrangements?	
17 List the states with which a copy of this Form 990 is required to be filed NONE				ection C. Disclosure	Se
The Liet the states with which a copy of the Form cook required to so meet				7 List the states with which a copy of this Form 990 is required to be filed NONE	17
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available		ble	y) availal	8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	18
for public inspection. Indicate how you made these available. Check all that apply.				for public inspection. Indicate how you made these available. Check all that apply.	
Own website Another's website X Upon request Other (explain in Schedule O)				Own website Another's website X Upon request Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial		ncia	and finar		19
statements available to the public during the tax year.					
20 State the name, address, and telephone number of the person who possesses the organization's books and records:					20
ERICA WEST - (940)733-9795					
PO BOX 156, WICHITA FALLS, TX 76307					

F 000 /	TOTAL DOMARY THERMATICALLY STRUCTURE DATE OF 1155(00 p.)	7
Form 990 (1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII]
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax ye	ar.
	all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.	

Enter 0 in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization r (A)	(B)	orga	111126			npei	isat	(D)	(E)	(F)
Name and Title	Average		Position (do not check more than one box, unless person is both an					Reportable	Reportable	Estimated
Name and Thie	hours per							compensation	compensation	amount of
	week	offic	cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	sctor						the	organizations	compensation
	hours for	ordin	a			ited		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		0	pensa		(W-2/1099-MISC)		organization
	organizations	nal tru	onall		ploye	com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) TIM SAWYER	4.00	=	드	6	×	王与	5			
PRESIDENT	4.00	X		X				0.	0.	0.
(2) JACK BROWNE	1.00								0.	
PRESIDENT-ELECT		X		X				0.	0.	0.
(3) ROBERT STAPLES	1.00									
VICE PRES, SERVICE PROJECTS CHAIR		X		X				0.	0.	0.
(4) TOM KEY	1.00									
SECRETARY		X		X				0.	0.	0.
(5) BARRY PLAXCO	2.00									
TREASURER	1 00	X		X				0.	0.	0.
(6) DARRELL HOBBS	1.00	37		37					_	0
SERGEANT AT ARMS	1 00	X	-	X				0.	0.	0.
(7) SALLY GRAY	1.00	X						0.	0.	0.
CLUB ADMIN CHAIR	1.00	Δ	-					0.	0.	0.
(8) DON SWIFT MEMBERSHIP CHAIR	1.00	X						0.	0.	0.
(9) MIKE MORRIS	1.00	22							0.	
PUBLIC RELATIONS CHAIR	1.00	X						0.	0.	0.
(10) LEE GUNTER	1.00									
ROTARY FOUNDATION CHAIR		X						0.	0.	0.
			_			-	_			
		-								
	+				-	-	-			
		1								
		-								

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2017) ROTARY
Part VIII Statement of Revenue

							(D)
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 a	Federated campaigns	1a					
			2,600.				
g							
h	Total. Add lines 1a-1f			2,600.			
			Business Code				
2 a	MEMBER MEALS		900099	14,642.			
b	DUES AND ADMISS	IONS	900099	8,087.	8,087.		
С							
d							
е							
f	All other program service rever	nue					
				22,729.			
3							
	other similar amounts)		>	95.			95
4							
5	Royalties		> [
		(i) Real	(ii) Personal				
6 a	Gross rents	· ·					
b							
C							
		(i) Securities	(ii) Other				
	assets other than inventory						
b	Less: cost or other basis						
	and sales expenses						
c							
			>				
		•					
			43.798.				
b							
				29,696.			29,696
b							
b							
			Business Code				
11 a							
6	Total. Add lines 11a-11d						
	b c d e f g h 2 a b c d e f g 3 3 4 5 6 a a b c d d 8 a a b c d 8 a b c d 10 a b c d 11 a b c d d 8 a b c d 10 a b c d 8 a b c d 10 a b c d 8 a b c d 10 a b c d 8 a b c d 10 a b c d 10 a b c d 11 a	b Membership dues c Fundraising events d Related organizations e Government grants (contribution f All other contributions, gifts, grants similar amounts not included abov g Noncash contributions included in lines h Total. Add lines 1a-1f 2 a MEMBER MEALS b DUES AND ADMISS c d e f All other program service rever g Total. Add lines 2a-2f 3 Investment income (including other similar amounts) 4 Income from investment of tax 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising including \$ contributions reported on line Part IV, line 18 b Less: direct expenses c Net income or (loss) from fund 9 a Gross income from gaming acc Part IV, line 19 b Less: direct expenses c Net income or (loss) from gam 10 a Gross sales of inventory, less and allowances b Less: cost of goods sold c Net income or (loss) from sale Miscellaneous Revenu	b Membership dues	b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 2 a MEMBER MEALS b DUES AND ADMISSIONS C d d e e f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net gain or (loss) and sales expenses c Gain or (loss) Met gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross sincome from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	b Membership dues c Fundraising events d Related organizations d Related organizations f All other contributions, gifts, grants, and similar amounts not included above ff 2,600. g Noncash centributions included in lines 1a-1t.5 h Total. Add lines 1a-1f 2,600. g Noncash centributions included in lines 1a-1t.5 h Total. Add lines 1a-1f 2,600. g Noncash centributions place to fine 1a-1t.5 h Total. Add lines 1a-1f 2,600. g Noncash centributions cludding dividends, interest, and other similar amounts including dividends, interest, and other similar amounts increase interest. g Gross rents b Less: cost or other basis and sales expenses c Gain or (loss) d Net rental income or (loss) d Net gain or (1 a Federated campaigns	1 a Federated campaigns

ectio	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
Do n	ot include amounts reported on lines 6b,	(A)		(C)	(D)
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	10 555	16 555		
	and domestic governments. See Part IV, line 21	18,656.	18,656.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				· ·
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
	Legal			485	
	Accounting	475.		475.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			- 400	
	column (A) amount, list line 11g expenses on Sch 0.)	5,400.	450	5,400.	
12	Advertising and promotion	450.	450.		
13	Office expenses	45.	45.	110	
14	Information technology	419.		419.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			1	
19	Conferences, conventions, and meetings	1,703.		1,703.	
20	Interest		0 605		
21	Payments to affiliates	3,695.	3,695.		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	13,933.	13,933.		
a	SUPPLIES	1,008.	514.	494.	
b	SOCIAL/OUTREACH EXPENSE	400.	400.	494.	
C	SOCIAL/OUTREACH EXPENSE	400.	400.		
d	All other expenses				
e	All other expenses Total functional expenses. Add lines 1 through 24e	46,184.	37,693.	8,491.	0.
25		40,104.	31,033.	0,491.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X | Balance Sheet

		(A)		(B)
		Beginning of year		End of year
	Cash · non-interest-bearing	37,328.	1	42,169
	Savings and temporary cash investments	31,314.	2	35,409
	Pledges and grants receivable, net		3	
4			4	
5				
			5	
6				
7				
	Inventories for sale or use			
			9	
10a				
11				
14				
15		60.640		77 576
16		68,642.		77,578
			21	
22				
23				
24			24	
25				
		0		
26		0.	26	(
27	Unrestricted net assets			
29			29	
		CO CAO	00	77 576
30				77,578
31				
32				77 - 77
33				77,578
	4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(e)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 11 Investments - other securities. See Part IV, line 11 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here 31 And complete lines 30 through 34. 31 Capital stock or trust principal, or current funds 32 Retained earnings,	A Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Pepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments - publicity traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Organizations that follow SFAS 117 (ASC 958), check here 27 Unrestricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 20 Taylaid account liability or current funds 20 Capital stock or trust principal, or current funds 21 Paid-in or capital surplus, or land, building, or equipment fund 20 Capital stock or trust principal, or current funds 21 Paid-in or c	4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(B) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 9 Prepald expenses and deferred charges 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded securities 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Tax-exempt bond liabilities 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total liabilities (including federal income tax, payables to related third parties 26 Other liabilities (including federal income tax, payables to related third parties 27 Temporarily restricted net assets 28 Temporarily restrict

Form	990 (2017) ROTARY INTERNATIONAL S.W. WICHITA FALLS	75-115	5698	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	5,1	20.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	6,1	84.
3	Revenue less expenses. Subtract line 2 from line 1	3		8,9	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	8,6	42.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7	7,5	78.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2017)

732012 11-28-17

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2017

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

ame of the organization						Employer idea	ntification number
ROTARY	INTERNATIONAL S.W.	WI	CHI	TA FALLS		75-1155	698
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following any of the following any of the following any solicitates and solicitates are solicitated and solicitate	tion of tion of fundra (includerofessi	non-go govern ising of ling of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
•							
3 List all states in which the organization	on is registered or licensed to solicit	contrib	outions	s or has been notifie	d it is	exempt from r	egistration
or licensing.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017 ROTARY INTERNATIONAL S.W. WICHITA FALLS 75-1155698 Page 2 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 (c) Other events (b) Event #2 (d) Total events US FLAG NONE (add col. (a) through PROGRAM CLAY SHOOT col. (c)) (event type) (event type) (total number) Revenue Gross receipts 7,831. 35,967 43,798. 2 Less: Contributions Gross income (line 1 minus line 2) 7,831. 35,967. 43,798. Cash prizes 3,833. 3,833. Noncash prizes Direct Expenses Rent/facility costs 660. 4,760. 5,420. Food and beverages 1,546. 1,546. Entertainment Other direct expenses _____ 1,482. 1,821. 3,303. 10 Direct expense summary. Add lines 4 through 9 in column (d) 14,102. Net income summary. Subtract line 10 from line 3, column (d) 29,696. 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) 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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _______Yes b If "Yes," explain:

	edule G (Form 990 or 990-EZ) 2017 ROTARY INTERNATIONAL S.W. WICHITA FALLS 75-1	<u> 155698</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	Ion	70
14	the file file halfe 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?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Coming and the second s		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	□ No
k	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 ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
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Schedule G	(Form 990 or 990-EZ	ROTARY	INTERNATIONAL tinued)	S.W.	WICHITA	FALLS	75-	1155698	Page 4
Part IV	Supplemental	Information (cont	tinued)						
						1.00			
	<u> </u>								
									-

SCHEDULEI (Form 990)

General Information on Grants and Assistance

Partl

Name of the organization

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

Open to Public OMB No. 1545-0047

°N Employer identification number 75-1155698 Inspection X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Attach to Form 990. ROTARY INTERNATIONAL S.W. WICHITA FALLS

criteria used to award the grants or assistance?	stance?	toring the use of grant	funds in the United	d States.				1
12	Domestic Organi	zations and Domestic	c Governments. C	complete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if additi	ional space is need	led.				1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	- 1
							ROAD TO COLLEGE PROGRAM	
ZAVALA HISPANIC CULTURAL							TO PROMOTE IMPORTANCE OF	
INITIATIVE - P.O. BOX 373 -							POST-SECONDARY EDUCATION	
WICHITA FALLS, TX 76307	20-4246708	501(C)(3)	6,530.	0.			WITHIN HISPANIC COMMUNITY	
								- 1
2 Enter total number of section 501(c)(3) and dovernment organizations	and government of	rganizations listed in th	listed in the line 1 table				1.	
	is listed in the line	1 table					A	1
1	see the Instruct	tions for Form 990.					Schedule I (Form 990) (2017)	2

Page 2

ROTARY INTERNATIONAL S.W. WICHITA FALLS

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2017)

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) FROM DIRECT CONTACT WITH THEM FOR THE Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. WE REQUESTED AND RECEIVED CORRESPONDENCE TO VARIOUS NONPROFIT ORGANIZATIONS BASED ON INPUT ALL GRANTS/GIFTS FOR FROM THE ORGANIZATION THAT THE FUNDS WERE RECEIVED AND DISBURSED FOR THE ORGANIZATIONS. (d) Amount of non-cash assistance (c) Amount of cash grant THE AWARDING OF EXPERIENCE WITH AND SUPPORT OF ORGANIZATIONS, (b) Number of recipients BOARD APPROVES THE ORGANIZATION LISTED ABOVE, SUCH IN (a) Type of grant or assistance CHARITABLE ASSISTANCE FROM MEMBERS INVOLVED THE ORGANIZATION'S AND/OR FROM PRIOR PURPOSE LINE INTENDED PART

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Open to Public

Inspection Employer identification number

75-1155698 ROTARY INTERNATIONAL S.W. WICHITA FALLS FORM 990, PART VI, SECTION B, LINE 11B: TAX RETURN IS REVIEWED WITH PREPARER AND DISTRIBUTED TO AND APPROVED BY KEY OFFICERS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, FINANCIAL SUMMARIES, ETC ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. NO SUCH REQUESTS WERE RECEIVED DURING THE TAX YEAR. FORM 990, PART IX, LINE 11G, OTHER FEES: SECRETARIAL/CLERICAL SERVICES: 0. PROGRAM SERVICE EXPENSES 5,400. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 5,400. TOTAL EXPENSES 5,400. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A