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<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 , and ending 06-30-2012</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ROTARY INTERNATIONAL WICHITA FALLS	
	<b>D Employer identification number</b> 75-0472626	
	<b>E Telephone number</b>	
	<b>F Group Exemption Number</b> 	
	Number and street (or P O box, if mail is not delivered to street address) 900 8TH STREET SUITE 1003	Room/suite
	City or town, state or country, and ZIP + 4 WICHITA FALLS, TX 76301	

**G** Accounting method ☐ Cash ☒ Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶ WWW.CLUBRUNNER.CA/PORTAL/HOME.ASPX

**J Tax-Exempt status** (check only one)— ☐ 501(c)(3) ☒ 501(c)( 4) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K Check**  If the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 89,798**

**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					
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	530	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	55,513	
	4	Investment income	4	16	
	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	33,739	
	c	Less direct expenses from gaming and fundraising events	6c	8,111	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	25,628	
	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		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	81,687	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	19,179	
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12	14,446	
	13	Professional fees and other payments to independent contractors	13		
	14	Occupancy, rent, utilities, and maintenance	14	2,705	
	15	Printing, publications, postage, and shipping	15	230	
	16	Other expenses (describe in Schedule O)	16	41,333	
	17	Total expenses. Add lines 10 through 16	17	77,893	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,794	
	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	25,033	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	28,827	

Part II

Balance Sheets

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

☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	27,310	22	30,490
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	2,645	24	1,999
25	Total assets . . . . .	29,955	25	32,489
26	Total liabilities (describe in Schedule O) . . . . .	4,922	26	3,662
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	25,033	27	28,827

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
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			
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 \$ 19,179). If this amount includes foreign grants, check here	28a	19,179
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	29a	58,714
30	(Grants \$ ). If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$ ). If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	77,893

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the 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 . . . . .	33	No
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) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	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)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
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 . . . . .	35c	No
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  . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	<i>Section 501(c)(7) organizations.</i> 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	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911  _____, section 4912  _____, section 4955  _____		
b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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 . . . . .	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . .  _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . .  _____		
e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed  _____		
42a	The organization's books are in care of  DONALD W SHIERRY CPA Telephone no  (940) 691-9440 PO BOX 4866 Located at  WICHITA FALLS, TX ZIP + 4  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  _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country  _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/>   and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .  <b>43</b> _____		
44a	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		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			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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	*****	2013-02-04			
	Signature of officer	Date			
Paid Preparer's Use Only	DONNIE SHIERRY TREASURER				
	Type or print name and title				
	Preparer's signature	P BENAY AYERS CPA	Date 2013-02-07	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	P BENAY AYERS CPA 4210 KELL BLVD SUITE 212 WICHITA FALLS, TX 76309			EIN  Phone no (940) 696-5477

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

Yes No

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
ROTARY INTERNATIONAL WICHITA FALLS

Employer identification number  
75-0472626

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(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			
Total . . . . . ▶						

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	33,739		33,739
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .	33,739		33,739
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	8,111		8,111
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			
					( 8,111 )
					25,628

Part III Gaming. Complete if the organization answered "Yes" to 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 . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash 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 Combine lines 1 and 7 in column (d) . . . . . ▶			
					( )

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate 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 operate 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 operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public  
Inspection

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

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES PETS CONFERENCE 537 ANNUAL END OF YEAR PARTY 2,483 ANNIVERSARY CELEBRATION DEPOS 450 DISTRICT DUES 1,968 LUNCHEONS 25,754 MISCELLANEOUS 191 BANK CHARGES 184 ROTARY INT'L DUES 5,608 OFFICE & TELEPHONE 3,641 NON-INVESTMENT DEPRECIATION 517 TOTAL 41,333
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 912 78 EQUIPMENT & OTHER DEPRECIABLE ASSETS 17,582 8,136 LESS ACCUMULATED DEPRECIATION 15,849 6,215 TOTAL 2,645 1,999
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 4,713 3,331 OTHER PAYABLES 209 331

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment  
Sequence No 179

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return ROTARY INTERNATIONAL WICHITA FALLS	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 75-0472626
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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	500,000
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	2,000,000
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 2010 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 do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not 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	517

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 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 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 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	517
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	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment  
Sequence No 179

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Name(s) shown on return ROTARY INTERNATIONAL WICHITA FALLS	Business or activity to which this form relates FLAG REVENUE	Identifying number 75-0472626
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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	500,000
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	2,000,000
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 2010 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 do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not 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	42

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 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 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 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	42
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	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	

**TY 2011 Compensation Explanation****Name:** ROTARY INTERNATIONAL WICHITA FALLS**EIN:** 75-0472626

Person Name	Explanation
TOM WHAYLEN	
DAN GARCIA	
ROGER DEVILBISS	
LARRY PETRASH	
DONNIE SHIERRY	
JODY BRANNON	
BEN SHELTON	
DAVID HARTMAN	
JACK ALLREDGE	
JERRY GILBERT	
BOB BROTHERTON	
BOB HORTH	
MONICA HORTON	
TIM POWERS	
TREY SRALLA	
BILL MILLER	
DAVE JOHNSON	
LARRY TEGTMEYER	

## Rotary Club of Wichita Falls Transaction Detail By Account

Type	Date	Name	Memo	Debit	Credit	Balance
<b>70000 - Programs</b>						
Bill	9/30/2011	Chnst Academy	Library Book Donation for 3rd QTR	25 00		25 00
Bill	9/30/2011	City View ISD	Library Book Donation for 3rd QTR	25 00		50 00
Bill	9/30/2011	Notre Dame High School	Library Book Donation for 3rd Quarter	50 00		100 00
Bill	9/30/2011	Wichita Falls ISD	Library Book Donation for 3rd QTR	225 00		325 00
Bill	11/1/2011	Tina Williams	Envelopes for Library Book donation cards that we give to the spe	12 99		337 99
Bill	12/31/2011	Wichita Falls ISD	Library Books	150 00		487 99
Bill	12/31/2011	City View ISD	Library Book Donation	25 00		512 99
Bill	12/31/2011	Notre Dame High School	Library Book Donation	25 00		537 99
Bill	12/31/2011	Chnst Academy	Library Book Donation	25 00		562 99
Bill	3/27/2012	City View ISD	Library Book	25 00		587 99
Bill	3/27/2012	Wichita Falls ISD	Library Book Donation	225 00		812 99
Bill	3/27/2012	Chnst Academy	Library Book Donation	25 00		837 99
Bill	3/27/2012	Notre Dame High School	Library Book Donation	25 00		862 99
Bill	6/29/2012	Chnst Academy	Library Book Donation	25 00		887 99
Bill	6/29/2012	City View ISD	Library Books Donation for 3rd QTR	50 00		937 99
Bill	6/29/2012	Notre Dame High School	Library Book Donation for 3rd QTR	25 00		962 99
Bill	6/29/2012	Wichita Falls ISD	Library Books Donations for 3rd QTR	175 00		1,137 99
Total 70000 Programs				1,137 99	0 00	1,137 99
<b>70500 - Outstanding Citizen</b>						
Bill	4/5/2012	Midwestern State University	Citizen of the Year 2012	210 00		210 00
Check	4/25/2012	Midwestern State University	Expenses associated with Outstanding Citizen for Printing progra	162 55		372 55
Total 70500 Outstanding Citizen				372 55	0 00	372 55
<b>75000 - Boys / Girls Clubs YoM</b>						
Bill	7/31/2011	Julien Fells	Youth of the Month	100 00		100 00
Bill	8/12/2011	Tina Williams	Frames for YOM Certificates	12 73		112 73
Bill	8/31/2011	Amber Palmer	Youth of the Month	100 00		212 73
Bill	9/30/2011	Derek Neal	Youth of the Month	100 00		312 73
Bill	10/31/2011	Arkayla Wade	Youth of the Month	100 00		412 73
Bill	11/30/2011	Victona Jackson	Youth of the Month	100 00		512 73
Bill	12/31/2011	Martha McDonald	Youth of the Month	100 00		612 73
Bill	1/31/2012	Tyral Colbert	Youth of the Month	100 00		712 73
Check	1/31/2012	Tina Williams	YOM Frames	10 61		723 34
Bill	2/29/2012	Aubree Soliz	Youth of the Month	100 00		823 34
Bill	3/29/2012	Tina Williams	Envelopes for YOM Checks	5 38		828 72
Bill	3/31/2012	B J Barrett	Youth of the Month	100 00		928 72
Bill	4/30/2012	Jimothy Bobo	YOM	100 00		1,028 72
Bill	5/31/2012	Flavia Flye	Youth of the Month	100 00		1,128 72
Bill	6/7/2012	Tina Williams	Youth of the Month Frames	12 73		1,141 45
Bill	6/30/2012	Lena Barron	Youth of the Month	100 00		1,241 45
Total 75000 Boys / Girls Clubs YoM				1,241 45	0 00	1,241 45

## Rotary Club of Wichita Falls Transaction Detail By Account

Type	Date	Name	Memo	Debit	Credit	Balance
<b>79500 - Donations</b>						
Bill	7/20/2011	EndPolioNow Night	Donation	200 00		200 00
Bill	7/20/2011	Rotary Foundation	Donation in honor of Distnct Governor Sharron Miles	200 00		400 00
Bill	8/17/2011	Wichita Falls Area Food Bank	Donation for Can-A-Rama	500 00		900 00
Bill	8/17/2011	NonProfit Center	Donation to the 10th Annual Teens Make a Difference Day	250 00		1,150 00
Bill	9/13/2011	Rotary Foundation	Memorial in Memory of Bob Lipscomb	50 00		1,200 00
Bill	9/21/2011	Camp Fire USA	Donation for entire year	1,500 00		2,700 00
Bill	9/21/2011	Project Back to School	Donation	200 00		2,900 00
Check	10/31/2011	MSU Burns Fantasy of Lights	Donation for Adoption of Peter Pan Display	750 00		3,650 00
Check	1/31/2012	Christmas in Action	Donation	250 00		3,900 00
Check	2/27/2012	Interfaith Ministries Inc.	Donation	500 00		4,400 00
Check	2/27/2012	Boy Scouts of America	Friends of Scouting Campaign Contribution 2012	2,750 00		7,150 00
Check	2/27/2012	Bill Bartley Family YMCA	Donation	1,000 00		8,150 00
Check	2/27/2012	Interfaith Ministries Inc	VOID*	0 00		8,150 00
Bill	3/27/2012	Rotary District 5790	RYLA for 5 Kids	1,975 00		10,125 00
Bill	3/27/2012	Sheppard NCO Academy	NCP Academy Distinguished Graduate Award Sponsor	350 00		10,475 00
Bill	3/29/2012	Tina Williams	lpads for Americanism Essay Contest	1,802 00		12,277 00
Check	4/25/2012	The ARC of Wichita County	Donation for Camp Noah	500 00		12,777 00
Check	4/25/2012	Rotary Foundation	In Memory of Tom Zahn	50 00		12,827 00
Check	5/23/2012	Southside Youth Senter	Donation	1,000 00		13,827 00
Check	5/23/2012	Patsy's House	Contribution of 10 pinwheels @ \$20 each	200 00		14,027 00
Check	5/23/2012	Boys & Girls Club	Contribution for Annual Campaign	2,200 00		16,227 00
Check	5/23/2012	Oil Bowl Football Classic	20 tickets @ \$10 each	200 00		16,427 00
Total 79500 Donations				16,427 00	0 00	16,427 00
<b>TOTAL</b>				<b>19,178.99</b>	<b>0.00</b>	<b>19,178.99</b>



Additional Data

Software ID:

Software Version:

EIN: 75-0472626

Name: ROTARY INTERNATIONAL WICHITA FALLS




Form 990-EZ, Special Condition Description:

Special Condition Description
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Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TOM WHAYLEN 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	VICE PRESIDE 0 50	0		
DAN GARCIA 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	EX-OFFICIO 0 10	0		
ROGER DEVILBISS 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	PRESIDENT 10 00	0		
LARRY PETRASH 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	SECRETARY 0 10	0		
DONNIE SHIERRY 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	TREASURER 0 20	0		
JODY BRANNON 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	DIRECTOR 0 10	0		
BEN SHELTON 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	DIRECTOR 000 00	0		
DAVID HARTMAN 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	CHAPLAIN 0 10	0		
JACK ALLREDGE 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	DIRECTOR 0 10	0		
JERRY GILBERT 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	DIRECTOR 0 10	0		
BOB BROTHERTON 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	DIRECTOR 0 10	0		
BOB HORTH 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	DIRECTOR 0 10	0		
MONICA HORTON 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	DIRECTOR 0 10	0		
TIM POWERS 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	PRESIDENT EL 000 00	0		
TREY SRALLA 900 8TH ST STE 1003 WICHITA FALLS, TX 76301	DIRECTOR 0 10	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BILL MILLER  900 8TH ST STE 1003 WICHITA FALLS, TX 76301	DIRECTOR 0 10	0		
DAVE JOHNSON  900 8TH ST STE 1003 WICHITA FALLS, TX 76301	DIRECTOR 0 10	0		
LARRY TEGTMEYER  900 8TH STREET SUITE 1003 WICHITA FALLS, TX 76301	DIRECTOR 0 10	0		