EXTENDED TO MAY 15, 2018

Form **990**

Department of the Treasury

Poturn of Organization Exampt From

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUL 1 2016 and ending JUN 30, 2017 C Name of organization Check if applicable D Employer identification number Address change ROTARY INTERNATIONAL S.W. WICHITA FALLS Name change 75-1155698 Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ (940)733-9795 PO BOX 1566 City or town, state or province, country, and ZIP or foreign postal code 60,514 ated G Gross receipts \$ Amended WICHITA FALLS, TX 763<u>07</u> H(a) Is this a group return Applica-F Name and address of principal officer TIM SAWYER Yes X No for subordinates? (SAME AS C ABOVE) Yes No H(b) Are all subordinates included? I Tax-exempt status 501(c)(3) X 501(c) () ◀ (insert no.) 4947(a)(1) or 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 Governance WICHITA FALLS, TEXAS CONTRIBUTING TO THE GENERAL PUBLIC NEEDS. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Rart VI, line 1b) 11 4 Activities & Total number of individuals employed in calendar year 2016 (Park) (the 0 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, columnated b Net unrelated business taxable income from Form 99 0. **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 18,351. 20,104 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14 33. 32,123 30,905. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 52,241 49,289. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,034 20,126. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 0. 26,470. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 23,438 46,596. 36,472 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 15,76919 Revenue less expenses Subtract line 18 from line 12 2,693. 5 Beginning of Current Year End of Year 65,949 20 Total assets (Part X, line 16) 68,642. 21 Total liabilities (Part X, line 26) 0. 22 Net assets or fund balances Subtract line 21 from line 20 949. 68,642 Part II Signature Block Junder 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 Signature of officer Sign TREASURER BARRY PLAXCO, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid BARRY PLAXCO, CPA P00441432 ⁷ Preparer Firm's name MWH GROUP, Firm's EIN ▶ 75-2205423 Use Only Firm's address ▶ P.O. BOX 97000 WICHITA FALLS, TX 76307-7000 Phone no (940)723-1471 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No Form 990 (2016) LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2016) ROTARY INTERNATIONAL S.W. WICHITA FALLS 75-115	<u>5698 </u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	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 T	HE
	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?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	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 e		
	revenue, if any, for each program service reported	•	
4a	(Code) (Expenses \$ 38,521. including grants of \$ 20,126.) (Revenue \$	18,	351.)
	A CHARITABLE ORGANIZATION IN WICHITA FALLS, TEXAS CONTRIBUTING		
	GENERAL PUBLIC NEEDS.		
4b	(Code) (Expenses \$		
	/ (Expenses 9 / (Expenses 9 / (Tevenine 5 /		
			
4-			
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$	_)	
4e	Total program service expenses ► 38,521.		

Form **990** (2016)

ROTARY INTERNATIONAL S.W. WICHITA FALLS

Form 990 (2016) Report IV Checklist of Regularity

75-1155698 Page **3**

Pa	Checklist of Required Schedules			
			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		X
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 98-197 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			
	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,			
	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		ļi	
	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, VIII, IX, or X			
	as applicable			ļ
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		Х
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
	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			3.5
	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			37
	Schedule D, Parts XI and XII	12a		X
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	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 Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	_14a_		
D	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	14h		Х
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	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		A
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_'	-	Α
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G. Part III	10		v

Form 990 (2016) ROTARY INTERNATIONAL S.W. WICHITA FALLS 75-1155698 Page 4

Part IV Checklist of Required Schedules (continued)

20a Dit the organization operate one or more hospital facilities? "Yes," complete Schedule II. b) II "Yes" to line 20a, did the organization attach a copy of its audided financial statements to this return? 20b United the organization organization attach according to the assistance to any domestic organization or domestic powerment on Part IX, column (N, Ine.) "I" "Yes," complete Schedule I, Parts I and III. 21		•		Yes	No
21 Dut the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operament on Part IX. Column (A), inte 2º If "Yes," complete Schedule I, Part I and II	2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ X_
domestic government on Part IX, column (A), line 17 if "Yes," completes Schedule I, Parts I and III 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization reswer "Yes" to Part IVI, Section A, line 3.4, or 5 about compensation of the organization's current and former forficers, directors, rustees, key employees, and inghest compensated employees? If "Yes," complete Schedule J 24 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. (It always assisted after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. While year is limited by the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 27 Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 50 (16)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 28 Section 50 (16)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization and provide a grant solection transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization are organized on a propriet solection transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization and prior the organization organization report any amount on Part X, line 5, 6, or 22 for reconvolates from a payable to any current or former	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 M dite organization report more than \$5,000 of grants or other assistance to rifer domestic individuals on Part IX, column (A), Imag. 21 M resk, "complete Schedule I, Part I and III 23 Did the organization answer "Yes" to Part VII, Section A, Imag. 3.4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees. 21 M resk, "complete Schedule I, Part IV 24 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 imae 24th through 24d and complete Schedule III 25 Did the organization minimation are section account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrive account other than a refunding escrive at any time during the year? 27 Did the organization and as an "on behalf of "essuer for bonds outstanding at any time during the year? 28 Section 601(e)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in the year? 28 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curre	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part X. column (A), Ine 2" II" Y'as," complete Schedule I, Parts I and III Dot the organization aware "Yes" to Part VI Section A, Ine 3, 4, or 5 about compensation of the organization's current and tomer officers, directors, trustees, key employees, and highest compensated employees? II" Yes," complete Schedule I. Abd 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 atter December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule I. Who", or other 25s Dot the organization minest any proceeds of tax-exempt bonds beyond a temporary pende exception? 24b Dot the organization minest any an exempt bond seven a temporary pende exception? 24c Dot the organization minest any an exempt of "tissue" for bonds outstanding at any time during the year? 24d Dot the organization and an exercity and that the transaction with a dequalited person during the year? "Yes," complete Schedule I. Part II" 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a dequalited person during the year? "Yes," complete Schedule I. Part II" 25b Did the organization aware that it engaged in an excess benefit transaction with a dequalited person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2" If "Yes," complete Schedule I. Part II" 25c Did the organization provide a grant or other assistance to an officer, director, trustee, or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I. Part IV 27b Did the organization provide a grant or other assistance to an officer, director, trustee, or they employee? If "Yes," complete Schedule I. Part IV 27c 28c 27d 28d X X X X Did the organization related to any tax exempt or former officer, director, trustee, or key e		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Did the organization answer "Yes" to Part VII, Section A, Inic 3, 4, of 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L, Part IV and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No", go to line 25a. 24b. Did the organization maintain an oscrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c. Did the organization amantain an oscrow account other than a refunding escrow at any time during the year? 26d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d. Did the organization and the act of the organization engage in an excess benefit transaction with a decipation depend operand in the properties of the organization engage in an excess benefit transaction with a decipation depend operand on any of the organization's prior Forms 990 or 990 ce? If "Yes," complete Schedule L, Part II 26d. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or psystates to any current or former officers, directors, trustees, key employees, highest componisted omployees, or disqualified persons? If "Yes," complete Schedule L, Part IV 27d. Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28d. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d. A current or former officer, director, trustee, or key employee? If "Yes," complete	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Vies, "I make the suspension of the last day of the year, that was issued atter December 31, 2002? If "Yes," inswer lines 24th through 24d and complete Schedule K. If "No", go to here 25a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J. 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 Schedule K. If "No", go to line 25a Did the organization maintain an escrew account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II the organization was 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 Formas 990 or 990-E27 If "Yes," complete Schedule L, Part II bid bid 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, frustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV and the organization provide a grant or other assistance to an officer, director, trustee, key employee; substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributed entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV and the programization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV A northy of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A northy of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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any taxexempt bonds? 25a Sectino 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I (25a X) b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I (25a X) 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-E27 if "Yes," complete Schedule L, Part I I (25b X) 25b X (25b X) 25c X (25c) 25c) 25c X (25c) 25c X (25c) 25c) 25c X (25c) 25c X (25c) 25c) 2	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b X 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-E2? If "Yes," complete Schedule L, Part I 25b X 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 26b X X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 277 X X 28b X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 275 and entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 275 and entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 275 and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 275 and the organization receive contributions of any historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 275 and the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M 275 and 175 and 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I I 32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Part II		any tax-exempt bonds?	24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I bis the organization aware that if 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-E72 If "Yes," complete Schedule L, Part I 25b	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 pror Forms 990 or 990 E27 if "Yes," complete Schedule I., Part II 25b X 26 Dd 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 I., Part II 26 X 27 Dd the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III 27 X 28 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 Acurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Dd the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Dd the organization indudate, terminate, or dissolve and cease operations? 10 The organization indudate, terminate, or dissolve and cease operations? 11 Yes," complete Schedule N, Part II 30 Dd the organization indudate, terminate, or dissolve and cease operations? 12 Sold the organization related to any tax-exempt or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Dd the organization organization receive any tax-exempt or transfer more than grant party transaction with a controlled entity within the meaning of section 512(b)(13)? 31 Dd the organization have a controlled entity within	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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Dot 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? // "Yes," complete Schedule L, Part // 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part // 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part // 28 A family member of a current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part // 28 X 29 A family member of a current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part // 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 30 Did the organization injudiate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part // 31 31 Did the organization injudiate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part // 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part // 32 33 Did the organization os 110% of an entity disregarded as separate from the organization under Regulations sell-exchange of transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part // 34 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? // If "		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part III 28 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 A current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? (If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule R, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 // "Yes," complete Schedule R, Part I 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 50		Schedule L, Part I	25b		<u> </u>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 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) 3 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 3 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 4 C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, director, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2 B Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 A X 32 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 32 A X 33 A X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35 Did the organization self-exemption of the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 3	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
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director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 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 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O			28b		<u> </u>
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	30		20		
		Material Com 555 mers are required to complete ochequie			2016

016) ROTARY INTERNATIONAL S.W. WICHITA FALLS
Statements Regarding Other IRS Filings and Tax Compliance 75-1155698 Form 990 (2016) Page 5 Part V Check if Schedule O contains a response or note to any line in this Part V

			Yes	No							
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable										
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?	1c									
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return]									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b									
4a	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)?	4a		X							
b	b If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)										
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
С	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	a 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?										
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7с_									
	If "Yes," indicate the number of Forms 8282 filed during the year										
e	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										
_	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter	ļ									
	Initiation fees and capital contributions included on Part VIII, line 12	1									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1									
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders										
a		1									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
100	amounts due or received from them) Section 4047(eV4) non-exempt about the consequence of	100									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a									
_		1									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		 -							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 								
h	Note. See the instructions for additional information the organization must report on Schedule O										
D	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										
_	Enter the amount of reserves on hand	1									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ — —	Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	 								
<u> </u>	ii 163, nas it lied a 10mi 120 to report triese payments 11 170, provide an explanation in Scriedule O	14D		L							

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

	Check if Schedule O contains a response or note to any line in this Part VI						\mathbf{X}			
Sec	tion A. Governing Body and Management									
						Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11						
	If there are material differences in voting rights among members of the governing body, or if the governing		-		1					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b		11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other		1					
	officer, director, trustee, or key employee?	'	,		2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervis	on						
	of officers, directors, or trustees, or key employees to a management company or other person?		•		з		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?		4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			••	5		Х			
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	niogo	one or		6		X			
	more members of the governing body?	•			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or	•						
	persons other than the governing body?		,		7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	er by th	e followina:							
а	The governing body?	,	o rono ming.		8a	х				
b	Each committee with authority to act on behalf of the governing body?			•	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the	-						
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	0,104			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)							
						Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	s. affiliates.		<u> </u>					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		,		10b					
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							X			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,	3		11a					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	-	12a 12b		<u>X</u>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo			•						
	ın Schedule O how this was done	•			12c					
13	Did the organization have a written whistleblower policy?				13		X			
14	Did the organization have a written document retention and destruction policy?				14		X			
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependen	t						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,								
	The organization's CEO, Executive Director, or top management official	-			15a	_ 1	X			
b	Other officers or key employees of the organization				15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			-						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a			- 1				
	taxable entity during the year?				16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	articipatio	n.						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					- 1				
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure	•								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			_						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply	•	. ,	. ,,	-					
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		·-	olicy, and	l financ	cial				
	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 boo	oks an	d records	>						
	ERICA_WEST - (940)733-9795									
	PO BOX 156. WICHITA FALLS. TX 76307									

Form 990 (2016)	ROTARY	INTERNATIONAL	S.W.	WICHITA	FALLS	

75-1155698

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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 Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List 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

(A) Check this box if neither the organization	(B)	l	(C)			преі	ISal	(D)	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week		cer an	lo a o	irecto	tor/trustee)		from	from related	other
	(list any hours for	Individual trustee or director				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	tee or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 (11100)	organization
	organizations	al trus	nal tri		loyee	omp.				and related
	below	Jividus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	_ <u>Ĕ</u> _	Ĕ	5	- S	를 등	요			
(1) CHUCK VERGAUWEN	4.00	X		х				0.	0.	^
PRESIDENT	1.00	Δ	 	Λ				U •	U •	0.
(2) TIM SAWYER	1.00	X		х				0.	0.	0.
PRESIDENT-ELECT (3) JACK BROWNE	1.00			Λ		-				
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.
(4) TOM KEY	1.00									<u>~ ~ ·</u>
SECRETARY		Х		х				0.	0.	0.
(5) BARRY PLAXCO	2.00									
TREASURER		X		Х				0.	0.	0.
(6) MATT FORS	1.00									
SERGEANT AT ARMS		X		Х				0.	0.	0.
(7) SALLY GRAY	1.00									
CLUB ADMIN CHAIR		X	ļ			ļ		0.	0.	0.
(8) JACK BROWNE	1.00							_	_	_
MEMBERSHIP CHAIR		X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(9) DAVID CRAWFORD	1.00						ŀ			
PUBLIC RELATIONS CHAIR	1 00	Х				<u> </u>	<u> </u>	0.	0.	0.
(10) MERRILL CAIN	1.00	х						0.	_	0
SERVICE PROJECTS CHAIR	1.00	Λ		ļ —		 		U •	0.	0.
(11) ROB STAPLES	1.00	Х						0.	0.	0.
ROTARY FOUNDATION CHAIR	1	Λ				 	 			
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				-	┢	ļ	-			
			_		\Box					
						<u></u>				
					<u> </u>	<u> </u>				
			L.,					<u> </u>		

								ICHITA FALLS		<u> 1556</u>	<u> 598</u>	Pa	age 8
Part VII Section A. Officers, Directors, Tr		ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
` (A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	am	(F) imate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	organization (W-2/1099 Mis		orga and	ensa om the inizati relationization	e ion ed
													
						_			R.				
	-				ļ <u>.</u>					_			
1b Sub-total								0.		0.	_		
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A							0.		0.			0. 0.
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d al	oove	e) wł	no re		,000 of reportab				0
3 Did the organization list any former office	er, director, or tru	ıstee	e, ke	y en	nplo	yee,	ori	nighest compensated e	mployee on	Γ		Yes	No
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the		le cc	mpe	ensa	ation	n and	d oth	ner compensation from	the organization	-	3		<u> </u>
and related organizations greater than \$1Did any person listed on line 1a receive or								•	dual for services	-	4		<u>X</u>
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or su	ıch j	pers	son					5		X
Complete this table for your five highest of the organization. Report compensation for										pensa	tion fro	om	
(A) Name and busine:	ss address	NC	ONE	C				(B) Description of s	ervices	Co	(C) mpen		1
										_			
							_					_	
2 Total number of independent contractors	(including but n	Ot lir	mite	d to	the	se lie	hata	ahove) who recoved m	nore than		· ·		
\$100,000 of compensation from the orga		J. III)				F	orm 9	90 (2	2016)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 11,734. 2 a MEMBER MEALS 11,734. Program Service Revenue 900099 6,617. **b DUES AND ADMISSIONS** 900099 6,617. f All other program service revenue 18,351 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 33. 33. 4 Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 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 (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 42,130 Other 11,225 b Less direct expenses 30,905 30,905. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 49,289. 18,351. 0. Total revenue See instructions 30,938.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 20,126. 20,126. and domestic governments. See Part IV, line 21 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 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees) a Management b Legal 950. 950 c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 5,250. 5,250. column (A) amount, list line 11g expenses on Sch O.) 300. 300. 12 Advertising and promotion 71. Office expenses 71. 13 Information technology 347 347 14 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 386 1,386 Conferences, conventions, and meetings 19 20 Interest 2,865 2,865 Payments to affiliates 21 Depreciation, depletion, and amortization 23 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 O.) 13,795. 795 MEALS SOCIAL/OUTREACH 1,050, 1,050, b SUPPLIES 456 314. 142. С d All other expenses 46,596. 38,521 8,075 0. Total functional expenses. Add lines 1 through 24e 25 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)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 37,328. 43,669. 1 Cash - non-interest-bearing 1 22,280. 31,314. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 65,949 68,642 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 25 O. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 65,949 68,642. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 0. 31 0.

Form 990 (2016)

68,642.

68,642.

0.

65,949.

65,949.

32

33

34

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2016) ROTARY INTERNATIONAL S.W. WICHITA FALLS	75-11	55698	Page	<u> 12</u>
Par	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		,28	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>, 59</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		,69	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65	94	<u>.9.</u>
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	- 68	,64	<u>.2.</u>
Par	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			L	
			'	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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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		<u>X</u> _
	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 the	e audıt,			
	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 Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2	016)

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.

2016

Open to Public

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

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

0 Inspection

Schedule G (Form 990 or 990-EZ) 2016

ame of the organization	INTERNATIONAL S.W.	WT	сит	TA FALLS		75-1155	698
	Complete if the organization answe						
1 Indicate whether the organization rais a	sed funds through any of the following Solicitates f Solicitates g Special Special Special Part VII) or entity in connection with poviduals or entities (fundraisers) pursuits	ion of ion of fundra (includ	non-go govern Ising of Iing of onal f	overnment grants nment grants events fficers, directors, tru undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iII) fundri have cu or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	to (or	mount paid retained by) undraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					_		
Total 3 List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	utions	s or has been notifie	d it is e	exempt from re	egistration
			_				
		_		<u>-</u>			
							-

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

Schedule G (Form 990 or 990 EZ) 2016 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 (c) Other events (a) Event #1 (b) Event #2 (d) Total events US FLAG NONE (add col (a) through PROGRAM CLAY SHOOT col (c)) (total number) (event type) (event type) 34,989 1 Gross receipts 7,141 42,130. 2 Less Contributions 7,141 42,130. 34,989 3 Gross income (line 1 minus line 2) Cash prizes 1,225 1,225. Noncash prizes 1,718 1,718. Direct Expenses 6 Rent/facility costs 720. 4,633 5,353. 239 239. 7 Food and beverages 8 Entertainment 074 2,690. 1,616. Other direct expenses ,225. 10 Direct expense summary Add lines 4 through 9 in column (d) 30,905. 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor Nο 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? Yes 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

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2016 ROTARY INTERNATIONAL S.W. WICHITA FALLS 75-	<u>1155698</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	L. 93 J	
	The state of the desired of the person the properties and againing opposition of the 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	of If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a		☐ Yes	
	retain the state gaming license?	res	└─ No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year \$ trivial to the supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III.		
Ра		ines 9, 9b, 10	0b, 1 <u>5b,</u>
	15c, 16, and 17b, as applicable Also provide any additional information. See instructions		
			

Schedule G	(Form 990 or 990-EZ)	ROTARY	INTERNATIONAL	S.W.	WICHITA	FALLS	75-1155698	Page 4
Part IV	Supplemental Info	rmation (cont	INTERNATIONAL inued)					
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SCHEDULE 0

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Inspection

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

Employer identification number

ROTARY INTERNATIONAL S.W. WICHITA FALLS 75-1155698 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 STATEMENTS, ETC ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. NO SUCH REQUESTS RECEIVED DURING THE TAX YEAR. FORM 990, PART IX, LINE 11G, OTHER FEES: SECRETARIAL/CLERICAL SERVICES: PROGRAM SERVICE EXPENSES 0. 5,250. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,250. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,250.