2013 Exempt Org. Return prepared for:

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Denton Morning Rotary Club PO Box 785 Denton, TX 76202

KHA ACCOUNTANTS AND ADVISORS, PC 2717 WIND RIVER LN STE 130 DENTON, TX 76210-2988



2717 WIND RIVER LN STE 130 DENTON, TX 76210-2988 (940) 591-9300

October 20, 2014

Denton Morning Rotary Club PO Box 785 Denton, TX 76202

Dear Client:

Enclosed is your 2013 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before November 17, 2014 to:

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

We have prepared this return from information furnished by you. In the event of an examination, requests may be made for supporting data. We recommend that you retain all records used to prepare this return.

Please be sure to call us if you have any questions.

Sincerely,

Jennifer Menge

2013 FEDERAL EXEMPT ORGANIZ	ATION TAX SU	MMARY (EZ)	PAGE 1
DENTON MORNING	ROTARY CLUB		75-1934301
FORM 990-EZ REVENUE	2013	2012	DIFF
CONTRIBUTIONS, GIFTS, AND GRANTS MEMBERSHIP DUES AND ASSESSMENTS INVESTMENT INCOME NET INCOME (LOSS) - SPECIAL EVENTS	24,287 0 51 44,218	0 21,468 63 36,632	24,287 -21,468 -12 7,586
TOTAL REVENUE	68,556	58,163	10,393
EXPENSES PROFESSIONAL FEES/PYMT TO CONTRACTORS OTHER EXPENSES	3,780 54,439	3,450 70,354	330 -15,915
TOTAL EXPENSES	58,219	73,804	-15,585
NET ASSETS OR FUND BALANCES EXCESS OR (DEFICIT) FOR THE YEAR NET ASSETS/FUND BAL. AT BEG. OF YEAR NET ASSETS/FUND BAL. AT END OF YEAR	10,337 54,079 64,416	-15,641 69,720 54,079	25,978 -15,641 10,337

2013

GENERAL INFORMATION

DENTON MORNING ROTARY CLUB

75-1934301

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH G, SCH O

CARRYOVERS TO 2014

NONE

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c Less: direct expenses from gaming and fundraising events. 6 0.7013. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 6d 44,218. 7 a Gross sales of inventory, less returns and allowances. 7a 6d 44,218. b Less: cost of goods sold. 7b 7c 6d 44,218. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 8 7c 8 9 68,556. 9 68,556. 10 Grants and similar amounts paid (list in Schedule 0). 10 11 11 12 Salaries, other compensation, and employee benefits. 11 12 Salaries, other compensation, and employee benefits. 12 13 3,780. 14 Occupancy, rent, utilities, and maintenance. 14 15 16 54,439. 13 0.17 56,219. 15 16 54,439. 17 58,219. 14 15 Printing, publications, postage, and shipping 15 16 54,439. 17 58,219. 18 10,337. 18 10,337. 19 18 10,337.	Ĕ				of contribut	ions		
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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 0). 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 10 Grants and similar amounts paid (list in Schedule 0). 10 11 Benefits paid to or for members. 11 12 Salaries, other compensation, and employee benefits. 12 13 Professional fees and other payments to independent contractors 13 3, 780. 14 Occupancy, rent, utilities, and maintenance . 14 15 15 Printing, publications, postage, and shipping 15 16 16 Other expenses (describe in Schedule 0). 17 58, 219. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 10, 337. 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). 20 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20. 20		7.2	Gross sales of	inventory less returns and allowances	_		60	44,218.
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Form 990-EZ (2013) DENT(7!	5-1 <u>93</u>	4301 Page
Part II Balance Sheets Check if the organ	s (see the ins ization used Sch	structions for Part II) redule O to respond to any	v question in this Part I	I		
				(A) Beginning of y		(B) End of year
		0.0000000000000000000000000000000000000		55,442		69,720
23 Land and buildings24 Other assets (describe)	in Schedule ()	SEE SCHED	ULE O		23	
				2,174		2,008
26 Total liabilities (describ	pe in Schedule O) SEE SCHED	ULE O	3,53		<u>71,728</u> 7,312
		column (B) must agree w		54,079		64,416
Part III Statement of Pro	ogram Service A	ccomplishments (see the	instructions for Part III)			Expenses
What is the organization's primary ex	empt nurpose? SF	chedule O to respond to a	iny question in this Part	<u> </u>	⁴ (c)(3)	uired for section 501 and 501(c)(4)
Describe the organization's p measured by expenses. In a benefited, and other relevant	clear and concis	accomplishments for each e manner, describe the se	of its three largest pro ervices provided, the nu	gram services, as imber of persons	organ 4947(izations ànd śection (a)(1) trusts; optional hers.)
28 <u>VARIOUS</u> <u>SERVICI</u> INTERNATIONALLY	E PROJECTS	THROUGHOUT THE	LOCAL COMMUNITY	AND	-	
(Grants \$		nis amount includes foreig	in grants check here		28a	26.024
29					204	26,024
]	
(Grants \$		nis amount includes foreig		·		
30				····· •	29a	
	- -				-	
					1	
(Grants \$		nis amount includes foreig			30 a	
31 Other program services	\ I£ +L					
31 Other program services (Grants \$) If th	nes 28a through 31a)	n grants, check here	······································	31 a	26.004
 31 Other program services (Grants \$ 32 Total program service of 	expenses (add li	nes 28a through 31a)		·····	32	structions for Part IV)
31 Other program services (Grants \$ 32 Total program service e Part IV List of Officer	expenses (add lin 's, Directors, '	nes 28a through 31a) Trustees, and Key E thedule O to respond to a	mployees (list each one	even if not compensated -	32 see the ir	structions for Part IV)
31 Other program services (Grants \$ 32 Total program service e Part IV List of Officer	expenses (add lin 's, Directors, '	nes 28a through 31a) Trustees, and Key E	mployees (list each one	even if not compensated – IV	see the ir	istructions for Part IV)
31 Other program services (Grants \$ 32 Total program service of Part IV List of Officer Check if the organ (a) Name and Title	expenses (add lii 's, Directors, nization used Sc	nes 28a through 31a) Trustees, and Key E thedule O to respond to an (b) Average hours per week devoted to	mployees (list each one ny question in this Part (c) Reportable compensa (Forms W-2/1099-MISC (ff not paid, enter -0-)	even if not compensated – IV	32 see the ir	(e) Estimated amount of other compensation
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Form 990-EZ (2013) DENTON MORNING ROTARY CLUB 75-193	4301	Р	age 3
Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	·		
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	11	x
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			Λ
(such as those reported on lines 2, 6a, and 7a, among others)?			X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule	e 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	35 c		х
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	3	х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.		
b Did the organization file Form 1120-POL for this year?	37b		Х
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			
b If 'Yes,' complete Schedule L, Part II and enter the total	···· 38a		X
amount involved	N/A		
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	N/A		
	N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A			
section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N	/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	_		
on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b		х
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
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 ►	0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		х
41 List the states with which a copy of this return is filed NONE	L	L	

42 a The organization's books are in care of ► PETER MCCLESKEY, CPA Telephone no. ► (940) Located at ► 2717 WIND RIVER LN, STE 130 DENTON TX ZIP + 4 ► 76210		-930	0
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)?		Yes	No
	42 b		Х
If 'Yes,' enter the name of the foreign country:			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	_	Х

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.	1111		N/A
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44a	, j	x
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b		x
c Did the organization receive any payments for indoor tanning services during the year?	44 c	_	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		x
TEFA08121 11/27/13			0010

TEEA0812L 11/27/13

Form 990-	-EZ (2013) DE	NTON MORNING ROTA	ARY_CLUB		75-19	34301	F	age 4
-							Yes	No
46 Did f	the organizatio	n engage, directly or indire lic office? If 'Yes,' complete	etiy, in political campa e Schedule C. Part I	ign activities on behalf (of or in opposition to	46		x
Part VI		01(c)(3) organizations					<u>i</u>	
	All section	n 501(c)(3) organizatio		uestions 47-49b an	d 52, and complete	e the table	s	
	for lines 5							_
	Check if the	organization used Schedu	le O to respond to any	question in this Part VI.	<u> </u>			
47 Did t	the organization	engage in lobbying activities	or have a section 501 (h) election in effect during	the tax year? If 'Yes.'		Yes	No
com	plete Schedule	C, Part II						
		a school as described in se						
		n make any transfers to an						<u> </u>
		lated organization a sectior for the organization's five high						L
empl	loyees) who eac	h received more than \$100,0	00 of compensation from	the organization. If there	is none, enter 'None.'	су		
			(b) Average hours		(d) Health benefits, contributions to employee			
	(a) Name and title	e of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	benefit plans, and deferred	(e) Estimate other com		
-		· ·			compensation			
	·							
-								
						ĺ		
f Total	number of oth	er employees paid over \$1	00.000		_			
51 Com	olete this table for	or the organization's five high	nest compensated indepe	endent contractors who ea	ach received more than \$	100.000 of		
comp	pensation from	the organization. If there i	s none, enter 'None.'					
	(a) Name and busin	ness address of each independent c	ontractor	(b) Type (of service	(c) Comp	ensatior	1
	_							
							_	
		er independent contractors n complete Schedule A? No	v .	•		_		
charit	table trusts mu	st attach a completed Sch	edule A	5) organizations and 49	47(a)(1) nonexempt	Yes	Г	No
Under penaltie	es of perjury, I decla	re that I have examined this return, ration of preparer (other than office	including accompanying sche	dules and statements, and to the	e best of my knowledge and be	lief, it is		
	and complete. Decia	ration of preparer (other than onice		which preparer has any known	leage,			
Sign	Signature of c	officer			Date			
Here	ALAN N	ELSON			SECRETARY			
		name and title						
	Print/Type prepare		Preparer's signature	Date	Check if	TIN		
Paid	JENNIFER		JENNIFER MENGE			0106095	4	
Preparer	Firm's name	KHA ACCOUNTANTS		PC				
Use Only	Firm's address ►	2717 WIND RIVER DENTON, TX 76210			Firm's EIN Phone no. (94	$\frac{75-1761}{0}$		
May the IP	I S discuss this I	return with the preparer sh	<u> </u>			0) 591-9 .►XYes	<u> </u>	
								No
						Form 990	-62 (2	∠UI3)

SCHEDULE G		Supple Fund	mental raising	Inforn or Ga	nation Regardir ming Activities	ng		OMB No. 1545-0047
(Form 990 or 990-EZ)	or 19. or	ete if the organ r if the organiza	ization and ation enter	swered 'Y red more f	es' to Form 990, Part IV	V, lines ' 990-E7. i	17, 18, line 6a.	2013
Department of the Treasury Internal Revenue Service		Attach to For	m 990 or Fo Schedule	G (Form	. ► See separate instru 990 or 990-EZ) and its v/form990.	ictione		Open to Public Inspection
Name of the organization						-	Employer identifica	
DENTON MORNING F			nization	newored !	Yes' to Form 990, Part	N/ line	75-193430	1
Form 990-EZ fi	lers are not re	quired to comp	plete this p	art.		-		
		raised funds th	rough any		lowing activities. Check			
a Mail solicitations b Internet and em				e f	Solicitation of non	-	•	
		>					•	
d In-person solicit				g		y events		
2 a Did the organization h employees listed in	ave a written o Form 990, Par	r oral agreemen t VII) or entity	t with any i in connect	ndividual (ion with p	including officers, directo rofessional fundraising	ors, truste service	ees or key s?	Yes No
	phest paid indiv	iduals or entities	s (fundraise		nt to agreements under v			
(i) Name and address of or entity (fundrais		(ii) Activity	have custo	fundraiser ty or control ibutions?	(iv) Gross receipts from activity	(or fundr	mount paid to retained by) aiser listed in column (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5						-		
6								
7								
8								
9								
10								
		n is registered o		to solicit co	ontributions or has been	notified i	t is exempt from	
						<u></u>		

Schedule G (Form 990 or 990-EZ) 2013 DENTON MORNING ROTARY CLUB

7<u>5-1934301</u> Part II Fundraising Events. Complete if the organization answered 'Yes' to 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 gre	eater than \$5,000.			
			(a) Event #1 FLAGS	(b) Event #2	(c) Other events NONE	(d) Total events (add column (a) through column (c))
RE			(event type)	(event type)	(total number)	
REVENDE	1	Gross receipts.	50,615.			50,615.
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	50,615.			50,615.
	4	Cash prizes				
D	5	Noncash prizes.				
DIRECT	6	Rent/facility costs.				
	7	Food and beverages				
EX P F	8	Entertainment				
EXPENSES	9	Other direct expenses	6,397.			6,397.
5	10	Direct expense summary. Add lines 4 thr	ouah 9 in column (d)			6,397.
	11	Net income summary. Subtract line 10 fro				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Par	t ())	Gaming. Complete if the organiza				
		\$15,000 on Form 990-EZ, line 6a.			,	
REVENU			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue				
E	2	Cash prizes				
EXPERSES D-RECT	3	Noncash prizes				
C S T E S	4	Rent/facility costs.				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
а	Is th	er the state(s) in which the organization op le organization licensed to operate gaming o,' explain:	activities in each of th			
		e any of the organization's gaming license es,' explain:				
RAA					Calcadada O (Farm	000 at 000 FTD 2012

Page 2

chedule G (Form 990 or 990-EZ) 2013 DENTON MORNING ROTARY CLUB	75-1934301	Page 3
1 Does the organization operate gaming activities with nonmembers?		No
2 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other e administer charitable gaming?	ntity formed to	No
3 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a	oto
b An outside facility		
4 Enter the name and address of the person who prepares the organization's gaming/special events bo		
Name ►		
Address ►		
 5a Does the organization have a contact with a third party from whom the organization receives of b If 'Yes,' enter the amount of gaming revenue received by the organization [▶] \$ 6 of gaming revenue retained by the third party [▶] \$ 	gaming revenue?	No
c If 'Yes,' enter name and address of the third party:		
Name ►		
Address ►		
6 Gaming manager information:		
Name ►		
Gaming manager compensation 🕨 \$		
Description of services provided		- -
Director/officer		
7 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds	s to retain the	
 state gaming license?	Yes	No
organization's own exempt activities during the tax year ► \$		
art IV Supplemental Information. Provide the explanations required by Part I and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also information (see instructions).	, line 2b, columns (iii) and (p provide any additional	(V),
		_
A TEEA3703L 06/26/13	Schedule G (Form 990 or 990-E	-7) 2012

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	on	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ, Information about Schedule O (Form 990 or 990-EZ) and its instructio at www.irs.gov/form990. 	ns is	Open to Public Inspection
Name of the organization DENTON MORNING		Employer identification 75-1934301	n number
FORM 990-EZ,	PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE		
COMMUNITY S			
		_	
		- .a	
		100,000,000,000,000,000,000,000,000	
			-

		_	

2013 SCHEDULE O - SUPPLEMENTAL INFORMATION						
DENTON MORNING ROTARY CLUB						75-19343
ADVERTISING A ANNUAL BANQUH BANK FEES DUES MEAL COSTS MEMBERSHIP DH MISCELLANEOUS OFFICE EXPENS SERVICE PROJE SOFTWARE SPECIAL VISIT	SES VE EXPENSE AND PROMOTION ST RIVES SES - PRES SES - PRES SETS					328. 630. 601. 435. 3,870. 17,807. 17,807. 17,807. 17,0. 17. 2,365. 26,024. 359. 570. 1,269. 54,439.
FORM 990-EZ, P OTHER ASSETS ACCOUNTS RECE			TOTAI	\$	INNING 2,174. \$ 2,174. \$	ENDING 2,008 2,008
FORM 990-EZ, P TOTAL LIABILIT						
ACCOUNTS PAYA	BLE AND ACCRUED I	EXPENSES	TOTAI	\$	<u>INNING</u> 3,537. \$ 3,537. \$	ENDING 7,312 7,312
FORM 990-EZ, P LIST OF OFFICE		USTEES, AND KEY EMPLO	DYEES			
NAME BILL HEIDEMAN PRESIDENT RICK WILLIAMS PRESIDENT ELE	ON		COMPE SATIC		HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC 0.	ESTIMATED AMOUNT OF OTHER COMPEN. \$ 0

2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

DENTON MORNING ROTARY CLUB

75-1934301

FORM 990-EZ, PART IV (CONTINUED) LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
ALAN NELSON SECRETARY	4	\$ 0.	.\$ 0.	\$ 0.
JOE ZELLMER TREASURER	4	0.	. 0.	0.
A.C. ADAM DIRECTOR	4	0.	. 0.	0.
BRIAN GLENN DIRECTOR	4	0 .	0.	0.
DARHYL RAMSEY DIRECTOR	4	0.	0.	0.
DAVID STRUTTON DIRECTOR	4	0.	0.	0.
ELVIS STEPHENS DIRECTOR	4	0.	0.	0.
CLAY PICKERING DIRECTOR	4	0.	0.	0.
JOHN RADEMACHER DIRECTOR	4	0.	0.	0.
CHARLOTTE BURGESS SGT AT ARMS	0	0.	0.	0.
RICK WILLIAMSON DIRECTOR	4	0.	0.	0.
STEVE SULLIVAN DIRECTOR	4	0,	0.	0.
KAREN SEVERENCE DIRECTOR	4	0.	0.	0.
	TOTAL	\$0.	\$	<u>\$0.</u>

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