

2013 Exempt Org. Return
prepared for:

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



ACCOUNTANTS AND ADVISORS, PC
CERTIFIED PUBLIC ACCOUNTANTS

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

DENTON MORNING ROTARY CLUB

75-1934301

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

2013

GENERAL INFORMATION

PAGE 1

DENTON MORNING ROTARY CLUB

75-1934301

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH G, SCH O

CARRYOVERS TO 2014

NONE

6/30/14

2013 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

DENTON MORNING ROTARY CLUB

75-1934301

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
DRILL																
1	DRILL	6/02/11		576							576	576				0
TOTAL DRILL																
				576		0	0	0	0	0	576	576				0
TOTAL DEPRECIATION																
				576		0	0	0	0	0	576	576				0
GRAND TOTAL DEPRECIATION																
				576		0	0	0	0	0	576	576				0

Short Form
Return of Organization Exempt From Income TaxUnder 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-EZ and its instructions is at www.irs.gov/form990.**2013****Open to Public
Inspection**

A For the 2013 calendar year, or tax year beginning <u>7/01</u> , 2013, and ending <u>6/30</u> , 2014	
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C DENTON MORNING ROTARY CLUB PO BOX 785 DENTON, TX 76202
D Employer identification number <u>75-1934301</u> E Telephone number <u>(940) 591-9300</u> F Group Exemption Number..... ▶ <u>0573</u>	
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____ H Check ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ <u>WWW.DENTONROTARY.ORG</u> J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>4</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____ L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ <u>74,953.</u>	

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	24,287.
	2	Program service revenue including government fees and contracts.....	2	
	3	Membership dues and assessments.....	3	
	4	Investment income.....	4	51.
	5a	Gross amount from sale of assets other than inventory.....	5a	
	5b	Less: cost or other basis and sales expenses.....	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
	6	Gaming and fundraising events.....		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000).....	6a	
EXPENSES	6b	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	50,615.
	6c	Less: direct expenses from gaming and fundraising events.....	6c	6,397.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d	44,218.
	7a	Gross sales of inventory, less returns and allowances.....	7a	
	7b	Less: cost of goods sold.....	7b	
	7c	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	68,556.
	10	Grants and similar amounts paid (list in Schedule O).....	10	
	ASSETS	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		Printing, publications, postage, and shipping.....	15	
16		Other expenses (describe in Schedule O)..... SEE SCHEDULE O	16	54,439.
17		Total expenses. Add lines 10 through 16..... ▶	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).....	19	54,079.	
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	64,416.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

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

☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	55,442.	22 69,720.
23	Land and buildings		23
24	Other assets (describe in Schedule O) SEE SCHEDULE O	2,174.	24 2,008.
25	Total assets	57,616.	25 71,728.
26	Total liabilities (describe in Schedule O) SEE SCHEDULE O	3,537.	26 7,312.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,079.	27 64,416.

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

☒

(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? SEE SCHEDULE O

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	VARIOUS SERVICE PROJECTS THROUGHOUT THE LOCAL COMMUNITY AND INTERNATIONALLY		
	(Grants \$) If this amount includes foreign grants, check here. ▶ <input type="checkbox"/>	28 a	26,024.
29			
	(Grants \$) If this amount includes foreign grants, check here. ▶ <input type="checkbox"/>	29 a	
30			
	(Grants \$) If this amount includes foreign grants, check here. ▶ <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here. ▶ <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	26,024.

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

☒

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a 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.		X
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.		X
41 List the states with which a copy of this return is filed ▶ NONE		

42a The organization's books are in care of ▶ PETER MCCLESKEY, CPA Telephone no. ▶ (940) 591-9300
 Located at ▶ 2717 WIND RIVER LN, STE 130 DENTON TX ZIP + 4 ▶ 76210

	Yes	No
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)?		X
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.?		X
If 'Yes,' enter the name of the foreign country: ▶ _____		

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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

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.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

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

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

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.

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
------------	--	--

b If 'Yes,' was the related organization a section 527 organization?

49b		
------------	--	--

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000. **▶**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. **▶**

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations 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

Signature of officer

Date

ALAN NELSON

SECRETARY

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

JENNIFER MENGE

JENNIFER MENGE

P01060954

Firm's name **▶ KHA ACCOUNTANTS AND ADVISORS, PC**

Firm's address **▶ 2717 WIND RIVER LN STE 130**

DENTON, TX 76210-2988

Firm's EIN **▶ 75-1761003**

Phone no. **(940) 591-9300**

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

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

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.

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

2013

Open to Public Inspection

Name of the organization

DENTON MORNING ROTARY CLUB

Employer identification number

75-1934301

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

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

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

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

- b** If 'Yes,' list the 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.

(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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total.....▶						

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

[illegible]

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 greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FLAGS (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
	1 Gross receipts	50,615.			50,615.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	50,615.			50,615.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,397.			6,397.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,397.
	11 Net income summary. Subtract line 10 from line 3, column (d)				44,218.

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.

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10 a 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 Enter 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 contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If 'Yes,' enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

DENTON MORNING ROTARY CLUB

Employer identification number

75-1934301

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

COMMUNITY SERVICE

DENTON MORNING ROTARY CLUB

75-1934301

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATIVE EXPENSE.....	\$	328.
ADVERTISING AND PROMOTION.....		630.
ANNUAL BANQUET.....		601.
BANK FEES.....		435.
DUES.....		3,870.
MEAL COSTS.....		17,807.
MEMBERSHIP DRIVES.....		170.
MISCELLANEOUS.....		11.
OFFICE EXPENSES - PRES.....		2,365.
SERVICE PROJECTS.....		26,024.
SOFTWARE.....		359.
SPECIAL VISITORS/EVENTS.....		570.
TELEPHONE AND INTERNET.....		1,269.
TOTAL	\$	54,439.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE.....	\$ 2,174.	\$ 2,008.
TOTAL	\$ 2,174.	\$ 2,008.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 3,537.	\$ 7,312.
TOTAL	\$ 3,537.	\$ 7,312.

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

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
BILL HEIDEMANN PRESIDENT	4	\$ 0.	\$ 0.	0.
RICK WILLIAMSON PRESIDENT ELECT	0	0.	0.	0.
ALBERT ADAM VICE PRESIDENT	4	0.	0.	0.

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- UTION 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.	\$ 0.	\$ 0.	\$ 0.