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Form 990

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Department	of	the	Treasury
Internal Day	an	۰ مر	Annes

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Open to Public

Inte	mai l	Reven	ue Service	<u> </u>	The organization	on may have to use	a copy of this r	eturn to satisfy sta	ate report	ling requ	urements		Inspection	a, <sub>a</sub> - i
A	Fo	r the	2009 calendar	r year, or	tax year beginn				, and end	ling		12-	31 ,20 09	
В	Che	eck of a	pplicable	Please	C Name of organization	ation OVERLAND P	ARK ROTARY	FOUNDATION				D	Employer identificati	ion no.
	Add	iress c	hange	use IRS tabel or	Doing Business /	As						_	48-1138962	
$\sqcap$		ne cha		print or	Number and stre	et (or PO box if mail is r	not delivered to stre	et address)		Room/s	surte	F	Telephone number	
Ħ		al retu	1	type. See	PO BOX 75	•		<b>,</b>				1	Totopriorie flamber	
Ħ		minate	1	Specific	City or town stat	e or country, and ZIP + 4					·	-	Gross receipts	
님			return	Instruc- tions.	1	PARK, KS 6620						ľ	•	, 673
片			-		L		·			т			\$ 00	, 673
	Αр	olicano	n pending	r Name	and address of princ	tpai officer				H(a)	s this a grou affiliates?	ıp retun	n for	[37]
_	_		<u></u>	7] ****	2 . 4					٦			=	X No
<u></u>				501(c) (	3 ) <b>◀</b> (insert no	(1) d947(a)(1) o	r527		<del></del>	٦ ١	Are all affilia f "No," attac	h a list	(see instructions)	No
7			▶ N/A	<u> </u>			<del></del>	<del></del>		H(C)	Group exem	ption ni	umber	
K N≟			<u> </u>	Corporation	Trust X Ass	Other D	•	L Year of form	nation 19	93	M State o	f legal o	domicile KS	
<u>.</u> P	<u>ār</u> t		Summary		<del></del>									
	ı	1	•	_	-	sion or most significa							ATE PROGRAMS	S TO
<b>A</b>					<del></del>	NITY THROUGH	THE YOUTH	LEADERSHIP	INSTIT	UTE A	ND THE	HUM	ANITARIAN	
A c	G		AND EDUCA	TIONAL	GRANT PROG	RAM.								
	v													
2010	e	2			-	n discontinued its of		-						
L)	n	3	Number of vo	ting mem	bers of the gove	erning body (Part VI	, line 1a) • •					3		7
భ	a n	4	Number of inc	depender	nt voting membe	rs of the governing	body (Part VI, I	ine 1b) • • • •			• • • •	4		-
	c	5	Total number	of emplo	yees (Part V, Im	e 2a) • • • • • •					[	5		(
MAK	e	6	Total number	of volunt	eers (estimate if	necessary)						6		25
		7a				e from Part VIII, coli						7a	<del></del>	- (
$\Box$	ı		-									7b		
₩	b Net unrelated business taxable income from Form 990-T, line 34 · · · · · · · · · 7t												C	
SCANNED	e   6 Contributions and grants (Part VIII, line In) · · · · · · · · · · · · · · · · · · ·									430	Current Year	5,273		
	;	_	_	_		_ `.	et.[					600	<del></del>	1,325
<b>3</b> :	:	10	Investment in	come /Pa	ad VIII. column (	e 2g) · · · · · · · · · · · · · · · · · · ·	SI APR	26 20:0	.∷ : ⊢			459	<del></del>	
S :	.	11	Other revenue	o (Dort ) (I	ul salves (A) iv	nes 5, 6d, 8c, 9c, 1	[6]	ليسي	≥ / . ├─		<u> </u>	022)	<del></del>	1,824
e	•					1	سيسترسب اا	R 1 R 1 L	. ].⊢				<del></del>	5,251
		12	<del>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </del>			(must equal Part VI						533)	80	673
						IX, column (A), lines	(334	• • • • • • • •	· · ·		25,	000		
E	•	14	•		•	X, column (A), line 4	•		· · ·					
X	,	15		•		ee benefits (Part IX,		•	· · · ·			$\rightarrow$		
é	•					column (A), line 11e	•		· · ·	r Ba ra	J. W. CARNON		100 mg	<u> </u>
S	:			•	·	olumn (D), line 25) ▶		1,325	1,50	7 64 2 1 2	A WAR			
6		17	•	•		nes 11a-11d, 11f-24	,		• • •			932		, 936
		18				t equal Part IX, colu						932	<del></del>	, 936
	_	19	Revenue less	expense	s Subtract line	18 from line 12 -	• • • • • • •	• • • • • • •	• • •		(71,	465)	35	737
Net									В	eginning o	f Current Ye	ar	End of Year	
Ass or	æss	20	Total assets (	Part X, Iır	ne 16) • • • •	• • • • • • • • •		• • • • • • • •	• • •		315,	564	341	.,751
Fun Bal		21	Total liabilities	s (Part X,	line 26) · · ·	• • • • • • • • •		• • • • • • •	• • •				1	1,000
anc		22	Net assets or	fund bala	ances Subtract	line 21 from line 20			• • •		315,	564	340	751
P	art	117	Signatur	e Bloc	k		-							
						examined this return, incl								
			and belief, it is	true, correc	t, and complete Dec	laration of preparer (other	r than officer) is bas	sed on all information of	of which prep	parer has	any knowlet	•		
Si	gn		N X	ià 10.	Jamle	u A On						1 4	1-19-10	
Не	Here		Signature	of officer								Date	<del></del>	
• • • •			Lie	sa D	Tomlin	son, Treasu	ver							
			Type or p	onnt name a		Sori, II MSO	<del>~~</del>			·- ·- ·- ·			<del></del>	
_						il	1	Date	Check if		Prepare	's ident	ifying number	
			Preparer's signature		$\sim$	V/)/	1		self-		(see inst			
Pa			- graduic	, ,	Inn'L	5 Halls	ار	3-22-2010	employe		'  <i>F</i>	004	451677	
	•	er's			UNGER A	SSOCIATES PC			1		<u> </u>			
Us	e O	niy	Firm's name (o			GINS, STE E P	O Boy 405			EIN	20 - 2	000	87/2	
			if self-employed address, and Z								<u> </u>			
	+L	0 100	L		<i></i>	ity, MO 64079				Phone no	▶816-	-02g.	-5959 	7

Form	990 (2009) OVERLAND PARK ROTARY FOUNDATION	48-1138962	Page 2
Pa	rt III Statement of Program Service Accomplishments		<u></u>
1	Bnefly describe the organization's mission		
	TO PROVIDE GRANTS AND FACILITATE PROGRAMS TO STRENGTHEN THE LOCAL COMMUNITY TO	THROUGH THE YOU	TH
	LEADERSHIP INSTITUTE AND THE HUMANITARIAN AND EDUCATIONAL GRANT PROGRAM.		
		<del></del> -	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?	· · · · · · TYes	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
4	If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by expensions.		
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra		
	allocations to others, the total expenses, and revenue, if any, for each program service reported	inis and	
	, , , , , , , , , , , , , , , , , , ,		
4a	(Code) (Expenses \$20,425 including grants of \$) (Reven	ue \$ 4	,325)
	YOUTH LEADERSHIP INSTITUTE CONDUCTS LEADERSHIP TRAINING TO LOCAL HIGH SCHOOL	STUDENTS.	
			····
			<del>-5.</del>
	(0.1	<del></del>	
4D	(Code) (Expenses \$ including grants of \$) (Reven	ue \$	)
		<del></del>	
		<del></del>	
		·	<del></del>
			····
			<del></del>
			<del></del>
4c	(Code) (Expenses \$ including grants of \$ ) (Reven	ue \$	)
		<del></del>	
		·· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ 20,425	·	

48-1138962

Par	t IV 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			1
	complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	<u> </u>		
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable • • • • • • • • • • • • • • • • • • •	11		Х
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	87.83	<b>38</b> 7 .	
•	Schedule D, Part VI			1200
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			13.75
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			12.74
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		, ,	
•				٠.'
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	14 /	ا ا	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	6		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	7.02		3
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		(20)	100
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		25	
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			13 to St
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	, 11 a. 7 (5)	5 M	32
	Schedule D, Parts XI, XII, and XIII	6 .59	<u>}</u> ⊸ , •	<u>X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		ألشكنة	تنبث
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			١
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	ļ	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X

Form	990 (2009) OVERLAND PARK ROTARY FOUNDATION 4	8-11389	62	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations				
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	• • • • •	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the				
	United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	• • • • •	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	• • • • •	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		-		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines				
	24b through 24d and complete Schedule K If "No," go to line 25	• • • • •	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• • • • •	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	• • • • •	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3) and 501(c)(4) 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		Х
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				ļ
	990-EZ? If "Yes," complete Schedule L, Part I		25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or				
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		1		
	If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		535	X	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	. <b></b> .	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a				
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,				
	Part IV	. <b></b>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	, <b></b> .	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		-	ļ	
	conservation contributions? If "Yes," complete Schedule M	. <b></b>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				
	Part I		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	. <b></b>	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			····	<del></del> -
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	. <b></b>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,				
	III, IV, and V, line 1		34		X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete				
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	<b></b>	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		<u> </u>	<del> </del>	1
- <del>-</del>	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·		36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<del></del>	<del> </del>	<u>^</u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1		
	Part VI		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		<del></del>	<del> </del>	<del>  ^</del>
	The first of Bernadular and Block and an analysis of the property of the contraction of t			i	1

197 Note. All Form 990 filers are required to complete Schedule O

Pa	t.V Statements Regarding Other IRS Filings and Tax Compliance			
		<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	y Sant		
	U.S. Information Returns Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 38	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4-		لتنسد
٥-	gaming (gambling) winnings to prize winners?	1c	X	
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		*	
_	Statements, filed for the calendar year ending with or within the year covered by this return · - 2a 0  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		فاستنفشنا	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	X	\$84
			, 340	2.4 2.4
20	instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		ر سرع معرفتی	٠.
3a	this return?	3a	368	- 12 M
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<del> </del>		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)? · · · · · · · · · · · · · · · · · · ·	4a		Х
ь	If "Yes," enter the name of the foreign country	# -78491	(A. 18)	1750
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			7,3
	and Financial Accounts	1 62 (	** 33.52	170
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	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?	6a		Х
ь	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).		1 7 mg	1.5/8
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ار کارس مارکانس	)	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •	William Control		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	مُنْ مُنْ اللَّهُ مُن		الم الم
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required? · · · · · · · · · · · · · · · · · · ·	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	-ئىــــــــــــــــــــــــــــــــــــ	- 3	
	organization, have excess business holdings at any time during the year?	8	8 <del></del>	100 0000
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	460.7	X
10	Section 501(c)(7) organizations. Enter	1	: 徳	
a b	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·		1 - 1 - 1 1 - 1 - 1	
11	Section 501(c)(12) organizations. Enter	13		
a a	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·	1	5	感
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1, 145 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	1. (3)	[ :5°
	amounts due or received from them ) · · · · · · · · · · · · · · · · · ·	1. 8	5.8.	1.18
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	أمة-سنا	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year · · · · · · · · 12b	, ,	455	520
		1 4 - 1 7		4 70 . 2

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

<u>Sec</u>	tion A. Governing Body and Management			
1-	Enter the number of voting members of the covernment hads	118av. 5	Yes	No
1a	Enter the number of voting members of the governing body	7.56m. 1	虚,	
Ъ	Enter the number of voting members that are independent	(\$0 <sup>1</sup> ,31)		7. 4
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			أحند
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body? • • • • • • • • • • • • • • • • • • •	7a	Х	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		5	
	the year by the following			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	Х	
b	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code )			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	307.1	3	F 13
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	nse to conflicts? • • • • • • • • • • • • • • • • • • •	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		$\frac{\Lambda}{X}$
15	Did the process for determining compensation of the following persons include a review and approval by	155 4.0	7,2	<del>- 1 3</del> 4
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	تكالمات 15a	اتككة	الرسلطان
b	Other officers or key employees of the organization	15a		<u> X</u>
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	ران اکستان	(A)	<u>X</u> 於為權
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	in the state of	<b>\$3</b> - 11	:- c4
	with a taxable entity during the year?	16a	-	
b	M IDV - II b - II			X
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	\$-14		
	, , , , , , , , , , , , , , , , , , , ,	757		
2-2		16b		<u>X</u>
<u> 5ec</u> 17	List the states with which a copy of the Form 900 is required to be filed.			
18	List the states with which a copy of this Form 990 is required to be filed   KS  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (F01/a)(2) and 900 T			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
10	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization PAM HOLMES (913) 829-4163			
	PO BOX 7558 OVERLAND PARK, KS 66207			

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.
- 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. 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

Check this box if the organization did not compensate any current officer, director, or trustee

S) æ Æ Name and Title Average Position (check all that apply) Reportable Reportable Estimated itd nri dur hours per e e e compensation compensation amount of ō K e n week from from related other g p p o y compensation the organizations m e E p - o e e o s n y t s e a e organization (W-2/1099-MISC) from the d e o (W-2/1099-MISC) organization u e t u a o I r and related organizations e d DAVID MORGENSON PRESIDENT 2.00 O 0 CLAYTON SMITH VICE PRES/SECRETARY 2.00 ď O 0 LISA TOMLINSON TREASURER 2.00 0 0 ETHEL DAVIS MEMBER 1.00 Х d 0 0 MIKE HOCKLEY MEMBER 1.00 0 Х 0 MELYNN SIGHT MEMBER 0 1.00 Х 0 JEFF GOOOMAN MEMBER 1.00 X 0 0

	(A)	(B)	(C)						<b>(</b> D)	(E)		<b>(</b> F)
	Name and Title	Average hours per week	Post for the control of the control	l t n r s u t s i t	Off ce	All th	at apply)  H c e  g m p  h p l  e e n  t s e  t e  d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	<b>)</b>	Estimated amount of other compensation from the organization and related organizations
		-										, , , , , , , , , , , , , , , , , , ,
			ļ									
	· · · · · · · · · · · · · · · · · · ·										$\perp$	<del></del>
					ļ							
											<u> </u>	
				-					, , , , , , , , , , , , , , , , , , ,		_	<del> </del>
						_						
1b	Total				<u> </u>		<u> </u>	<b>•</b>	O		0	0
2	Total number of individuals (including but not limited to reportable compensation from the organization	those listed	abov	e) w	ho re	ecer	ved mo	ore t	han \$100,000 in	<u> </u>	0	
3	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J fo For any individual listed on line 1a, is the sum of repor	r such indivi table compe	dual insatio	n an	· · id ot	 her	compe	nsat	ion from			3 X
	the organization and related organizations greater that individual											4 X
5	Did any person listed on line 1a receive or accrue com services rendered to the organization? If "Yes," comple	-		•			-				-	5 X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest compensated compensation from the organization	ındependen	it contr	acto	ors th	nat r	eceive	d me	ore than \$100,000	of		
	(A) Name and business address								(B) Description of s	ervices	C	(C) ompensation
						-						
2	Total number of independent contractors (including but more than \$100,000 in compensation from the organization from the organization).		to tho	se lis	sted	abo	ve) wh	о ге	ceived		{-1'-}	

Pan V		Statement of Revenue	S. Carrie		(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
Contri-	1a b c	Federated campaigns	1a 1b 1c					
pits, prants and	′ d e	Related organizations · · · · · · · · · Government grants (contributions) · ·	1d 1e					
other similar amounts	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-	1f -1f \$	15,273				
	h	Total. Add lines 1a-1f	· · ·	Business Code	15,273			
Program Service Revenue	2a b c d	YOUTH LEADERSHIP INST		900099	4,325	4,325		
		All other program service revenue	<del></del> .		4,325	The state of the s	2000年最高 1 <del>年</del> 春	Carrie de la company
	3	Investment income (including dividends, inte other similar amounts)	erest,		4,824	4,824		<u> </u>
	4	Income from investment of tax-exempt bond Royalties						
	6a	Gross Rents (i) Real		(ii) Personal				
	С	Less rental expenses · · · ·  Rental income or (loss) · · · ·  Net rental income or (loss) · · · · · · ·						
	7a	Gross amount from sales of assets other than inventory		(ii) Other			Fin (F To )	
0		Less cost or other basis and sales expenses · · · · Gain or (loss) · · · · · ·						
t h e r	d	` '		•••••				
R e v		events (not including \$ of contributions reported on line 1c)  See Part IV, line 18 · · · · · · · · ·	- • а					
e n u e	С	Less direct expenses		•••••				
,	ь	See Part IV, line 19 · · · · · · · · · · · · · Less direct expenses · · · · · · · · · · · · · · · · · ·	• ь					
	10a b	Gross sales of inventory, less returns and allowances · · · · · · · · · · · · · · · · · · ·	. а . b					
		Net income or (loss) from sales of inventory  Miscellaneous Revenue  UNREALIZED GAIN		Business Code 525990	36,251	36,251	·	TENGER S
	b c d	All other revenue						
	е	Total. Add lines 11a-11d · · · · · ·			36,251 60,673	45,400		

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#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, **(B)** Program service Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expense Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 · · · · · 3 Grants and other assistance to governments, organizations, and individuals outside the Compensation of current officers, directors, trustees, and key employees ...... 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .... 9 10 Fees for services (non-employees) Legal 600 600 Professional fundraising services See Part IV, line 17 · 1,164 Investment management fees · · · · · · · 1,164 12,253 12,253 g 12 Advertising and promotion . . . . . 732 432 300 13 Office expenses · · · · · · · · 301 603 242 60 14 Information technology . . . . . . . 15 814 814 16 17 100 100 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,248 1,156 62 30 19 Conferences, conventions, and meetings . . . . . . 20 21 22 Depreciation, depletion, and amortization . . . . . . 23 Insurance ..... 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) 1,250 625 625 BRANDING PROJECT 2,500 SUPPLIES 1,649 1,484 165 BANK CHARGES 10 10 POSTAGE AND PRINTING 775 579 51 145 ROTARY INTERNATIONAL FUND 2,488 2,488 24,936 20,425 3,186 1,325 Total functional expenses. Add lines 1 through 24f · · Joint Costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Part	X	Balance Sheet			
		<del> </del>	(A)		(B)
	_		Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	12,199	1	3,476
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	10,186	2	5,197
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	E	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	- 	لتب	
•		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section			- 34
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
A S		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
s	7	Notes and loans receivable, net		7	
e	8	Inventones for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a		, * <u>1</u> * 1	
	ь	Less accumulated depreciation · · · · · · · · 10b		10c	
	11	Investments - publicly traded securities	293,179	11	333,078
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	315,564	16	341,751
·	17	Accounts payable and accrued expenses		17	1,000
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
L	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
i	20	Tax-exempt bond liabilities		20	
b	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
į	22	Payables to current and former officers, directors, trustees, key		35. · ·	
i		employees, highest compensated employees, and disqualified		و سائن - رف	
t		persons Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	0	26	1,000
		Organizations that follow SFAS 117, check here 🕨 🗓 and	行动 表 化等级	· . · · · .	
N F		complete lines 27 through 29, and lines 33 and 34.			
еш	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	315,564	27	314,682
t n	28	Temporarily restricted net assets		28	26,069
ΑŪ	29	Permanently restricted net assets		29	
s B		Organizations that do not follow SFAS 117, check here	· 1.3 %	7	1342. LVX.27 315
sa el		and complete lines 30 through 34.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	医生产 西部 制
t a	30	Capital stock or trust principal, or current funds		30	
s n	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
o e	32	Retained earnings, endowment, accumulated income, or other funds		32	
r s	33	Total net assets or fund balances	315,564	33	340,751
	34	Total liabilities and net assets/fund balances	315,564	34	341,751
		EEA		<u> </u>	Form <b>990</b> (2009)

E ~~~	200	(2009)
	330	(/(81)91

#### OVERLAND PARK ROTARY FOUNDATION

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**				<u> </u>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	4 1	3	程的
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in	,	1,34,54	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Schedule O			2 %
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selectin process during the tax year, explain in		1,7	ر ا ا
	Schedule O		, j.	L ~
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1313	
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	145 C		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

EEA

Form 990 (2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Open to Public, Inspection

OVE	RLA	D PARK ROTARY	FOUNDATION						48-1	138962			
Рa	rt1	Reason for	<b>Public Charit</b>	y Status (All organiza	ations mus	t complete	this part)	See instru	ctions				
The	orga	zization iş not a privat	te foundation beca	use it is (For lines 1 thro	ough 11, ch	neck only o	ne box )						
1		A church, convention	n of churches, or a	ssociation of churches d	escribed in	section 1	70(b)(1)(A	)(i).					
2		A school described :	n section 170(b)(1)	)(A)(ii). (Attach Schedule	E)								
3		A hospital or a coope	erative hospital ser	vice organization descrit	bed in sect	tion 170(b)	(1)(A)(iii).						
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state											
5		An organization ope	rated for the benef	it of a college or universi	ty owned o	or operated	by a gove	emmental i	unit describ	ed in			
		section 170(b)(1)(A)	(iv). (Complete Par	t II )									
6		A federal, state, or lo	ocal government or	governmental unit desc	ribed ın se	ction 170(	b)(1)(A)(v)						
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
		described in section	170(b)(1)(A)(vi). (0	Complete Part II)									
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Compl	lete Part II	)							
9	X	An organization that	normally receives:	(1) more than 33 1/3% (	of its suppo	ort from co	ntributions	, members	hip fees, a	ind gross			
		receipts from activitie	es related to its exe	empt functions - subject t	to certain e	exceptions,	and (2) n	o more tha	n 33 1/3%	of its			
		support from gross i	nvestment income	and unrelated business	taxable ind	come (less	section 5°	11 tax) fron	n business	es			
		acquired by the orga	ınızatıon after June	30, 1975 See section !	509(a)(2). (	Complete	Part III)						
10		An organization orga	anized and operate	d exclusively to test for p	oublic safe	ty See sec	tion 509(a	a)(4).					
11		An organization orga	anized and operate	d exclusively for the ben	efit of, to p	erform the	functions	of, or to ca	arry out the				
		purposes of one or r	nore publicly supp	orted organizations desc	ribed in se	ction 509(a	a)(1) or se	ction 509(a	)(2) See s	section			
		509(a)(3). Check the	box that describes	the type of supporting o	organizatio	n and com	plete lines	11e throu	gh 11h	_			
	_	a Type I	<b>b</b> Тур	_	_ •	-Functiona			d [	Type II	II-Other		
е			•	rganization is not contro					•				
				rs and other than one or	more pub	licly suppo	rted organ	izations de	scribed in	section			
		509(a)(1) or section											
f				etermination from the IRS	S that it is a	a Type I, T	ype II, or T	ype III sup	porting				
		organization, check										• •	• •
g			06, has the organi	zation accepted any gift of	or contribu	tion from a	iny of the						
		following persons?	444								Г		
				controls, either alone or	-	vitn persor	is describe	ea in (ii)				Yes	No_
			-	y of the supported organ						• • • • •	11g(i)		
		•	•	cribed in (i) above? ••						• • • • •	11g(ii)		
<b>h</b>				in described in (i) or (ii) a				• • • • •	• • • • •		11g(m)	1	
h	- A	<del></del>		the supported organiza			64 04		65.1	1	4-5. 4-		
	(1)	ame of supported organization	(iii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)	(iv) is the organization (v) Did you notify in col (i) listed in your the organization in			(vi) is the organization in col		(viii) Amount of support			
					governing document?		col (i) of your support?		(i) organized in the US?				
				(see institutions)	Yes	No	Yes	No	Yes	No			
					1.00	1		1	1.55	-10			
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			Astronomy Control		€** *****		( )	B Vita		, , , ,			
Tot:	ıl		Market 1	I The Carrier of the	1 14 86	\$ AS '	I < % ' * * *	事べ ・ にんきかほど	۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱				

OVERLAND PARK ROTARY FOUNDATION 48-1138962 Page 2 Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax révenues tevied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from In 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (d) 2008 (f) Total Amounts from line 4 · · · · · · · Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) . . . . . . . Total support. Add lines 7 through 10 · 一个家庭企业是不需要是正确的程序的发生,也是被解放压缩。 11

12	Gross receipts from related activities, etc. (see instructions)							
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	_ ]						
Sec	tion C. Computation of Public Support Percentage							
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))							
15	Public support percentage from 2008 Schedule A, Part II, line 14	_						
16a	33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
	box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the							
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the							
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	Ī						
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#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

Complete only	if you	checked the	box on	line 9	of Part I	)
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	ction A. Public Support						<del></del>
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	62,382	40,240	157,763	55,430	15,273	331,088
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513					1	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<del></del>
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	62,382	40,240	157,763	55,430	15,273	331,088
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			·····			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						331,088
	ction B. Total Support					<del></del>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,	62,382	40,240	157,763	55,430	15,273	331,088
100	payments received on securities loans, rents, royalties and income from similar sources	5,273	7,146	10,539	10,459	4,824	38,241
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · ·	5,273	7,146	10,539	10,459	4,824	38,241
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						369,329
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganization's first, se	econd, third, fourth	, or fifth tax year as	s a section 501(c)(	3)	· · · · • □
	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8, c		•			15	89.65 %
16	Public support percentage from 2008 Sched					16	<u>%</u>
	ction D. Computation of Investme Investment income percentage for 2009 (line			olumn (ft)		17	10.35 %
17 18	Investment income percentage for 2009 (line investment income percentage from 2008 Sc					18	10.35 %
	33 1/3% support tests - 2009. If the organiza 17 is not more than 33 1/3%, check this box	tion did not check t	the box on line 14.	and line 15 is mor	e than 33 1/3%, ar	nd line	····▶ 🗓
b	33 1/3% support tests - 2008. If the organiza line 18 is not more than 33 1/3%, check this	tion did not check :	a box on line 14 or	line 19a, and line	16 is more than 33	3 1/3%, and	
20	Private Foundation: If the organization did n		<del>-</del>				▶ 📋

### **SCHEDULE O** (Form 990)

## Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
OVERLAND PARK ROTARY FOUNDATION	48-1138962
01. Organizational document changes (Part VI, line 4)	
THE ORGANIZATION CHANGED ITS PLAN YEAR FROM A FISCAL YEAR ENDING JUNE 30 TO A	CALENDAR
YEAR DURING 2009.	
02. Members or stockholder classes and rights (Part VI, line 6)	
MEMBERS HAVE THE RIGHT TO ELECT DIRECTORS WHO GUIDE THE ORGANIZATION.	
03. Member election for additional members (Part VI, line 7a)	
DIRECTORS ARE ELECTED EACH YEAR FROM THE GENERAL MEMBERSHIP TO GUIDE THE ORGAN	NIZATION.
04. Governing body meeting documentation (Part VI, line 8a)	
MINUTES OF EACH MEETING ARE RECORDED BY THE SECRETARY AND APPROVED BY THE BOA	RD OF
DIRECTORS AT THE SUBSEQUENT MEETING.	
05. Form 990 governing body review (Part VI, line 11)	
THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO SUBMITTING	IT TO THE
INTERNAL REVENUE SERVICE.	
06. Conflict of interest policy compliance (Part VI, line 12c)	
EACH BOARD MEMBER SIGNS THE CONFLICT OF INTEREST POLICY EACH YEAR.	
07. Governing documents, etc, available to public (Part VI, line 19)	
COPIES OF THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	