

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

# Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

The asset less than to use a copy of this potant to state the produing requirements.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**Open to Public** Inspection

	A F	or the	2009 calend	ar year, or tax year beginning June 1 , 2009, and ending			ling	May 31,		, 20 10				
	<b>B</b> cr	neck if ap	plicable	Please use IRS		Name of organization			D Em	ployer ide	ntificatio	on number		
	=		ress change		Serra Intern	national - Serra C	Club of Johnson Co	unty KS # 949			48	-121469	99	
$\mathcal{N}$	=	ame cha	_	label or print or	Number and	street (or P O box,	if mail is not delivered t	o street address)	Room/s	uite E Tele	phone nu	mber		
( )	_	iltial retu erminate		type See	65 East Wa	cker Place			80	2	312	2-201-65	549	
$\mathcal{O}$	⋍	mended		Specific Instruc-		state or country, ar	nd ZIP + 4		^	A F Gro	oup Exen	nption		
7	∺		n pending	tions		60601-7238			U	1'71 I	Number ► 1059			
	_										/lethod	√ Cas	sh Accrual	
1		a completed Schedule A (Form 990 or 990-EZ).  Other (special solution)										,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		
$\mathcal{N}$				<u> </u>		<u>'</u>				Check ▶ ☑		rannizati	ion is not	
/ )	. 34											-		
		Website: ► www.serraus.org required to a re										nedule t	5 (FOIII) 990,	
											<del>.                                      </del>		***	
		heck I	, x, ,,,,,,,,,,											
			990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return											
	_		ines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ  Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Institute of See 1 to 1										21709.90	
	Pa	irt I	Revenu	ıe, Exp	<u>penses, an</u>	d Changes ir	Net Assets or	Fund Balanc	es (Se	e the instr	uctions	for Pa	art I.)	
		1	Contributi	ons, gif	fts, grants, a	nd sımılar amo	unts received .				1			
		2	Program s	service	revenue incl	udıng g <mark>overnm</mark>	ent fees and contr	acts			2			
	<u> </u>	3	Membersi	hip due	s and asses	sments					3		14004.00	
		4	Investmer	nt incon	ne						4		14.90	
_	_	5a	Gross am	ount fro	om sale of as	ssets other than	n inventory	5a			(J. 18.)			
3	2	ь	Less: cost	t or oth	er basis and	sales expense	s	5b						
7	ีวี ∣	С	Less: cost or other basis and sales expenses								5c			
-	4 9	6	•	•			of Schedule G). If any a		•		15.300			
•	5 E	а			not including		•	_						
-		_	reported of	•	J	<u> </u>		6a	1	7691.0	النجار			
$\mathcal{Z}$		h	•		•	han fundraioune	expenses	<u> </u>	<del> </del> -	15774.3	<b>⊣</b> ~ ~1			
9		b				_	•		luna Cal		- Allerandia		(0002.27)	
_		C					d activities (Subtra	1	iine ba)		6c	<del></del>	(8083.37)	
		7a			-	s returns and all	lowances		<del> </del> -					
,		b	Less. cos	-				<u>7b</u>	<u> </u>	<del> </del>				
		С	, (2001)								7c			
3		8	Other revenue (describe							8				
<b>1</b>		9	Total reve	enue. <u>A</u>	Add lines 1, 2	2, 3, 4, 5c, 6c, 7	'c, and 8	<u> </u>	<u> </u>	<u></u> ▶	9		5935.53	
2		10	Grants an	d sımıla	ar amounts p	oaid (atta <mark>ch sc</mark> h	'c, and 8		600		10			
7	<b>'</b>	11	Benefits p	aid to	or for memb	ers			<b>U.23</b>		11			
0	တ္တ	12	Salaries, o	other co	ompensation	n, and em <mark>ploye</mark> e	e benefits				12			
_	Expenses	13	Profession	nal fees	s and other p	payments to ind	lependent contract	ors . NCT	142	2010	13			
	be.	14	Occupant	cy, rent	, utilities, and	d maintenance					14			
	ũ	15	Printing, p	oublicat	tions, postaç	ge, and shipping	g enses	. 55050.0			_ 15		957.29	
		16	Other exp	enses	(describe ▶	Program Expe	enses	RECEIVE	D EN	HIYDERI	16		10266.52	
2010		17	•		•		·				17		11223.81	
20		18									18		(5288.28)	
	ets	19	Excess or (deficit) for the year (Subtract line 17 from line 9)  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)									(0=00:20)		
03	SS									19				
	7	20	-	-	•	•	es (attach explanat				20			
NON	Net Assets	21					Combine lines 18				_		(5000.00)	
Z	102	art II					25, column (B) are				21	d of Fo	(5288.28)	
			Palaile	,				ψ1,230,000 OF						
SCANNED		(See the instructions for Part II.)  (A) Beginning of Cash, savings, and investments										End of year		
7	22		-		investments				· ·	<del></del>		22	(5288.28)	
7	23		and and bui			• •			· ·  -			23	<del></del>	
$\overline{\mathscr{A}}$	24		ther assets		be ►				,			24		
Ö	25		otal assets						L			25	(5288.28)	
Ś	26	) T	otal liabiliti	<b>es</b> (des	scribe 🕨 🔃				)		0.00	26	0.00	

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Cat No 106421

(5288.28) Form 990-EZ (2009)

27

Par	Expenses					
	t is the organization's primary exempt purpose?					red for section
	ribe what was achieved in carrying out the org					(3) and 501(c)(4) zations and section
	ner, describe the services provided, the number o	f persons benefited, and o	ther relevant infor	mation for		a)(1) trusts; optional
each	program title.				for oth	
28	Program Committee Expense					
					İ	
	(Grants \$ ) If this amount	includes foreign grants, che			28a	1046.27
29	Dura David to Come International and UCA Council					
	(Grants \$ ) If this amount	29a	9220.25			
20					234	0220.20
30						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ ⊔_	30a	
31	Other program services (attach schedule)					
		includes foreign grants, che			31a	
	Total program service expenses (add lines 28a t				32	10266.52
Par	t IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	ns to plans &	(e) Expense account and
		devoted to position	enter -0)	deferred comper	nsation	other allowances
See	Attached - None Compensated	10 hours per week				
		To flours per week	-0-		-0-	-0-
-						
		1				
·						
						1
		1				
		4				
		1				
	••••••	1				
	<del> </del>					
	•••••					
		]				
		1				
- <b></b>		1	]			
				<del>                                     </del>		·-
		1				
				<del></del>		
			]			
			<u> </u>			ļ
						[
_		<u> </u>	L			L
					For	m <b>990-EZ</b> (2009)

D.	V Other Information (Nicharlan and Incident Inci			-3
Part	V Other Information (Note the statement requirements in the instructions for Part V.)		Vec	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	163	<b>√</b>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	_	<b>✓</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			1
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<b>√</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		7
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	<u> 1860 -</u>		753
b	Did the organization file Form 1120-POL for this year?	37b	-900 W	<b>√</b>
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 period covered by this return?	38a	4;	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a	,	<b>∀</b> 26,74
39	Section 501(c)(7) organizations Enter		1.1 2. + 5.1	
а	Initiation fees and capital contributions included on line 9	13 x	}; • ,; d∂	
b	Gross receipts, included on line 9, for public use of club facilities		100	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		, ,	
	section 4911 ▶ , section 4912 ▶ ; section 4955 ▶	37	, į	
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 is it aware that it engaged in an excess benefit transaction with a disqualified			70000
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e	8.4	<b>/</b>
41	List the states with which a copy of this return is filed. ▶			
42a	•••••••	312-20		
<b>L</b>	Located at ► 65 East Wacker Place, Suite 802, Chicago, II ZIP + 4 ►	60601	1-7238	3 
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		Ves	No
	account)?	42b	1.00	<b>√</b>
	If "Yes," enter the name of the foreign country: ▶	14.	Ţ.,	. And
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			7-77
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		, QQ	A E 3	

Part VI

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) nonex 17(a)(1) nonexempt charited d 51.	empt charitab able trusts mus	le trusts only. Al t answer questio	ll section ns 46–49	b			
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete s					No			
	•				46	<b>/</b>			
	Did the organization engage in lobbying activities				47 48	<b>✓</b>			
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
	Did the organization make any transfers to an ex	-	organization? .		49a	<b>_</b>			
	If "Yes," was the related organization a section 5	•		· ·	49b	<u></u>			
	Complete this table for the organization's five hi								
	employees) who each received more than \$100,								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account other allow	and			
			•						
None									
	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor	paid more than \$100,000		pe of service	(c) Compens	sation			
d	Total number of other independent contractors of	each receiving over \$100,00	0▶						
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete 12 maration	ed this return, including accompany of preparer (other than officer) is ba	ing schedules and sta	tements, and to the bes	st of my knov any knowled	/ledge ge			
Sign Here	16.6u	164		09-16-20	010				
	Signature of officer  E. V Verbeke, Executive Director and As  Type or print name and title	sitant Secretary		Date					
_		Tpata	Charles	Propagaria (dantiti una	nhor (Can inst	uations!			
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying nur	•	ictions)			
Prepar	pr's		employed ▶	500-34	-8743				
Use Or	lly yours if self-employed),		Eii	<u> </u>					
	address, and ZIP + 4		Ph	ione no 🕨					
May th	e IRS discuss this return with the preparer show	n above? See instructions	· · · · · ·		Yes rm 990-E	No Z (2009)			

### USA Council of Serra International Serra Club Officer Report

### Serra Club of JOHNSON COUNTY KS

Club President

Leonard Chmelka 15022 S Sturgeon Dr Olathe KS 66062-2602

Club President-Elect

Nancy Gibson 6701 W 149th Terrace Overland Park KS 66223-

Club Vice President - Programs

Paul Cacciatore 15341 Robinson Overland Park KS 66223-

Club Vice President - Membership

Jerry Herigon 2901 W 144th St Leawood KS 66224-

Cathy Herigon 2901 W 144th St Leawood KS 66224-

Club Vice President - Vocations

Jerry Warsnak 5116 W 120th Terrace Leawood KS 66209-

Kyra Warsnak 5116 W 120th Terrace Leawood KS 66209-

Club Vice President - Communications

Charles Roult 5315 W 95th Ter Apt 110 Overland Park KS 66207-3263

Club Secretary

Margaret Lents 9947 Larsen

Overland Park KS 66214-

Club Treasurer

George Lents 9947 Larsen

Overland Park KS 66214-