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SCANNED JAN 1 0 2012

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	or the	2010 calendar year, or tax year beginning $JUL~1$, 2010 and	d ending	JUN 30,	2011	
В	Check if upplicable	C Name of organization		D Employer	r identific	ation number
a		SUBURDAN KUTAKI CLUB CHAKITABLE		1		
	_Address _change	FOUNDATION				
	Name change	Doing Business As			36-35	544327
	Initial return	Number and street (or P 0, box if mail is not delivered to street address)	Room/su	ite E Telephon	e number	
	Termin-				402 - 3	397-7335
	Amendo	City or town, state or country, and ZIP + 4	•	G Gross receip	ts \$	106,892.
	Application			H(a) Is this a	group ret	turn
	pending	F Name and address of principal officer:HOWARD EPSTEIN		for affilia		Yes X No
		4089 SOUTH 84TH STREET PMB 317, OMAHA,	, NE	6 H(b) Are all at	filiates incli	uded? Yes No
1 1	- Гах-ехе	mpt status: X 501(c)(3)) or 5	27 If "No,"	attach a l	ist. (see instructions)
JI	Nebsite	e: ► N/A		H(c) Group e	exemption	number -
K	orm of	organization X Corporation Trust Association Other	L Ye			State of legal domicile NE
		Summary				
	1 E	Briefly describe the organization's mission or most significant activities: ${ m TO}$. If	PROMO	TE POST-S	ECONI	DARY
Activities & Governance	J	EDUCATION FOR HANDICAPPED YOUNG MEN AND	WOMEN	٧.		
rna	2	Check this box f the organization discontinued its operations or disp	osed of m	ore than 25% of	rts net ass	sets.
8	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	7
Ğ		Number of independent voting members of the governing body (Part VI, line 1b))		4	7
Š		otal number of individuals employed in calendar year 2010 (Part V, line 2a)			5	0
ij		Total number of volunteers (estimate if necessary)			6	0
妄	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a	9,788.
⋖	i	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
	 -			Prior Yea		Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)	-		0.	81,094.
	1	Program service revenue (Part VIII, line 2g)	-	•	0.	0.
Ν	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-		0.	18,917.
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		0.	2,849.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ŀ		0.	102,860.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	27,663.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
'n	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	, f		0.	0.
Se	1	Professional fundraising fees (Part IX, column (A), line 11e)	' t		0.	0.
Expenses		Fotal fundraising expenses (Part IX, column (D), line 25)	0.			·····
Ä		Other expenses (Part IX, column (A), lines 11a-11d/11f-24)			0.	20,584.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A) Jine 25/ED	1 1		0.	48,247.
		Revenue less expenses. Subtract line 18 from line 12.	70 t	-	0.	54,613.
or es	13 1	Tevelide less expenses. Subtract line to non line les	IRS-O 8(Beginning of Curr		End of Year
ets (20	Total assets (Part X, line 16)	ြိ		478.	812,703.
ASS	21	Total assets (Fair X, Info To)	ا [علي		959.	5,719.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20 GDEN. U		705.	519.	806,984.
	art II	Signature Block	F-12-1-15	,	<u> </u>	300/3010
		ties of perjury, I declare that I have examined this return, including accompanying schedu	les and stat	ements, and to the	hest of my	knowledge and belief it is
		, and complete Declaration of preparer (other than officer) is based on all information of				moviougo una conor, it io
1100	, 0011001	Murry V (sol	тион ргоро	/		-2011
Sig		Signature of officer		Date	7	
He		HOWARD EPSTEIN, PRESIDENT				
110		Type or print name and title				
_		Print/Type preparer's name Preparer's signature		Date	Check	PTIN
Pai	_d	FRANK N. GOLDBERG Frank Gall	llera	147-11	self-employed	<u> </u>
	parer	Firm's name FRANKEL ZACHARIA LLC		_ '	s EIN >	
	Only	Firm's address 11404 WEST DODGE RD, SUITE 700		<u> </u>		
Vac	,	OMAHA, NE 68154-2576		Phon	ie no	402-496-9100
Ma	v the IC	IS discuss this return with the preparer shown above? (see instructions)		111101	.5 110	X Yes No
	9 (11 0 17 001 02-22		tions.			Form 990 (2010)

	Check if Schedule O contains a response to any question in this Part III	
	Briefly describe the organization's mission: NONE	
	Did the organization undertake any significant program services during the year which were not listed on	<u>-</u> .
	the prior Form 990 or 990-EZ?	Yes X N
	If "Yes," describe these new services on Schedule O.	Yes X N
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Tes _A_N
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
_	allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 37,510 • Including grants of \$ 27,663 •) (Revenue \$	
	SCHOLARSHIPS FOR POST-SECONDARY EDUCATION OF YOUNG	
	HANDICAPPED MEN & WOMEN (DETAILED SCHEDULE ATTACHED)	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	GENERAL CHARITABLE PURPOSES (DETAILED SCHEDULE ATTACHED)	
	(Code) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}{2}\) \(\frac{1}2\) \	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
;	Other program services. (Describe in Schedule O.)	-
_	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 37,510.	

FOUNDATION

36-3544327 Page **3**

Pa	rt ₩ 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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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," 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 quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		,	Ì
a	Part VI	11a	Х	ŀ
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated inflational statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	,	Х
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, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			_
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u></u> -
	complete Schedule G, Part III	19		X
20a	and the second s	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			<u> </u>
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010) Part 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			v
	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,		v	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	~		Х
04-	Schedule J	23_		A
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		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 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		X
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? If "Yes," complete			İ
	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, 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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 12
J 1	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	0.		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,	
	Note. All Form 990 filers are required to complete Schedule O	38	_X 990 ε	0040
		rorm	33U /	/01(1)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(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 2a 0			1
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ.,,
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		\vdash
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
E a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	:	Х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
•	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		i	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	,,	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	8		İ
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	•		
a	Did the organization make any taxable distributions under section 4966?	9a		х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
140	Enter the amount of reserves on hand Did the execute receive any payments for indeer temping convices during the tay year?	14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
	ii 165, Has it lied a Form 720 to report these payments. If 170, provide all explanation in occidence O		000	(2010)

36-3544327

Page 6

Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line ba, 60, or 100 below, describe the disturbs arces, processes, or changes in ocheque of dee instructions.			[47]
	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			—
		,	Yes	No
1a				
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant 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		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
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		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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		<u> </u>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization .	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	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 policy, a	nd fina	ncial	
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books are person of the person who person of the person	ation: 🕨	-	
	JENNIFER JIRAK-BRUNGARDT - 402-397-7335			_
	4089 SOUTH 84TH STREET PMB 317, OMAHA, NE 68127	<u> </u>		
		_	~~~	

032006 12-21-10

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(C) Position (check all that apply)					LA	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week (describe hours for related organizations in Schedule O)	ustae or director	ecktrational trustee	all officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
JEFF BAKEWELL	0.50									•	
CHAIR	0.50							0.	0.	0	
JEFF MORAN	0.50	ŀ	l					_	_	•	
DIRECTOR	0.50	_	_					0.	0.	0	
DIANA WHITMAN	0.50							0.	0.	^	
DIRECTOR	0.50		}—	-				0.	.	0	
GARY STONEBURG	0.50			}				0.	0.	0	
DIRECTOR FRITZ STEHLIK	0.30				<u> </u>			0.		0	
DIRECTOR	0.50							0.	0.	0	
JIM LESLIE		-	-		H			•	•	<u> </u>	
DIRECTOR	0.50			ŀ				0.	0.	0	
TERRY KUCERA											
DIRECTOR	0.50					_		0.	0.	0	
								_			
						-					

. Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)	(B) (C)						(D)	(E)		(F)	
	Name and title	Average hours per	ر ا		Pos				Reportable	Reportable		Estima	
		week	\ \c	(check all that			T	יעיי ו	compensation from	compensation from related		amoun	
		(describe	acto						the	organizations	c	ompens	
		hours for	Individual trustae or director	8	ļ		Highest compensated employee		organization	(W-2/1099-MISC)		from t	he
		related organizations	E STR	E E		8	mb@u		(W-2/1099-MISC)			organiza	
		in Schedule	foual	Institutional trustae	 	Key employee	est co	5				and rela rganıza	
		O)	Ę	캴	Officer	Şê	声	Former			`	· gainza	
			_				<u> </u>	L					
				-	<u> </u>		├—						
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			_				<u> </u>	_					
		l					Ļ	L	0.				0
	Sub-total .	H. O A							0.				0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	ii, Section A							0.				0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bov	e) wh	no re					
	compensation from the organization						-,		•	,			0
											_	Yes	No
3	Did the organization list any former officer,		stee	, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on			1.,
	line 1a? If "Yes," complete Schedule J for s										-	B	X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15									tne organization		.	x
5	Did any person listed on line 1a receive or									dual for services			1
	rendered to the organization? If "Yes," con					-						<u>. </u>	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compe	nsatio	n from	
	the organization. NONE	•						П	(D)			(0)	
	(A) Name and business	address							(B) Description of s	ervices	Com	(C) pensati	on
		•							<u> </u>			·	
								_	· · · · · · · · · · · · · · · · · · ·			,	
								-					
								ł					
					-			İ		-			
								ł					
2	Total number of independent contractors (ot li	mite	d to		_	stec	d above) who received m	ore than			
	\$100,000 in compensation from the organi	zation 🕨					0						10010
											Fo	rm 990	(2010)

FOUNDATION

Par	t VIII	Statement of Rever	iue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant	ts, and	19,766.				:
	_	similar amounts not included above	<u> </u>	01,320.				
a S	g	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1r \$	>	81,094.			
	2 a	Totally (co mice) (a fr		Business Code				
Program Service Revenue	b c d e							
۾ ا	f	All other program service reve	nue					
\dashv		Total. Add lines 2a-2f		<u> </u>				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		>	9,788.		9,788.	
	6 a b c	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 13,161.	(ii) Other				
	đ	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising	4,032. 9,129.	•	9,129.	9,129.		
Other Revenue	b	contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See a					
	9 a	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	ctivities. See					
		Less: direct expenses Net income or (loss) from gam	b ning activities					
	b	Gross sales of inventory, less and allowances Less: cost of goods sold	a b					
ł	<u> </u>	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a b	FINES		900099	1,648. 1,201.	1,648. 1,201.		
	c							
	d	All other revenue			2 2 2 2			
		Total. Add lines 11a-11d			2,849.	11 070	0 700	0.
03200	12	Total revenue. See instructions			102,860.	11,978.	9,788.	Form 990 (2010)

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).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and		-								
	organizations in the U.S. See Part IV, line 21	2,663.	2,663.								
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22	25,000.	25,000.								
3	Grants and other assistance to governments,										
	organizations, and individuals outside the U.S.										
	See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	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)										
7	Other salaries and wages										
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)										
9	Other employee benefits .										
10	Payroll taxes										
11	Fees for services (non-employees):										
а	Management .										
b	Legal										
С	Accounting	900.		900.							
d	Lobbying										
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
g	Other .										
12	Advertising and promotion										
13	Office expenses										
14	Information technology										
15	Royalties .										
16	Occupancy .										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates	5,000.		5,000.							
22	Depreciation, depletion, and amortization										
23	Insurance	, , , , , , , , , , , , , , , , , , , 	,		, , , , , , , , , , , , , , , , , , , 						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)										
а	SERVICE PROJECTS	5,363.	5,363.								
b		4,484.	4,484.								
С	LAND MAINTENANCE	3,250.		3,250.							
d	PUBLIC RELATIONS	1,305.		1,305.							
е	ADMINISTRATIVE EXPENSES	282.		282.							
f	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	48,247.	37,510.	10,737.	0.						
26	Jaint casts. Check here ▶ ☐ If following SOP										
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

FOUNDATION

Part	X	Balance Sheet			
			(A) Beginning of year	_	(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	72,148.	2	78,833.
	3	Pledges and grants receivable, net		3	- -
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			•
		of Schedule L .		5	···· · · · · · · · · · · · · · · · · ·
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
1		employers and sponsoring organizations of section 501(c)(9) voluntary			
,,		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Asi	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	······
	10a	Land, buildings, and equipment: cost or other			
ł		basis. Complete Part VI of Schedule D 10a 252,85			
	b	Less: accumulated depreciation 10b	248,955.	10c	252,858. 481,012.
	11	Investments - publicly traded securities	385,375.	11	481,012.
-	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)	706,478.	16	812,703.
•	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	-	19	
4	20	Tax-exempt bond liabilities		20	
Se :	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<u></u>
≣ 4	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II	·		
-		of Schedule L		22	_ ···
- 1	23	Secured mortgages and notes payable to unrelated third parties		23	·
į.	24	Unsecured notes and loans payable to unrelated third parties	050	24	F 710
	25	Other liabilities. Complete Part X of Schedule D	959.	25	5,719.
	26	Total liabilities. Add lines 17 through 25	959.	26	5,719.
		Organizations that follow SFAS 117, check here X and complete			
Ses		lines 27 through 29, and lines 33 and 34.	705,519.		806,984.
lan i	27	Unrestricted net assets	703,319.	27	000,304.
Ba	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	······································
<u>ا</u> ا		Organizations that do not follow SFAS 117, check here and			
S		complete lines 30 through 34.		20	
set	30 24	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	705,519.	32	806 004
- 1	33	Total net assets or fund balances	706,478.	33	806,984. 812,703.
	<u>34</u>	Total liabilities and net assets/fund balances	100,470.	34	612,703.

FORT	1 330 (2010) 1 0 0 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D		3311327	_ r a	90 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			60.
2	Total expenses (must equal Part IX, column (A), line 25)	2			47.
3	Revenue less expenses. Subtract line 2 from line 1	3			13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u> 19.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			52.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	80	6,9	84.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			<u>.</u>	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash	0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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?		2ь		<u> </u>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			Ĭ
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ıred au	dıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010 2010

Open to Public Inspection

SUBURBAN ROTARY CLUB CHARITABLE Employer identification number Name of the organization 36-3544327 FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: ___ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Other a Type I **b** ____ Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) is the (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization organization in col in col (i) listed in your organization in col organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? 11 S 2 above or IRC section (see instructions)) Yes Yes No

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010 FOUNDATION

art I 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (c) 2008 (d) 2009 (e) 2010 (f) Total **(b)** 2007 1 Gifts, grants, contributions, and membership fees received. (Do not 57,315. 53,190 81,094. 308,402. 51,642. 65,161 include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 65,161. 57,315. 53,190. 81,094. 308,402. 51,642. 4 Total. Add lines 1 through 3 5 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) 308,402. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2006 Calendar year (or fiscal year beginning in) **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 57,315 51,642 65,161. 53,190. 81,094 308,402. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 8,604. 9,788. 49,691. 13,211. 10,555 7.533. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 358,093. 11 Total support. Add lines 7 through 10 15,713. 12 Gross receipts from related activities, etc. (see instructions) 12 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 Section C. Computation of Public Support Percentage 86.12 14 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 85.09 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. 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 - 2010. 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 - 2009. 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 Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

ection A. Public Support	bw, please com	piete Fait II.)					_
alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and		, ,, =			Τ,		
membership fees received. (Do not					[
include any "unusual grants.")							
2 Gross receipts from admissions,			·				
merchandise sold or services per-							
formed, or facilities furnished in							
any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that					1		
are not an unrelated trade or bus-				ļ	ľ		
***************************************]				
iness under section 513				-			
4 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf				•	_		
5 The value of services or facilities							
furnished by a governmental unit to					1		
the organization without charge							
6 Total. Add lines 1 through 5							
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.)							
ection B. Total Support			<u> </u>	•	·		
alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009		e) 2010	(f) Total
9 Amounts from line 6	(4) 2000	(0) 2001	(0) 2000	(d) 2003	 '	C/ 2010	(i) Total
0a Gross income from interest,	•	 					
dividends, payments received on							
securities loans, rents, royalties							
and income from similar sources					-		
b Unrelated business taxable income			ł				
(less section 511 taxes) from businesses					1		
acquired after June 30, 1975					ļ		
c Add lines 10a and 10b							
Net income from unrelated business		İ					
activities not included in line 10b, whether or not the business is							
regularly carried on				1			
2 Other income. Do not include gain							
or loss from the sale of capital							
assets (Explain in Part IV.) 3 Total support (Add lines 9, 10c, 11, and 12)				-			
4 First five years. If the Form 990 is for t	he organization	's first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501	(c)(3) organiz	ration.
check this box and stop here	no organization	0 1110t, 0000110, till	, , , , , , , , , , , , , , , , , , ,			(0)(0) 0.90	.uo, ▶□
Section C. Computation of Public	: Support Po	ercentage					
5 Public support percentage for 2010 (lin			column (fi)		15	•	
6 Public support percentage from 2009 S				•••	16		_
ection D. Computation of Invest				- 	J.•• 1		
7 Investment income percentage for 201				-	17		_
			ne 13, column (i))		$\overline{}$		
8 Investment income percentage from 20				. 45	18	04 11	
9a 33 1/3% support tests - 2010. If the o						љ, and line 1	i / is not
more than 33 1/3%, check this box and		•		• • •			. ▶∟.
b 33 1/3% support tests - 2009 . If the c	rganization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore tha	an 33 1/3%,	and
line 18 is not more than 33 1/3%, chec			•			-	▶∟
20 Private foundation. If the organization	did not check a	a box on line 14, 19	a, or 19b, check t	his box and see in	struct	ons	<u> </u>

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SUBURBAN ROTARY CLUB CHARITABLE FOUNDATION

Employer identification number 36-3544327

Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t # Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	L
	listed in the National Register .		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(n)(4)(β)(l) Yes No
^	and section 170(h)(4)(B)(ii)?		. — —
9	In Part XIV, describe how the organization reports conservatinclude, if applicable, the text of the footnote to the organization		
		ation's infancial statements that describes	the organization s accounting to
Da	conservation easements. 甘腊 Organizations Maintaining Collections of	of Art. Historical Treasures, or C	Other Similar Assets
H CAL	Complete if the organization answered "Yes" to Form		, , , , , , , , , , , , , , , , , ,
1a	If the organization elected, as permitted under SFAS 116 (A		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (A)		it and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	•	
	relating to these items:	,	
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	•	> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
_	the following amounts required to be reported under SFAS		- · · · · · · · · · · · · · · · · · · ·
а	Revenues included in Form 990, Part VIII, line 1		> \$
ь			> \$
-			· · · · · · · · · · · · · · · · · · ·

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Schedule D (Form 990) 2010

Sche	SUBURBAN dule D (Form 990) 2010 FOUNDATI	ROTARY C	LUB	CHARIT	ABLE		36-3	544327	Page 2
,	▼	ollections of A	rt, His	torical Tr	easures, c	or Othe	er Similar Ass	ets (contir	nued)
3	Using the organization's acquisition, accessio								
	(check all that apply):		·	•	•				
а	Public exhibition		a 🔲	Loan or exc	hange progra	ams			
ь	Scholarly research								
c	Preservation for future generations				•	_			
4	Provide a description of the organization's col	lections and expla	in how th	hev further t	he organizatio	on's exe	mot ouroose in Pa	rt XIV.	
5	During the year, did the organization solicit or			-				,	
	to be sold to raise funds rather than to be mai					0, 0,,,,,,	Г	Yes	☐ No
Par	t IV Escrow and Custodial Arrang	ements. Comp				"Yes" to	Form 990, Part IV		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	n or other interme	diary for	contribution	ns or other as	sets not	included	٦.,	
	on Form 990, Part X?						Ļ	Yes	L No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the f	ollowing	table:					
	_							Amount	
	Beginning balance			-			1c		
	Additions during the year	•		• •			1d		
е	Distributions during the year				•		1e		
f	Ending balance						1f	_	
	Did the organization include an amount on Fo	rm 990, Part X, line	e 21?		•		L	Yes	∟ No
	If "Yes," explain the arrangement in Part XIV.								
Par	* V Endowment Funds. Complete if	the organization a	nswered	"Yes" to Fo	T			-	
	_	(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance	-	ļ						,
ь	Contributions .				ļ				
C	Net investment earnings, gains, and losses							<u>. [</u>	
d	Grants or scholarships							ļ	
e	Other expenditures for facilities				1				
	and programs .				<u> </u>				
f	Administrative expenses						12 441 44-141-1311	<u> </u>	
g	End of year balance		ŀ		<u> </u>		·····		
2	Provide the estimated percentage of the year	end balance held	as:						
а	Board designated or quasi-endowment ▶ _		%						
ь	Permanent endowment ▶	%							
c	Term endowment ▶	ó							
3a	Are there endowment funds not in the posses	sion of the organiz	zation the	at are held a	and administe	ered for t	he organization	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required	on Sche	dule R?		_		3b	
4	Describe in Part XIV the intended uses of the	organization's end	lowment	funds					
Par	t VI Land, Buildings, and Equipme								
	Description of investment	(a) Cost or			t or other	(c) A	ccumulated	(d) Book	value
	-	basis (invest		1 * *	(other)	• • •	preciation	. ,	-
1a	Land		858.					252	2,858.
	Buildings								
				,					

Schedule D (Form 990) 2010

252,858.

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipment e Other

FO	UN	DA	T	IO	1
----	----	----	---	----	---

Part VII Investments - Other Securities.	See Form 990, Part X, lin	e 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat t or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other			 	<u> </u>
(A)				<u> </u>
(B)				
(C)				
(D)			•	
(E)				
<u>(F)</u>			·	
(G)				·
(H) (I)				-
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.		ne 13.		
(a) Description of investment type	(b) Book value		(c) Method of valuat	
(1)				
(2)				
(3)				····
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				······································
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, lin				
(a) Description			(b) Book value
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)	- · - · - · -			
(7)				· -
(8)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) I			•	-
Part X Other Liabilities. See Form 990, Part (a) Description of liability	∧, iiite ∠5.	(b) Amount		
11	-	(D) ranoont		
(1) Federal income taxes (2) RISK FUND		47.		
(3) R.I. FOUNDATION		4,372.		
(4) YEARLING OF THE YEAR		1,000.		
(5) YOUTH EXCHANGED FUNDS	-	300.		
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) I FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnot	ine 25.)	5,719.		
2. FIN 48 (ASC 740)	e to the organization's financial s	statements that reports the organi	zation's liability for uncertain	tax positions under
032053			Sche	dule D (Form 990) 2010

dule D (Form 990) 2010 FOUNDATION				Page 4
Reconciliation of Change in Net Assets from Form	990 to Audited Fina	ncial State	ements	
Total revenue (Form 990, Part VIII, column (A), line 12)		1		
Total expenses (Form 990, Part IX, column (A), line 25)		2		
Excess or (deficit) for the year. Subtract line 2 from line 1		3		
Net unrealized gains (losses) on investments		4		
Donated services and use of facilities		5		
Investment expenses		6		
Pnor period adjustments		7		
Other (Describe in Part XIV.)		8		
Total adjustments (net). Add lines 4 through 8		9		
•	ines 3 and 9	10		
		enue per F	Return	
		•	1	
	••••			
	2a			
-			7	
			7	
	"		7	
•			7 _{2e}	
_				
· ·				-
	4a			
•			1	
· ·			_{4c}	
	12.)		5	
		penses per	r Return	
			1	
•	•			
	2a			
			7	
	 		7	
			7	
•			2e	
•	•		3	
			'	
	4a			
		•	4c	
	e 18.)		5	
				
				4; Part
	Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine is XII Reconciliation of Revenue per Audited Financial S Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Reconciliation of Expenses per Audited Financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IV, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 4 IVIV) Supplemental Information	Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part VII, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 **EXTILE** Total revenue, gains, and other support per audited financial statements **Mounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants **Chter (Describe in Part XIV.) Add lines 2a through 2d **Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b **Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **EXPENSIONAL STATEMENT OF THE	Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part VIII, column (A), line 12) Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Pror period adjustments Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments Donated services and use of facilities Donated services and use of facilities Donated services and use of facilities Cother (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Pror year adjustments Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses not included on Form 990, Part IX, line 25: Donated services and use of facilities Other (Describe in Part XIV.) Add lines 2a from line 1 Amounts included on Form 990, Part IX, line 25: Donated services not included on Form 990, Part IX, line 25: Donated services not included on Form 990, Part IX, line 25: Donated services not included on Form 990, Part IX, line 26: Donated services not included on Form 990, Part IX, line 27: Add lines 4a and 4b	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total evenue (Form 990, Part VIII, John (J.) line 12)

Schedule D (Form 990) 2010

% ⊠ Employer identification number 36-3544327 Open to Public OMB No 1545-0047 2010 Inspection (h) Purpose of grant or assistance _____ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization

(b) EIN

(c) IRC section

(d) Amount of e) Amount of rabinor (e) Amount of rabinor (book, organization)

(e) Amount of rabinor (book, rabination)

(b) EIN

(g) Description of rabinor (a) Description of rabinor (book, rabination)

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(n) Columniation (book, rabinati Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. SUBURBAN ROTARY CLUB CHARITABLE Enter total number of section 501(c)(3) and government organizations Part ! General Information on Grants and Assistance criteria used to award the grants or assistance? FOUNDATION Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Schedule I (Form 990) (2010)

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

SUBURBAN ROTARY CLUB CHARITABLE

FOUNDATION

Schedule I (Form 990) (2010) FOUNDATION FOUNDATION Fart II Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

36-3544327

Part III can de duplicated it additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIP ASSISTANCE	01	25,000.	· o		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I, I	ine 2, and any other	additional information.	
			,		
		•			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SUBURBAN ROTARY CLUB CHARITABLE FOUNDATION

Employer identification number 36-3544327

FORM 990, PART VI, SECTION B, LINE 11: GOVERNING BODY MEMBERS WILI	REVIEW
THE FORM 990 BEFORE FILING AND SIGN OFF THAT THIS WAS COMPLETED.	
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS WOULD BE MADE AVA	ILABLE
JPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	46,852.
FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD:	
MODIFIED CASH BASIS	

SCHEDULE R (Form 990) Department of the Tressury Informal Revenue Source	_ Comple	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.	'ganizations and Unrelated Partnerships ation answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 h to Form 990. ► See separate instructions.	rtnerships ne 33, 34, 35, 36, lctions.	or 37.	δ Ο	2010 Open to Public Inspection	ì
ation	SUBURBAN ROTARY FOUNDATION	Y CLUB CHARITABLE				Employer identification number 36-3544327	cation number	1. 1
Part I Identification of Disregarded Entities (Complete if the organization)	rded Entities (Complete	if the organization answered "Yes"	on answered "Yes" to Form 990, Part IV, line 33.)	·				
(a) Name, address, and EIN of disregarded entity	d EIN ntity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total income	(e) End-of-year assets		(f) Direct controlling entity	1
								l
								1
part # organizations during the tax year.)	Tax-Exempt Organizat ax year.)		if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 be	cause it had one or	· more related tax-exer	npt	
(a) Name, address, and EIN of related organization	d EIN ation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	ا ۾ ا
ROTARY CLUB OF OMAHA - SUBURBAN 4089 SOUTH 84TH ST, PMB 317 OMAHA, NE 68127	- 47-0520431	TO PROVIDE SERVICE TO OTHERS THROUGH ITS FELLOWSHIP OF COMMUNITY	NEBRASKA	501(C)(4)				
						:		
			:					1
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ce, see the Instructions	for Form 990.				Schedule R	Schedule R (Form 990) 2010	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SUBURBAN ROTARY CLUB CHARITABLE FOUNDATION

Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

36-3544327

,										
(a)	(g)	(2)	(2)	(e)	¢	(6)	£	8	6	æ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing partner?	General or Percentage managing ownership partner?
									-	
									-	
							_			
		-								
Part IV Identification of Related Organizations Taxable as a Corporatio organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as rporation or trust during	s a Corpo g the tax y	oration or Trust (Cor/ear.)	mplete if the organiz	ion or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related .)	* to Form 990, Pa	rt IV, line 34 I	because it had or	1e or more	e related
(e)			(q)	(0)	(D)		£	(6)		E
Name, address, and EIN of related organization	<u>Z</u> c		Primary activity	ity Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total	total Share of end-of-year assets		Percentage ownership
								_		
									_	
				- 						
								-		
032162 12-21-10				74				Schedule	R (Form	Schedule R (Form 990) 2010

SUBURBAN ROTARY CLUB CHARITABLE FOUNDATION

Page 3

36-3544327

Schedule R (Form 990) 2010 FOUNDAT

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				-	Tes No
1 During the tax year, did the organization engage in any of the following transaction	is with one or more re	ransactions with one or more related organizations listed in Parts II-IV?	ın Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to other organization(s)				1 p	×
				2	×
				무	×
					×
 Loans or loan guarantees by other organization(s) 				2	•
f Sale of assets to other organization(s)				#	×
				10	×
				÷	×
				;	: >
i Lease of facilities, equipment, or other assets to other organization(s)				=	<
j Lease of facilities, equipment, or other assets from other organization(s)				ij	×
	ıızatıon(s)			*	×
I Performance of services or membership or fundraising solicitations by other organization(s)	ıızatıon(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets				£	×
n Sharing of paid employees				ţ	×

 Reimbursement paid to other organization for expenses 				9	×
p Reimbursement paid by other organization for expenses				10	×
q Other transfer of cash or property to other organization(s)				5 +	××
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete th	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.		
(a)	(b)	(c)	(d) Method of determining		
Name of Office of Samzanon	type (a-r)		amount involved		
(1)					
S					
(3)					
(4)					
(9)	ı				
302163 12:21-10	25		Schedul	Schedule R (Form 990) 2010	90) 2010

Schedule R (Form 990) 2010 FOUNDATION

神殿性 Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(8)	(9)	9	9	(e)	£	(a)	3
			}			9	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Uispropor- tionate	amount in box 20	General or managing
			Yes No			Form 1065)	1 1
							•
							-
							
							•
			-				

Schedule R (Form 990) 2010

SUBURBAN ROTARY CLUB CHARITABLE 36-3544327 Page 5 FOUNDATION Schedule R (Form 990) 2010 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**

· (Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						X	
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).			
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fil	led Fo	m 8868.		
Electro	ic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time to	o file (6	months for a cor	poration	
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	368 to request an	extension	
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Trans	sfers /	Associated With C	ertain	
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on ti	ne elec	tronic filing of this	form,	
visit ww	v.irs gov/efile and click on e-file for Charities & Nonprofits	:.		_			
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed).				
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete			
Part I on	ly .		•••			▶ □	
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time		
Type or Name of exempt organization Em					loyer identification	n number	
print	SUBURBAN ROTARY CLUB CHARITABLE						
	FOUNDATION				36-3544327		
File by the due date for	Number stock and some such as Ka DO haves	ee instruc	instructions.				
filing your return See	" 4089 SOUTH 84TH STREET PMB 317						
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OMAHA, NE 68127						
			-				
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Application		Return	Application			Return	
Is For		Code	ls For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 990-EZ		03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
JENNIFER JIRAK						<u></u>	
• The b	books are in the care of ▶ 4089 SOUTH 84T			NE	68127		
Telephone No. ► 402-397-7335 FAX No. ►							
	organization does not have an office or place of business	s in the Ur	·			▶ □	
				ıs ıs fo	r the whole aroup.	check this	
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ightharpoonup in the group, check this box is and attach a list with the names and EINs of all members the extension is for.							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
FEBRUARY 15, 2012, to file the exempt organization return for the organization named above. The extension							
is for the organization's return for.							
). •	calendar year or						
•	► X tax year beginning JUL 1, 2010 , and ending JUN 30, 2011 .						
	tax year ocgining	, ca			<u> </u>		
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
_ <u>"</u>	Change in accounting period						
L	Change in accounting period						
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
	onrefundable credits. See instructions.	, -	,	3a	\$	0.	
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and				
	timated tax payments made. Include any prior year over	-		Зь	\$	0.	
_	plance due. Subtract line 3b from line 3a. Include your pa	•		<u> </u>			
	using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.	
	. If you are going to make an electronic fund withdrawal			8879-	EO for payment in	structions.	
	For Panenyork Reduction Act Notice see Instructions				Form 8868 (