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Form 990-EZ

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ROTARY CLUB OF OMAHA - SUBURBAN

Number and street (or P O box, if mail is not delivered to street address)Room/suite
4089 SOUTH 84TH ST PMB 317

City or town, state or province, country, and ZIP or foreign postal code
OMAHA, NE 68127

D Employer identification number
47-0520431
E Telephone number
(402) 397-7335
F Group Exemption Number
0573

G Accounting Method ☐ Cash ☐ Accrual Other (specify) MODIFIED CASH

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.SUBURBANROTARY.ORG

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 90,061

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	8,500
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	81,514
	4	Investment income	4	47
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	90,061
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	20,794
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	31,956
	13	Professional fees and other payments to independent contractors	13	966
	14	Occupancy, rent, utilities, and maintenance	14	3,988
	15	Printing, publications, postage, and shipping	15	651
	16	Other expenses (describe in Schedule O)	16	20,590
	17	Total expenses. Add lines 10 through 16	17	78,945
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,116
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	51,842
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	62,958

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II

Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	104,474	22	117,784
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	238	24	0
25 Total assets	104,712	25	117,784
26 Total liabilities (describe in Schedule O)	52,870	26	54,826
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,842	27	62,958

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

TO PROVIDE SERVICE TO OTHERS, PROMOTE HIGH ETHICAL STANDARDS AND ADVANCE WORLD UNDERSTANDING, GOODWILL AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS, PROFESSIONAL AND COMMUNITY LEADERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 BRING TOGETHER PROFESSIONAL AND BUSINESS LEADERS THROUGH MEETINGS AND CONFERENCES TO ORGANIZE HUMANITARIAN SERVICES AND ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS
(Grants \$ 20,794) If this amount includes foreign grants, check here

28a50,944

29 THE ADOPT-A-SCHOOL PROGRAM PROVIDED COATS AND OTHER ITEMS FOR NEEDY STUDENTS
(Grants \$ 0) If this amount includes foreign grants, check here

29a0

30 DURING THE HOLIDAY SEASON, ASSISTANCE WAS PROVIDED TO THE CITY WITH CHRISTMAS TREE RECYCLING AND ROTARY MEMBERS PARTICIPATED IN SALVATION ARMY BELL RINGING PROGRAM
(Grants \$ 0) If this amount includes foreign grants, check here

30a0

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

3250,944

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROXY ORR PRESIDENT	10 00	0	0	0
CURT PETERS PRESIDENT ELECT	3 00	0	0	0
NICK JASA SECRETARY	3 00	0	0	0
MARLON LOFGREN TREASURER	3 00	0	0	0
CINDY KINSLER SGT-AT-ARMS	3 00	0	0	0
MATT DARLING PAST PRESIDENT	2 00	0	0	0
JARED BAKEWELL DIRECTOR	1 00	0	0	0
JUDY CLINE DIRECTOR	1 00	0	0	0
ROGER GROFF DIRECTOR	1 00	0	0	0
KARL SCHAPHORST DIRECTOR	1 00	0	0	0
EDNA BROOKS-PITTMAN DIRECTOR	1 00	0	0	0
NATE CHRIST DIRECTOR	1 00	0	0	0

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

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		0
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		0
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ JENNIFER JIRAK-BRUNGARDT Telephone no ▶ (402) 397-7335 Located at ▶ 4089 SOUTH 84TH STREET PMB 317 OMAHA, NE ZIP + 4 ▶ 68127		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
	If "Yes," enter the name of the foreign country ▶		
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	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

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

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	☐ Yes ☐ No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2015-11-04 Date	
	CURT PETERS, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ANDREW WORTHINGTON		Preparer's signature	Date	Check ☐ if self-employed PTIN P00935208
	Firm's name FRANKEL ZACHARIA LLC				Firm's EIN 47-0574775
	Firm's address 11404 WEST DODGE RD SUITE 700 OMAHA, NE 681542576				Phone no (402) 496-9100

May the IRS discuss this return with the preparer shown above? See instructions	☒ Yes ☐ No
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TY 2014 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF OMAHA - SUBURBAN

EIN: 47-0520431

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

2014

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization ROTARY CLUB OF OMAHA - SUBURBAN	Employer identification number 47-0520431
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INVESTMENT INCOME AMOUNT 47
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS 1560 SHERMAN AVE EVANSTON, IL 60201 PURPOSE OF PAYMENT INTERNATIONAL DUES AMOUNT OF PAYMENT 14,009
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME DISTRICT 5650 AFFILIATE ADDRESS 1560 SHERMAN AVE EVANSTON, IL 60201 PURPOSE OF PAYMENT DISTRICT DUES AMOUNT OF PAYMENT 6,785 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 20,794
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PAYROLL TAXES AMOUNT 2,487 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 6,016 DESCRIPTION OFFICE EXPENSE AMOUNT 548 DESCRIPTION INSURANCE AMOUNT 1,548 DESCRIPTION ROSTER EXPENSE AMOUNT 2,354 DESCRIPTION BANK/CREDIT CARD FEES AMOUNT 4,114 DESCRIPTION GUEST LUNCHESES AMOUNT 2,684 DESCRIPTION MISCELLANEOUS AMOUNT 839 TOTAL TO FORM 990-EZ, LINE 16 20,590
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 238 END OF YEAR AMOUNT 0
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION DUE TO ROTARY INTERNATIONAL FOUNDATION BEG OF YEAR AMOUNT 246 END OF YEAR AMOUNT 4,823 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 47,705 END OF YEAR AMOUNT 46,040 DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 2,476 END OF YEAR AMOUNT 2,563 DESCRIPTION DUE TO CHARITABLE FOUNDATION BEG OF YEAR AMOUNT 2,443 END OF YEAR AMOUNT 1,400