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Form **990-EZ**


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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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. ▶ \$ 86,072

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	8,650				
	2	Program service revenue including government fees and contracts		2					
	3	Membership dues and assessments		3	77,381				
	4	Investment income		4	41				
	5a	Gross amount from sale of assets other than inventory	5a	5c					
	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)							
	6	Gaming and fundraising events		6d					
	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						
Expenses	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)							
	7a	Gross sales of inventory, less returns and allowances	7a	7c					
	b	Less cost of goods sold	7b						
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
	8	Other revenue (describe in Schedule O)		8					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	86,072				
	10	Grants and similar amounts paid (list in Schedule O)		10	22,131				
	11	Benefits paid to or for members		11					
	12	Salaries, other compensation, and employee benefits		12	33,460				
Net Assets	13	Professional fees and other payments to independent contractors		13	931				
	14	Occupancy, rent, utilities, and maintenance		14	3,618				
	15	Printing, publications, postage, and shipping		15	620				
	16	Other expenses (describe in Schedule O)		16	23,878				
	17	Total expenses. Add lines 10 through 16		17	84,638				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,434				
	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	62,958				
	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	64,392				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2015)

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	117,784	22	123,118
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	117,784	25	123,118
26 Total liabilities (describe in Schedule O)	54,826	26	58,726
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,958	27	64,392

Part IIIStatement 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
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

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)

32

56,037

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
CURT PETERS PRESIDENT	10 00	0	0	0
KATHRYN SCHUBERT PRESIDENT ELECT	3 00	0	0	0
KEVIN WELSH SECRETARY	3 00	0	0	0
NATE CHRIST TREASURER	3 00	0	0	0
TOM KERFOOT SGT-AT-ARMS	3 00	0	0	0
ROXY ORR 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
PAUL ADAMS DIRECTOR	1 00	0	0	0
HERB HARTMAN DIRECTOR	1 00	0	0	0

Part V

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	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	

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 ☐

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

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

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A.  ☐ Yes ☐ No

Sign Here	***** Signature of officer	2017-02-15 Date
	KATHRYN SCHUBERT PRESIDENT Type or print name and title	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Additional Data

Software ID:
Software Version:

EIN: 47-0520431

Name: ROTARY CLUB OF OMAHA - SUBURBAN

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
BRING TOGETHER PROFESSIONAL AND BUSINESS LEADERS THROUGH MEETINGS AND CONFERENCES TO ORGANIZE HUMANITARIAN SERVICES AND ENCOURAGE HIGH ETHICAL 28 STANDARDS IN ALL VOCATIONS (Grants \$ 22,131) If this amount includes foreign grants, check here . . . ☐	28a	56,037

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
29 THE ADOPT-A-SCHOOL PROGRAM PROVIDED COATS AND OTHER ITEMS FOR NEEDY STUDENTS (Grants \$ 0) If this amount includes foreign grants, check here ☐	29a	0

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
DURING THE HOLIDAY SEASON, ASSISTANCE WAS PROVIDED TO THE CITY WITH CHRISTMAS TREE RECYCLING AND ROTARY MEMBERS PARTICIPATED IN SALVATION ARMY BELL RINGING 30 PROGRAM (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	30a	0

TY 2015 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.

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.

OMB No 1545-0047

2015**Open to Public**
InspectionName of the organization
ROTARY CLUB OF OMAHA - SUBURBAN**Employer identification number**

47-0520431

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INVESTMENT INCOME AMOUNT 41
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS 1560 SHERMAN AVE EVANSTON, IL 602 01 PURPOSE OF PAYMENT INTERNATIONAL DUES AMOUNT OF PAYMENT 14,961

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 7,170 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 22,131
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PAYROLL TAXES AMOUNT 2,601 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 6,189 DESCRIPTION OFFICE EXPENSE AMOUNT 884 DESCRIPTION INSURANCE AMOUNT 1,569 DESCRIPTION ROSTER EXPENSE AMOUNT 2,568 DESCRIPTION BANK/CREDIT CARD FEES AMOUNT 4,294 DESCRIPTION GUEST LUNCHES AMOUNT 3,062 DESCRIPTION MISCELLANEOUS AMOUNT 465 DESCRIPTION PUBLIC RELATIONS/RECRUITMENT AMOUNT 1,437 DESCRIPTION COMMUNITY PROJECTS AMOUNT 809 TOTAL TO FORM 990-EZ, LINE 16 23,878

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION DUE TO ROTARY INTERNATIONAL FOUNDATION BEG OF YEAR AMOUNT 4,823 END OF YEAR AMOUNT 3,618 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 46,040 END OF YEAR AMOUNT 51,445 DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 2,563 END OF YEAR AMOUNT 1,413 DESCRIPTION DUE TO CHARITABLE FOUNDATION BEG OF YEAR AMOUNT 1,400 END OF YEAR AMOUNT 2,250