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Form **990EZ**

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.**

▶ **Go to *www.irs.gov/Form990EZ* for the latest information.**

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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 STREET

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 . . . . . ▶ $ 188,955

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	23,850
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	159,820
	4	Investment income	4	145
	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	5,140
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	188,955
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	32,326
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	35,917
	13	Professional fees and other payments to independent contractors	13	895
	14	Occupancy, rent, utilities, and maintenance	14	3,895
	15	Printing, publications, postage, and shipping	15	1,972
	16	Other expenses (describe in Schedule O)	16	115,412
	17	**Total expenses.** Add lines 10 through 16 ▶	17	190,417
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,462
	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	67,725
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	30,768
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	97,031

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	127,585	22	167,324
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	127,585	25	167,324
26 **Total liabilities** (describe in Schedule O)	59,860	26	70,293
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	67,725	27	97,031

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 . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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** 189,522

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
NICK JASA PRESIDENT	1 00	0	0	0
TOM KERFOOT PRESIDENT ELECT	1 00	0	0	0
ANDY GORANSON SECRETARY	1 00	0	0	0
RANDY WIESELER TREASURER	1 00	0	0	0
JOE SEQUENZIA SGT AT ARMS	1 00	0	0	0
JARED BAKEWELL PAST PRESIDENT	1 00	0	0	0
MARY BERNIER DIRECTOR	1 00	0	0	0
NICK EASTLAND DIRECTOR	1 00	0	0	0
ROSE MARY HEFLEY DIRECTOR	1 00	0	0	0
HOLLY HOLLENBECK DIRECTOR	1 00	0	0	0
CARTER JONES DIRECTOR	1 00	0	0	0
DAN LUPARDUS 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 sections4912, 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			

			Yes	No
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		

		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	46		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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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 ▶

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

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

2019-10-29
Date

TOM KERFOOT PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MEGAN L KOZIOL				P01544037

Firm's name ▶ SEIM JOHNSON LLP — Firm's EIN ▶ 47-6097913

Firm's address ▶ 18081 BURT STREET SUITE 200
OMAHA, NE 680224722

Phone no (402) 330-2660

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 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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 BRING TOGETHER PROFESSIONAL AND BUSINESS LEADERS THROUGH MEETINGS AND CONFERENCES TO ORGANIZE HUMANITARIAN SERVICES AND ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS SERVICES INCLUDE THE ADOPT-A-SCHOOL PROGRAM WHICH PROVIDES COATS AND OTHER ITEMS FOR NEEDY STUDENTS, AND ASSISTANCE IN THE SALVATION ARMY BELL RINGING PROGRAM AND CHRISTMAS TREE RECYCLING PROGRAM DURING THE HOLIDAY SEASON (Grants $ 32,326) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	189,522

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TY 2018 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.

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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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name 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 145

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION FD ADM AMOUNT 5,000 DESCRIPTION 50TH ANNIVERSARY INCOME AMOUNT 140 TOTAL TO FORM 990-EZ, LINE 8 5,140

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 NATIONAL DUES AMOUNT OF PAYMENT 15,949

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 PUR POSE OF PAYMENT DISTRICT DUES AMOUNT OF PAYMENT 6,785 TOTAL INCLUDED ON FORM 990-EZ, L INE 10 22,734

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME COALITION ON HUMAN TRAFFICKING GRANTEE ADDRESS 9802 NICHOLAS ST, STE 395 OMAHA, NE 68114 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTIO N CASH DATE OF GIFT 10/18/18 AMOUNT GIVEN 975

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME NOTRE DAME SISTERS GRANTEE ADDRESS 3501 STATE S T OMAHA, NE 68112 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 1 0/20/18 AMOUNT GIVEN 8,617 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 9,592

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PAYROLL TAXES AMOUNT 2,828 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 7,881 DESCRIPTION OFFICE EXPENSE AMOUNT 1,090 DESCRIPTION INSURANCE AMOUNT 1,155 DESCRIPTION ROSTER EXPENSE AMOUNT 2,640 DESCRIPTION BANK/CREDIT CARD FEES AMOUNT 5,204 DESCRIPTION GUEST LUNCHES AMOUNT 2,869 DESCRIPTION MISCELLANEOUS AMOUNT 799 DESCRIPTION PUBLIC RELATIONS/RECRUITMENT AMOUNT 120 DESCRIPTION COMMITTEE EXPENSES AMOUNT 168 DESCRIPTION MEALS AMOUNT 87,658 DESCRIPTION HOMELSS FOOT CLINIC EXPENSE AMOUNT 3,000 TOTAL TO FORM 990-EZ, LINE 16 115,412

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION TRANSFER OF GLOBAL GRANTS ACCOUNT AMOUNT 30,768

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 2,871 END OF YEAR AMOUNT 3,901 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 52,941 END OF YEAR AMOUNT 54,546 DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 1,823 END OF YEAR AMOUNT 1,913 DESCRIPTION DUE TO CHARITABLE FOUNDATION BEG OF YEAR AMOUNT 2,225 END OF YEAR AMOUNT 9,933