

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 01-01-2018, and ending 12-31-2018

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

C Name of organization
 STILLWATER ROTARY CLUB
 % STEVEN CUNDIFF

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO BOX 1451

City or town, state or province, country, and ZIP or foreign postal code
 STILLWATER, OK 74076

D Employer identification number
 73-6102792

E Telephone number
 (405) 372-4822

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ N/A

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 ▶ \$ 22,014

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	5,842
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	16,172
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	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	0
c	Less direct expenses from gaming and fundraising events	6c	0	
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	0	
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	22,014	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	24,648
	17	Total expenses. Add lines 10 through 16 ▶	17	24,648
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,634
	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	20,703
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	18,069

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of STEVEN CUNDIFF Telephone no (405) 372-4822 Located at PO BOX 187 STILLWATER, OK ZIP + 4 740760187

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 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
NONE				

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
NONE		

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.

<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">▶</div> <div style="flex-grow: 1;">Signature of officer</div> <div style="width: 150px; border-bottom: 1px solid black; text-align: center;">2019-02-06</div> </div>	Date
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">▶</div> <div style="flex-grow: 1;">STEVEN CUNDIFF TREASURER</div> </div>	
Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name STEVEN F CUNDIFF	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01258206
	Firm's name ▶ Steven F Cundiff CPA Inc			Firm's EIN ▶ 73-1289581	
	Firm's address ▶ 205 W 7th Ste 201 Stillwater, OK 74074			Phone no (405) 372-4822	

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 73-6102792

Name: STILLWATER ROTARY CLUB
% STEVEN CUNDIFF

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.)	
<p>28 The organization is a Rotary club Our goal is world peace through understanding We sponsor foreign exchanges of students and adults through out the world We support the eradication of polio, purchase dictionaries for all third grade students in the school district, send students to leadership conferences, recognize outstanding citizens,in our community, and raise awareness for environmental protection (Grants \$ 24,049)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
STILLWATER ROTARY CLUB
% STEVEN CUNDIFF

Employer identification number

73-6102792

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$1551

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	MEALS \$9002

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	ROTARY FOUNDATION \$4520

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	KIDS BACKPACK PROGRAM \$3268

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	DUES \$2539

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	DICTIONARY PROJECT \$1872

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	ROTARY YOUTH LEADERSHIP \$900

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	TURNING POINT RANCH \$715

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	WINGS OF ROTARY \$281