efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492037000189 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization STILLWATER ROTARY CLUB ☐ Address change % STEVEN CUNDIFF 73-6102792 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 1451 ☐ Final return/terminated (405) 372-4822 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return STILLWATER, OK 74076 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **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) 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 \checkmark 1 5,842 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 16,172 4 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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 0 Less direct expenses from gaming and fundraising events **6**c 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 . . . 0 b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C **7**c 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 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 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 24,648 17 17 Total expenses. Add lines 10 through 16 24,648 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -2,634Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20,703 end-of-year figure reported on prior year's return) 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 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

23 24 24 24 24 24 24 24	Form 990-EZ (2018)						Page 2
(A) Beginning of year (B) End of year 20,703 22 18,06 23 24 24 24 24 24 24 24			wastian in this	Dart II			П
22 Land and buildings	Check if the organization used Schedule	O to respond to any c	question in this			· ·	
24 Other assets (describe in Schedule O) 25 Total liabilities (describe in Schedule O). 27 Net assets or fund balances (line 27 of column (8) must agree with line 21) 27 Net assets or fund balances (line 27 of column (8) must agree with line 21) 28 Total liabilities (describe in Schedule O). 29 Total schedule O to respond to any question into Part III) Check if the organization's promary exempt purpose? Cho ADV. AWARKINESS & DEV DIST LEARN 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. 29	22 Cash, savings, and investments		[(4) 5		22	18,069
25 Total assets . 20,703 25 18,066 26 Total liabilities (describe in Schedule O). 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 20,703 27 18,066 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 3 and 501(c)(4) 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 senethed, and other relevant information for each program title each Additional Data Table (Grants \$) If this amount includes foreign grants, check here . 28 29 29 30a (Grants \$) If this amount includes foreign grants, check here . 29 31. Other program services (describe in Schedule O)	_		[
26 Total liabilities (describe in Schedule O). 27 Net assets or fund balances (ine 27 of column (8) must agree with line 21) 28 Total massets or fund balances (ine 27 of column (8) must agree with line 21) 29 Total must 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 Check if the organization is privary exempt purpose? To ADV AWARENESS 8 DEV OF DIST LEARN 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 denerleted, and other relevant information for each program title 8	,						
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule 0 to respond to any question in this Part III (3) and \$01(c)(4) organization's pringray exempt purpose? ORDA WARRENESS & DEV OF DIST LEARN ORDANIZATION Organization's 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 28a See Additional Data Table ORDANIZATION ORD					20,703	\vdash	18,069
Check if the organization used Schedule 0 to respond to any question in this Part III	27 Net assets or fund balances (line 27 of column	(B) must agree with	line 21)		20,703	27	18,069
OR ADV AWARENESS & DEV OF DIST LEARN Describe the organization's program service accomplishments for each of its three largest program services, as benefited, and other relevant information for each program title 8 See Additional Data Table (Grants \$) If this amount includes foreign grants, check here	Check if the organization used Schedule	•	-				equired for section 501(c)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise mainer, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 29 29a 29a 30a (Grants \$)						org	ganizations, optional for
Grants S If this amount includes foreign grants, check here 28a	Describe the organization's program service accompli measured by expenses In a clear and concise manne	r, describe the service				otr	ners)
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Compensation Comp	(Grants \$) If this amoun	t includes foreign gran	its. check here		. ▶ □	28a	
30a		- merades foreign gran	ito) directi rici d		<u> </u>	+===	
30a							
If this amount includes foreign grants, check here	(Grants \$) If this amoun	t ıncludes foreıgn grar	its, check here		. ▶ □		
31 Other program services (describe in Schedule O)	30					30a	
31 Other program services (describe in Schedule O)							
If this amount includes foreign grants, check here			•	• •	. ▶ ⊔		
Color Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for 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	`					_	24,049
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-) MARK DEVENY 0 0 0 0 Past President SARAH WILLAIMS 0 0 0 0 0 0 0 0 0 0 0 0 0							'
hours per week devoted to position hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-)	Check if the organization used Schedule	O to respond to any o	uestion in this	Part IV.			
MARK DEVENY 0 0 Past President 0 0 SARAH WILLAIMS 0 0 President 0 0 STEVEN CUNDIFF 0 0 TREASURER 0 0 CONNIE ALEXANDER 0 0	(a) Name and title	hours per week	compensa (Forms W-2/ MISC) (if not	tion 1099- t paid,	contributions to er benefit plans,	nploye and	<u> </u>
President STEVEN CUNDIFF 0 0 0 TREASURER	MARK DEVENY	0					
President 0 0 STEVEN CUNDIFF 0 0 TREASURER 0 0 CONNIE ALEXANDER 0 0	Past President						
STEVEN CUNDIFF 0 0 0 TREASURER CONNIE ALEXANDER 0 0	SARAH WILLAIMS	0		0			
TREASURER CONNIE ALEXANDER 0 0 0	President						
CONNIE ALEXANDER 0 0	STEVEN CUNDIFF	0		0			
	TREASURER						
Secretary Secret	CONNIE ALEXANDER	0		0			
	Secretary						
F 000 F7 (20)							

Pai	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No	
33	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		No	
С	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				
b	Did the organization file Form 1120-POL for this year?	37b		No	
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				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
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	40ь		No	
С	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				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization				
	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 42a	List the states with which a copy of this return is filed 🕨				
	e organization's books are in care of ▶ STEVEN CUNDIFF Telephone no ▶	(405)	372-482	2	
	Located at ▶ PO BOX 187 STILLWATER , OK ZIP + 4 ▶				
	Editated at P PO BOX 167 STILLWATER, OK	74070	0107		
			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)			Ī.	
С	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				
	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				
44-	Did the average transmission and design and design advantable constitution of the cons		Yes	No	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	44a		No	
U	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	44d		No	
45=	explanation in Schedule O	45a		No	
	45b Did the organization have a controlled entity within the meaning of section 512(b)(13)?				
730	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		No	

						Yes	No
	e organization engage, directly or indirec						
	lates for public office? If "Yes," complete	'			46		No
art VI	Section 501(c)(3) organization All section 501(c)(3) organizations		ons 47- 49b and 52	. and complete the tab	les for li	nes 50	and
	51.	'		,			
	Check if the organization used Schedule	O to respond to any q	uestion in this Part VI	<u> </u>	· · · · ·	Yes	_ No
5 1 11			24.41.2.1.1				
	e organization engage in lobbying activiti s," complete Schedule C, Part II	es or have a section 50	J1(h) election in effect	during the tax year?	47		
Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sche	edule E	48		
	e organization make any transfers to an				49a		
	s," was the related organization a section	·			49b		
	ete this table for the organization's five h	-	mnlovees (other than o	officers directors trustees	and key	employ	2001
who e	ach received more than \$100,000 of com	pensation from the org	janization If there is n	one, enter "None "			
(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employe		imated r compe	
		devoted to position	(Forms W-2/1099- MISC)	benefit plans, and deferred compensation			
			,				
IE							
· Total	I number of other employees paid over \$	100.000					
	I number of other employees paid over \$	•	dependent contractors	who each received more	than \$100	0.000 of	<u></u>
Compl	I number of other employees paid over \$ lete this table for the organization's five hensation If there is	nighest compensated in	· · · · · · · · · · · · · · · · · · ·	who each received more	than \$100	0,000 of	<u> </u>
Compl	ete this table for the organization's five h	nighest compensated in none, enter "None "			than \$100		
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Compl compe	lete this table for the organization's five hensation from the organization. If there is	nighest compensated in none, enter "None "					
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Compl	lete this table for the organization's five hensation from the organization. If there is	aighest compensated in none, enter "None " ach independent contra	actor				
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Comple compe	ete this table for the organization's five hensation from the organization. If there is (a) Name and business address of e	rs each receiving over:	\$100,000	(b) Type of service (d)		ensation	
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Page **4**

Form 990-EZ (2018)

Additional Data

Software ID: 18007218

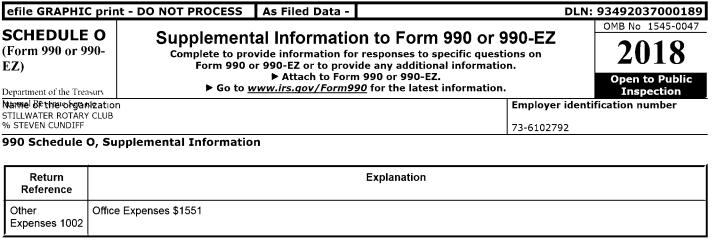
Software Version: 2018v3.1 **EIN:** 73-6102792

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.)		
of students and adults through out the	goal is world peace through understanding. We sponsor foreign exchanges e world. We support the eradication of polio, purchase dictionaries for all third send students to leadership conferences, recognize outstanding citizens, in our environmental protection.	28a		
(Grants \$ 24,049)	If this amount includes foreign grants, check here \cdot . \cdot \blacktriangleright \Box			



990 Schedule O, Supplemental Information Return Explanation Reference Other MEALS \$9002 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other **ROTARY FOUNDATION \$4520** Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other KIDS BACKPACK PROGRAM \$3268

Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Other DUES \$2539 Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference

Other DICTIONARY PROJECT \$1872
Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference

Other **ROTARY YOUTH LEADERSHIP \$900** Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference

Other **TURNING POINT RANCH \$715**

Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference WINGS OF ROTARY \$281

Other Expenses 8