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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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Department of the Treasury

Open to Public

A For the 2006 calendary year, or tax year beginning	-			Ine organization may have to use a copy of this return to sails				2000
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Section 501(c)(3) organizations and 4947(s)(1) nonexempt charitable trusts must attach a completed Schedule A Form 990 or 990-E2. Webaite: ►N/A			Ireturn	ed tions City or town, state or country, and ZIP + 4			F Group Ex	emption
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Forn	n 990-EZ (2008) WILL ROGERS ROTARY CLUB C	HARITABLE TRU	ST	<u>73-</u>	62756	78 Page 2
Pa	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)			penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	4			(Required	for 501(c)(3) ganizations and
Des	cribe what was achieved in carrying out the organization's exempt purposes. In a	a clear and concise manner, d	escribe the services		4947(a)(1	trusts; optional
	olded, the number of persons benefited, or other relevant information for each pr				for others.)
28	DISBURSEMENT TO THE WILL ROGERS ROT	ARY CLUB TO F	UND			
	SCHOLARSHIP GRANTS.					
				$\overline{}$	000	E 020
	(Grants \$) If this amount includes foreign g	rants, cneck nere		<u>لــا</u>	28a	<u>5,830.</u>
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30	(Grants \$) If this amount includes foreign g	grants, check here			234	
30					1 1	
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	Other program services (attach schedule)			<u> </u>		
	(Grants \$) If this amount includes foreign of	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)			_ ▶	32	5,830.
Pá	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	instructions f	or Part IV)
		(h) Title and average hours	(a) Companyation		ontributions	(a) Evpance
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee efit plans &	(e) Expense account and
	(-)	position	-0)		eferred	other allowances
				com	pensation	
GI	NNY SCHULTE	TRUSTEE				
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yes No yes yes Per yes No yes No yes No yes yes No yes No yes No yes yes Form 990 must be yes yes Form 990 must be yes yes Form 990 must be yes yes yes Form 990 must be yes yes Form 990 Fo	Par	t V Other Information (Note the statement requirements in the instructions for Part VI)			
34				Yes	
the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on From 990-T. Bit the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? If Yes, 'has it field a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,' complete applicable parts of Sch. N The amount of political expenditures, direct or indirect, as described in the instructions. Did the organization for form 1120-POL (not this year? But the organization form the provided expenditures, direct or indirect, as described in the instructions. Did the organization form the provided expenditures, direct or indirect, as described in the instructions. Did the organization form, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still unipad at the start of the period covered by this return? If Yes, complete Schedule, L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter amount of lax imposed on the organization during the year under: Section 501(c)(3) organizations. Enter amount of lax imposed on the organization during the year under: Section 501(c)(3) organizations. Enter amount of lax imposed on the organization during the year under: Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did in become aware of an excess benefit transaction organization and prior year? If Yes, complete Schedule L, Part II organization and prior year? If Yes, complete Schedule L, Part II organization and year organization and year under: Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did in the complete sections 4912, 4955, and 4958 Enter amount of tax with			33		
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d Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed. OK Telephone no. 918-748-5000 Located at 2424 E 21ST STREET, SUITE 200, TULSA, OK 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 accounts? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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 Yes No Yes No 140 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	C				
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transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. At 1 List the states with which a copy of this return is filed. At 2 The books are in care of TIM L ROBERTS Located at 2424 E. 21ST STREET, SUITE 200, TULSA, OK 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 accounts)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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 Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		, ,			
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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	44		! 44		
			44_	$\vdash \vdash$	┼^
	45		. 45	1	· v

Form 990-EZ (2008)

832174 12-17-08

Paid

Preparer's

Use Only

Type or print name and title

TIM ROBERTS

2424 E 21ST ST, SUITE 200

EIDE BAILLY LLP

TULSA, OK 74114

May the IRS discuss this return with the preparer shown above? See instructions

Preparer's signature

Firm's name (or yours

if self-employed), address, and ZIP + 4

Date

Check if self-

EIN >

Phone ▶

04/30/10 employed

Preparer's Identifying Number (See instr.)

918-748-5000

► X Yes

Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2008

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization WILL ROGERS ROTARY CLUB CHARITABLE TRUST 73-6275678 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 \mathbf{x} An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete the Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ____ Type III - Other b Type II c ____ Type III · Functionally integrated _ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? 11g(ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (vi) Is the organization in col. (iii) Type of (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No Total

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 WILL ROGERS ROTARY CLUB CHARITABLE TRUST73-6275678 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (e) 2008 (f) Total (c) 2006 (a) 2004 (b) 2005 (d) 2007 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not 16,888. 15,180. 25,956. 58,024. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 25,956. 58,024. 16,888. 15,180. 6 Total, Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9. 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 58,024. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 <u>15,1</u>80. 58,024. 16,888. 25,956. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 9,931 6,485. 17,465. 1,049. and income from similar sources b Unrelated husiness taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 9,931. 6,485. 17.465. 1,049. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 75,489. 13 Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 76.86 % 15 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) % 16 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g Section D. Computation of Investment Income Percentage 23.14 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 <u>%</u> 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright \boxed{\mathbf{X}}$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	1
AFFILIATE'S NAME	AFFILIATES ADDRESS		
WILL ROGERS ROTARY CLUB	1438 SOUTH INDIANAPOI TULSA, OK 74159	LIS	
PURPOSE OF PAYMENT		TRUOMA	
DISTRIBUTION		5,83	30.
TOTAL INCLUDED ON FORM 990 FORM 990-EZ OTHER CHANG	-EZ, LINE 10 ES IN NET ASSETS OR FUND BALANCES	5,83 STATEMENT	30.
FORM 990-EZ OTHER CHANG	ES IN NET ASSETS OR FUND BALANCES	STATEMENT	2

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS			STATEMENT		
A)	DIRECTLY OR I	NIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL RACT?		[]	YES	[X]	NO
B)		NIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	•	[]	YES	[X]	NO

990-EZ PG 2

STATEMENT

4

TO PROVIDE COLLEGE AND VOCATIONAL SCHOLARSHIPS TO DESERVING BOYS AND GIRLS INTENDING TO FURTHER THEIR EDUCATION AND TO MAKE CHARITABLE CONTRIBUTIONS TO DESERVING CHARITIES AS DETERMINED BY THE BOARD.

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Exten If you are filing for an Additional (Not Automatic Do not complete Part II unless you have already be 	3-Month Extension, complete only Page 1	art II (on page 2 of this	
Part I Automatic 3-Month Extensi	on of Time. Only submit original (no	copies needed).	
A corporation required to file Form 990-T and reque Part I only	sting an automatic 6-month extension - c	check this box and com	plete ► □
All other corporations (including 1120-C filers), partito file income tax returns.	nerships, REMICs, and trusts must use F	orm 7004 to request an	extension of time
Electronic Filing (e-file). Generally, you can electronoted below (6 months for a corporation required to (not automatic) 3-month extension or (2) you file For you must submit the fully completed and signed pawww.irs.gov/efile and click on e-file for Charties & March 2015	ifile Form 990-T). However, you cannot f rns 990-BL, 6069, or 8870, group return: ge 2 (Part II) of Form 8868. For more det	ile Form 8868 electronic s. or a composite or cor	cally if (1) you want the additional asolidated Form 990-T. Instead,
Type or Name of Exempt Organization			Employer identification number
WILL ROGERS ROTARY	LUB CHARITABLE TRUST	r	73-6275678
File by the due date for filing your return. See P O BOX 4212			
City, town or post office, state, and ZIP TULSA, OK 74159	code. For a foreign address, see instruc	tions.	
Check type of return to be filed (file a separate ap	olication for each return):		
Form 990-BL Form 990	PT (corporation) PT (sec. 401(a) or 408(a) trust) PT (trust other than above) P1-A	Form 47 Form 52 Form 60 Form 88	227 669
TIM L RO • The books are in the care of ▶ 1856 B. Telephone No. ▶ 918-744-0191 • If the organization does not have an office or pla • If this is for a Group Return, enter the organization box ▶ □ . If it is for part of the group, check the	15TH ST - TULSA, OK FAX No. ▶ ce of business in the United States, che on's four digit Group Exemption Number	ck this box	s is for the whole group, check this
I request an automatic 3-month (6-months for FEBRUARY 15, 2010 , to is for the organization's return for. ▶ □ calendar year or ■ X tax year beginning JUL 1, 2	file the exempt organization return for th	e organization named a	
2 If this tax year is for less than 12 months, che	ck reason: Initial return	Final return	Change in accounting period
3a If this application is for Form 990-BL, 990-PF, nonrefundable credits. See instructions.	990-T, 4720, or 6069, enter the tentative	e tax, less any	3a \$
b If this application is for Form 990-PF or 990-T	•	ated)
tax payments made. Include any prior year or Balance Due. Subtract line 3b from line 3a. In deposit with FTD coupon or, if required, by us See Instructions.	nclude your payment with this form, or, it	•	3b \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

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Form	8868 (Rev. 4-2009)		Page 2
	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this		▶ 🗓
	only complete Part II if you have already been granted an automatic 3-month extension on a previously file	3 FOMI	8808.
Pai	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). It II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no		Applean
rai			
Туре	i i	Emp	loyer identification number
print File by	WILL ROGERS ROTARY CLUB CHARITABLE TRUST		3-6275678
extend	Number, street, and room or suite no. If a P O. box, see instructions.	For i	RS use only
return. instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
Chec	ck type of return to be filed (File a separate application for each return): Form 990 X Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 Form 4720	=	orm 5227 Form 8870
STO	PI Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly file	ed Form 8868.
Te ● If	TIM L ROBERTS ne books are in the care of ▶ 2424 E. 21ST STREET, SUITE 200 - TULSA elephone No. ▶ 918-748-5000 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If t ■ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of a	nıs is fo	The whole group, check this
4	I request an additional 3-month extension of time until MAY 15, 2010.		
5	For calendar year , or other tax year beginning JUL 1, 2008 , and ending	JUN	30, 2009 .
6	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
7	State in detail why you need the extension		\\ <u></u>
	ADDITIONAL TIME IS NECESSARY TO GATHER INFORMATION NECOMPLETE AND ACCURATE RETURN.	EDED	TO FILE A
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		
	previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ N/A
	Signature and Verification		
Under	r penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form.		
<u>Signa</u>	ture Deward Shompion Title C/A	Date	2/11/10 Form 9959 (Rev. 4-2009)
	•		Earm 0000 (Ray 1-2000)