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# Short Form Return of Organization Exempt From Income Tax

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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.

**A For the 2009 calendar year, or tax year beginning , 2009, and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type See Specific Instructions.</b>	<b>C Name of organization</b> ONE TRUST FUND Number and street (or P O box, if mail is not delivered to street address) Room/suite 100 WEST FIFTH STREET City or town, state or country, and ZIP + 4 TULSA, OK 74103	<b>D Employer identification number</b> 73-6293361  <b>E Telephone number</b> ( ) -  <b>F Group Exemption Number . . . ▶</b>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶

**J Tax-exempt status** (check only one) -  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

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

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 80,955.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

	1 Contributions, gifts, grants, and similar amounts received . . . . .		73,681.
	2 Program service revenue including government fees and contracts . . . . .		
	3 Membership dues and assessments . . . . .		
	4 Investment income . . . . . ATCH 1		7,274.
	5 a 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 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . . . <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1) . . . . . 6a		
	b Less direct expenses other than fundraising expenses . . . . . 6b		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . 6c		
	7 a 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 ▶ ) . . . . . 8		
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶		80,955.
	10 Grants and similar amounts paid (attach schedule) . . . . . ATCH 2		75,083.
	11 Benefits paid to or for members . . . . . 11		
	12 Salaries, other compensation, and employee benefits . . . . . 12		0.
	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 ▶ ATCH 3 ) . . . . . 16		7.
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶		75,090.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18		5,865.
	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		257,966.
	20 Other changes in net assets or fund balances (attach explanation) . . . . . 20		
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ▶		263,831.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments . . . . . ATCH 4		257,966.	22	263,831.
23	Land and buildings . . . . .			23	
24	Other assets (describe ▶ ) . . . . .			24	
25	<b>Total assets</b> . . . . .		257,966.	25	263,831.
26	<b>Total liabilities</b> (describe ▶ ) . . . . .			26	
27	<b>Net assets or fund balances</b> (Line 27 of column (B) must agree with line 21) . . . . .		257,966.	27	263,831.

JSA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter.		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	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	0.	section 4912
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	List the states with which a copy of this return is filed. OK,		
42a	The organization's books are in care of EILEEN LONCOLA Telephone no. 512-370-8320 Located at 1301 SOUTH MOPAC, STE. 400; AUSTIN, TX ZIP + 4 78746		
42b	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)? If "Yes," enter the name of the foreign county: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
42c	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 county:	42c	X
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	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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 completed instead of Form 990-EZ	45	X

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Yes  No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Yes  No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No
- 49a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No
- b If "Yes," was the related organization a section 527 organization?  Yes  No
- 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ NONE

- 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		0.

d Total number of other independent contractors receiving over \$100,000 ▶ NONE

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: *Eileen Loncola* Date: 11-12-2010  
 Type or print name and title: EILEEN LONCOLA TREASURER

**Paid Preparer's Use Only**  
 Preparer's signature: *R. Major Mon* Date: 11/8/2010 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: HOWERTON, MORRIS, SIMPSON & SMITH, PLLC 8282 S. MEMORIAL DR., STE 110 TULSA, OK 74133  
 Preparer's identifying number (See instructions): P00234947  
 EIN: 57-1147617 Phone no: 918 481-5949

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



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc (see instructions) 12
13 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test - 2008. 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 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

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	64,833	87,660	91,892	82,177	73,681	400,243
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 . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .	64,833	87,660	91,892	82,177	73,681	400,243
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 \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						400,243

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6. . . . .	64,833	87,660	91,892	82,177	73,681	400,243
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,629	5,140	9,029	10,032	7,274	33,104
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	1,629	5,140	9,029	10,032	7,274	33,104
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	66,462	92,800	100,921	92,209	80,955	433,347
14 <b>First five years.</b> 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 . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). . . . .	15	92.36%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	92.92%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	7.64%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	7.08%

- 19a **33 1/3% support tests - 2009.** 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 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 - 2008.** 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

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	7,274.
TOTAL	<u>7,274.</u>

ATTACHMENT 2

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID  
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND

RECIPIENT NAME AND ADDRESS      FOUNDATION STATUS OF RECIPIENT      PURPOSE OF GRANT OR CONTRIBUTION      AMOUNT

GRANTS PAID

ASSISTANCE TO EMPLOYEES OF ONEOK, INC IN NEED

NEED

75,083

TOTAL CONTRIBUTIONS PAID

75,083

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

BANK FEES

7.

TOTAL

7.

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
SAVINGS	88,486.	92,275.
INVESTMENTS - OTHER	169,480.	171,556.
TOTALS	<u>257,966.</u>	<u>263,831.</u>

ATTACHMENT 5

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ASSISTANCE OF EMPLOYEES OF ONEOK, INC., A DELAWARE CORP., AND THEIR IMMEDIATE FAMILY MEMBERS IN NEED; AND PROVIDING FINANCIAL HELP FOR SUCH EMPLOYEES AND/OR THEIR DEPENDENT CHILDREN IN CRISIS SITUATIONS.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 6

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
DAWN EWING C/O KANSAS GAS SERVICE 7421 W 129TH ST OVERLAND PARK, KS 66213	COMMUNICATIONS CO-CHAIR 2.00	0.	0.	0.
SUSAN BOWIE C/O TEXAS GAS SERVICE 5613 AVENUE F AUSTIN, TX 78751	TREASURER-ELECT 2.00	0.	0.	0.
DONNA HUMPHREY C/O TEXAS GAS SERVICE 4201 39TH STREET PORT ARTHUR, TX 77642	SECRETARY 2.00	0.	0.	0.
JAY SMITH C/O ONEOK, INC. 100 WEST 5TH STREET TULSA, OK 74103	CHAIRMAN 2.00	0.	0.	0.
HIEP HOANG C/O OKLAHOMA NATURAL GAS 401 N. HARVEY OKLAHOMA CITY, OK 73102	WAYS&MEANS CO-CHAIR/VICE CHAIR 2.00	0.	0.	0.
SAL SOTO C/O TEXAS GAS SERVICE	WAYS & MEANS CHAIR 2.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 6 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
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4700 POLLARD  
EL PASO, TX 79930

CHERYL SAINDON  
C/O KANSAS GAS SERVICE  
7421 W 129TH ST  
OVERLAND PARK, KS 66213

EILEEN LONCOLA  
C/O TEXAS GAS SERVICE  
1301 SOUTH MOPAC, STE 400  
AUSTIN, TX 78746

COMMUNICATIONS CO-CHAIR  
2.00

TREASURER  
2.00

GRAND TOTALS

	0.	0.	0.	0.
	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>