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## Form **990**

**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)

OMB No 1545 0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

|                               | F          | or th      | e 2009 calen                 | dar year,               | or tax year begins                                  | ning 7/01                                     |                       | 2009, and       | endin     | g 6/1         | 30                 | ,            | <u>2</u> 010                              |               |
|-------------------------------|------------|------------|------------------------------|-------------------------|---|---|-----------------------|-----------------|-----------|---------------|--------------------|--------------|---|---------------|
| В                             | С          | heck rf    | applicable                   |                         | С   |   |                       |                 |           |               | D Employ           | er Identifi  | cation Number                             |               |
|                               |            | Adi        | fress change                 | Please use<br>IRS label | Rotary Club   | of Tulsa                                      | Foundation            | on              |           |               | 23-                | 72253        | 96  |               |
|                               | ŀ          | ╗          | ne change                    | or print<br>or type     | 616 S. Bost   |   |                       |                 |           |               | E Telepho          |              |   |               |
|                               | ŀ          | -          | -                            | See                     | Tulsa, OK 7   |   |                       |                 |           |               | 010                | 584-         | 7612                                      |               |
|                               | -          | ⊣          | al return                    | specific<br>Instruc-    |   |   |                       |                 |           |               | 910                | 204          | 7042                                      |               |
|                               | ŀ          | → Ter      | mination                     | tions.                  |   |   |                       |                 |           |               |                    |              |   |               |
|                               | Ĺ          | Am         | ended return                 |                         | <u> </u>  |   |                       |                 |           |               | G Gross r          |              | 839,26                                    |               |
|                               | L          | App        | lication pending             | F Name a                | and address of principal                            | officer Bett                                  | y Shaull              |                 |           |               | a group retur      |              | etes? Yes X                               | <u>{</u> ] No |
| •                             |            |            |                              | Same A                  | As C Above  |   |                       |                 | ŀ         | H(b) Are all  |                    |              | Yes                                       | No            |
| ī                             |            | Tax-       | exempt statu                 | ıs X 501                | (c) (3 ) <b>◄</b> (                                 | (insert no )                                  | 4947(a)(1)            | or 52           | 27        | ii ivo,       | attach a list      | (see msu     | actions)                                  |               |
| J                             |            |            |                              |                         | sarotary.com  | ·   |                       |                 |           | H(c) Group (  | exemption ni       | ımber ►      |   |               |
| K                             |            |            | of organization              | X Corpora               |   |   | Other ►               | L Year o        |           | 4.004         | - 1                |              | gal domicile OK                           |               |
| _                             | ar         |            | Summa                        |                         | 3001   11051  | Association                                   | onier -               | L teal of       | ronnau    | 1011 1 2 7 2  |                    | otate or let | gar dorniche OTC                          |               |
| L                             | <u> </u>   |            |                              |                         | anization's missis                                  | n or most size                                | ificant activities    | CUDDO           | ישת כ     | CULTIL        | TTEC O             | E DOT        | ADV CLUD OF                               |               |
|                               |            |            |                              |                         | ganization's missio                                 |   | inicant activities    | 2055            | OKT T     | ACTIAT.       | TIF2 0             | L KOI        | WKI CTOR OF                               | Ľ             |
| 9                             | 3          | -          | TULSA, _Q                    | KTVHOW                  | IA,_USA,_INC  | <b></b>                                       |                       |                 |           |               |                    |              | <del></del>                               |               |
| Š                             |            | -          |                              |                         | . – – – – – – .                                     | _ <b></b>                                     |                       |                 |           |               |                    |              | <del> </del>                              |               |
| 10<br>Activities & Governance | ;          |            |                              |                         |   |   |                       |                 |           |               |                    |              |   |               |
| Ş                             | [ ]        |            | Check this bo                |                         | if the organization                                 |   | •                     | disposed        | of mo     | re than 25    | of its a           | _ 1          |   |               |
| ď                             | <b>š</b>   |            |                              |                         | bers of the govern                                  |   |                       |                 |           |               | Ì                  | 3            |   |               |
| ď                             | 3          |            |                              |                         | it voting members                                   | -   | ng body (Part V       | I, line ID)     |           |               |                    | 4            |   |               |
| <del>-</del>                  |            |            |                              | •                       | yees (Part V, line                                  | •   |                       |                 |           |               |                    | 5            |   |               |
| $\mathbf{c}$                  | ]          |            |                              |                         | eers (estimate if n                                 |   |                       | 10              |           |               |                    | 6            | 1 03                                      | <u> </u>      |
| 2010<br>Act                   | .          |            | -                            |                         | ousiness revenue f                                  |   |                       | ! 12            |           |               |                    | 7 a          | -1,83                                     |               |
|                               | +          | <b>D</b> I | vet unrelated                | business                | taxable income fr                                   | om Form 990-                                  | 1, line 34            |                 |           |               | J                  | 7 b          | -1,83                                     | <u> 31.</u>   |
| •                             | -          |            |                              |                         |   |   |                       |                 |           | Pı            | rior Year          |              | Current Year                              |               |
| <u> </u>                      |            | 8 (        | Contributions                | and gran                | its (Part VIII, line 1                              | ∤h)   |                       |                 |           |               | 265,5              | 50.          | 144,77                                    | <u> 13.</u>   |
| בו<br>בי                      |            | 9 F        | <sup>o</sup> rogram serv     | ice reven               | ue (Part VIII, line 2                               | 2g)   |                       |                 |           |               |                    |              |   |               |
| DEC<br>Revenue                | 1          | 0 1        | nvestment in                 | come (Pa                | art VIII, column (A)                                | ), lines 3, 4, an                             | ıd 7d)                |                 |           |               | <u>-142,5</u>      |              | 78,01                                     |               |
| റ                             | 1          | 1 (        | Other revenue                | e (Part VI              | II, column (A), line                                | es 5, 6d, 8c, 9c                              | ;, 10c, and 11e)      | ı               |           |               | 153,0              | 53.          | 110,47                                    | <i>1</i> 9.   |
| ĬĬ.                           | 1 1        | 2 7        | otal revenue                 | – add lii               | nes 8 through 11 (                                  | must equal Pa                                 | rt VIII, column (     | (A), line 12    | 2)        |               | 276,0              | 39.          | 333,26                                    | 54.           |
| SCANNED                       | 1          | 3 (        | Grants and si                | mılar amo               | ounts paid (Part IX                                 | (, column (A),                                | ines 1-3)             |                 |           |               | 495,7              | 64.          | 277,55                                    | <u>.</u>      |
|                               | -          |            |                              |                         | members (Part IX,                                   |   | =                     |                 |           |               |                    |              |   |               |
| ටී                            | - 1        |            |                              |                         | nsation, employee                                   |   |                       | lines 5-10      | ١         |               |                    |              |   |               |
| က် ရှိ                        | }   ;      |            |                              |                         | · -   |   |                       |                 | ,         |               |                    |              |   |               |
| S<br>Expenses                 | י ו        |            |                              |                         | ig fees (Part IX, co                                |   |                       |                 |           | <u> </u>      |                    |              |   |               |
| Š                             | }          | bΊ         | otal fundrais                | ing exper               | nses (Part IX, colu                                 | mn (D), line 25                               | i) ►                  |                 |           | <u> </u>      | ·                  | F            | ,   | ٠.            |
|                               |            | 7 (        | Other expens                 | es (Part I              | X, column (A), line                                 | es 11a-11d, 11 <sup>e</sup>                   | f-24f)                |                 |           |               | 10,0               | 05.          | 11,04                                     | 18.           |
|                               | 1          | 8 1        | otal expense                 | es Add Iir              | nes 13-17 (must ed                                  | qual Part IX, co                              | olumn (A), line       | 25)             |           |               | 505,7              | 69.          | 288,59                                    | 9.            |
|                               | 1          |            | -                            |                         | s Subtract line 18                                  | •   | ,                     | •               |           |               | -229,7             |              | 44,66                                     |               |
| *                             |            |            |                              | onponio d               | <u> </u>  |   | DEGE                  |                 |           |               |                    |              |   |               |
| 8                             | ופ         |            |                              | D - 4 V   -             | 10)   | ĺ   | RECE                  | IVED            |           |               | ning of Yo         |              | End of Year                               | · -           |
| Net Assets or                 |            |            | otal assets (                |                         | •   |   |                       | ·               | 70        |               | ,447,1             |              | 2,579,72                                  |               |
| 7                             | 2          |            | otal liabilitie              |                         | ·   | 188   | NOV 1 0               | 0010            | 100       |               | 12,0               | 06.          | 14,79                                     |               |
|                               |            |            |                              |                         | inces Subtract line                                 | e 21 from line⊃                               | NOV 1 9               | <u> </u>        | 101       | 2             | <u>, 435, 1</u>    | 92.          | 2,564,93                                  | <u> 10 .</u>  |
| <u>P</u>                      | art        | 11         | Signatu                      | ire Bloc                | :k  |   |                       |                 | 38        |               |                    |              |   |               |
|                               |            |            | Under penaltie               | s of perjury,           | l declare that I have example the large of preparer | mined this return, ir                         | cluding scom say)     | nd schedutes    | and state | ments, and    | to the best of     | f my know    | ledge and belief it is                    |               |
| Ç                             |            |            | true, correct, a             | nd complete             | Declaration of preparer                             | (other than officer)                          | is based on all inten | mation of which | h prepar  | er has any k  | nowledge           |              |   |               |
| Si                            | ign        |            |                              | uyl                     | · ( Num   | ~~~   |                       |                 |           | 1             | Move               | m be         | v   |               |
| H                             | ere        |            | Signature                    | of officer              |   | <del></del>                                   |                       |                 |           | Date          | •                  | •            |   |               |
|                               |            |            | <b>▶</b> ✓1                  | BAR                     | , I End   | MONS  | TREASU                | OFP             |           |               |                    |              |   |               |
|                               |            |            |                              | nt name and             |   |   | (1001150              | <del>pric</del> |           |               |                    |              |   |               |
| _                             |            |            |                              |                         | <del></del>   |   | <del></del>           | Date            |           | <del></del> - | <del></del>        | Pran         | arer's identifuing auch                   | Α,            |
| <b>n</b> .                    | _ : _ı     |            |                              | · ).                    | _   |   |                       | Date            |           | Che<br>self   | eck if             | (see         | arer's identifying numbe<br>instructions) | er            |
|                               | aid<br>re- |            | Preparer's                   | _ M                     | 1 - 1   | $\nu_{\sim}$                                  | 4 0                   | n   11          | 6         | امما          | ployed <b>&gt;</b> |              |   |               |
|                               | re-<br>are | v'c        | signature                    | <u> </u>                | mu L.   | . <i>[                                   </i> | re CPI                | <u>4   //-</u>  | q.        | 10            |                    | [P00         | 0069467                                   |               |
|                               | are<br>se  |            | Firm's name (o               |                         | se & Co.  |   |                       | <u>.</u>        |           |               |                    |              |   | _             |
|                               | nly        |            | yours if self-<br>employed), | <b>►</b> 6950           | S. Utica A  | venue   |                       |                 |           | EIN           | <b>►</b> 20        | 0-409        | 1940                                      |               |
| •                             | y          |            | address, and<br>ZIP + 4      | Tuls                    |   |   | •                     |                 |           | Pho           |                    | (918)        | 749-1040                                  | _             |
| M                             | av ti      | ne IR      | L                            |                         | vith the preparer sl                                | ··  | see instructions      | ;)              |           |               |                    |              |   | lo            |
| _                             |            |            |                              |                         | work Reduction A                                    |   |                       |                 |           |               | TEEA0113L          |              |   | _             |
|                               |            |            | Act a                        | when                    |   |   | Jopaiale III:         | ,               | -         |               |                    | 12/27/03     | 1 01111 330 (20                           | - U J I       |

|     | 1990 (2009) Rotary Club of Tulsa Foundation   | 23-7225396  | Page 2        |
|-----|---|---|---------------|
| Pat | t III Statement of Program Service Accomplishments  |   |               |
| 1,  | Briefly describe the organization's mission SUPPORT ACTIVITIES OF ROTARY CLUB OF TULSA, OKLAHOMA, USA, INC.   |   |               |
|     |   |   |               |
|     |   | <del>-</del>  |               |
| 2   | Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?  | the prior Yes X   | ] No          |
| 3   | If 'Yes,' describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program serv  | vices? Yes X  | No            |
|     | If 'Yes,' describe these changes on Schedule O  |   | •             |
| 4   | Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported   | by expenses Section 501(<br>I allocations to others, the t  | c)(3)<br>otal |
| 4 a | (Code | ovides gifted you<br>rienced judges.<br>hare of nearly<br>Seniors and a<br>ce in Piano,<br>rants competed in<br>Awards program ha     |               |
|     |   |   | <b>-</b> -    |
|     | (Code NATER WELL: The goal of the International Projects Committee is international understanding, goodwill and peace through a world for business and professional persons united in the ideal of service. The Rotary Club of Tulsa, our current, more specific goal is to provide to the poor who live in the barrios of Nicaragua. Since its incept wells, providing potable water to over 40,000 people. Funds to additling expenses were raised through the combined efforts of indigits from other Rotary clubs and a portion of event proceeds.  | the advancement of ellowship of Started in 2000 rovide potable was stion, the Water 120 good water ddress \$58,398 of ividual donors, | _by ter       |
|     | (Code) (Expenses \$ 50,873. including grants of \$) (R See Schedule O   | levenue \$  | )             |
| 4 d | Other program services (Describe in Schedule O)  See Schedule O   |   |               |
|     | (Expenses \$ 119,582. including grants of \$ ) (Revenue \$  | )   |               |
| 4 e | Total program service expenses ► 277,551.   |   |               |

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Form 990 (2009) Rotary Club of Tulsa Foundation

Part IV Checklist of Required Schedules

|      |   |     | res | NO          |
|------|---|-----|-----|-------------|
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A   | 1   | X   |             |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2   | X   |             |
| 3    | 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  | 3   |     | Х           |
| 4    | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II  | 4   |     | Х           |
| 5    | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III   | 5   |     |             |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  | 6   |     | Х           |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II                                       | 7   |     | Х           |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III   | 8   |     | Х           |
|      | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9   |     | Х           |
| 10   | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It is a series of the complete Schedule D, Part V  | 10  |     | Х           |
| 11   | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable  | 11  |     | X           |
| •    | • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  | ļ   |     |             |
| •    | Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII   | 1   | , , |             |
| •    | • Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII   | *.  |     | į           |
|      | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX  | i   | - " | ÷           |
|      | • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   |     |     |             |
|      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X                | ٠,  |     |             |
|      | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII  | 12  | х   | <del></del> |
| 12   | AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No   |     |     |             |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13  |     | X           |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | X           |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I                             | 14b |     | <u>X</u> _  |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II                                       | 15  |     | <u>X</u>    |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III   | 16  |     | <u>X_</u>   |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I  | 17  |     | <u>X</u>    |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II  | 18  | Х   |             |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III  | 19  |     | х           |
| 20   | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H   | 20  |     | X           |
|      |   |     |     |             |

| Pa   | rt IV · Checklist of Required Schedules (continued)  |     |     |          |
|------|--|-----|-----|----------|
|      |  |     | Yes | No       |
| 21   | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II   | 21  | Х   |          |
| 22   | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III  | 22  |     | Х        |
| 23   | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>                        | 23  |     | Х        |
|      | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25 | 24a |     | Х        |
|      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |          |
| •    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |     |          |
| ď    | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  | 24d |     |          |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  | 25a |     | Х        |
| ı    | b Is the organization 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              | 25b |     | Х        |
| 26   | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II   | 26  |     | Х        |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III                      | 27  |     | Х        |
| 28   | Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  | ,   | ,   | , .      |
| á    | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28a |     | X        |
| ŀ    | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28b |     | Х        |
|      | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV   | 28c |     | X        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M   | 29  |     | <u>X</u> |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M   | 30  |     | Х        |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I   | 31  |     | Χ        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II   | 32  |     | Х        |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3 and 301 7701-3? If 'Yes,' complete Schedule R, Part I   | 33  |     | Х        |
| 34   | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and $V$ , line $1$   | 34  |     | Х        |
| 35   | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  | 35  |     | Х        |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2   | 36  |     | Х        |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule $R$ , $Part\ VI$  | 37  |     | X        |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O  | 38  | Х   |          |

BAA Form 990 (2009)

|  |   |      | Yes | No  |  |
|--|---|------|-----|-----|--|
| 1  | a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable  |      |     |     |  |
|  | <b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   |      |     |     |  |
|  | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1 c  |     |     |  |
| 2  | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0  |      |     |     |  |
| 2  | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b   |     |     |  |
|  | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)   |      |     |     |  |
| 3  | a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by<br>this return?   | 3a   | Х   |     |  |
|  | b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O   | 3b   | X   |     |  |
| 4  | a 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)?                          | 4 a  |     | Х   |  |
|  | b 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  |      |     |     |  |
| 5  | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5 a  |     | X   |  |
|  | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5 b  |     | X   |  |
|  | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  | 5 c  |     |     |  |
| 6  | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?   | 6 a  |     | Х   |  |
|  | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?   | 6ь   |     |     |  |
| 7  | Organizations that may receive deductible contributions under section 170(c).   | 1    | ,   | ,   |  |
|  | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a   | Х   | ^   |  |
| <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided? |   |      |     |     |  |
|  | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file<br>Form 8282?   | 7с   |     | Х   |  |
|  | d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d  |      | .   |     |  |
|  | e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7 e  |     | X   |  |
|  | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f   |     | X   |  |
|  | g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7 g  |     |     |  |
|  | h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?   | 7h   |     |     |  |
| 8  | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8    |     | Х   |  |
| 9  | Sponsoring organizations maintaining donor advised funds.   |      |     |     |  |
|  | a Did the organization make any taxable distributions under section 4966?   | 9a   |     | Х   |  |
|  | b Did the organization make any distribution to a donor, donor advisor, or related person?  | 9b   | Ì   | X   |  |
|  | Section 501(c)(7) organizations. Enter  |      | -   |     |  |
| i  | a Initiation fees and capital contributions included on Part VIII, line 12  | .    |     |     |  |
| ı  | b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   | ļ.   | ,   | . ' |  |
| 11   | Section 501(c)(12) organizations. Enter   |      |     |     |  |
|  | a Gross income from other members or shareholders   |      |     | •   |  |
|  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  | `    |     |     |  |
| 12   | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12 a |     |     |  |
| ١  | o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b   |      |     |     |  |
|  |   |      |     |     |  |

BAA

Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec  | ction A. Governing Body and Management   |   |              |          |            |
|------|--|---|--------------|----------|------------|
|      |  |   |              | Yes      | No         |
| 1.   | a Enter the number of voting members of the governing body   | 1a 5  |              |          |            |
|      | b Enter the number of voting members that are independent  | 1 <b>b</b> 5  | ]            |          |            |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?  | elationship with any other                              | 2            |          | Х          |
| 3    | Did the organization delegate control over management duties customarily performed by or u of officers, directors or trustees, or key employees to a management company or other personal trustees.  | under the direct supervision                            | 3            |          | Х          |
| 4    | Did the organization make any significant changes to its organizational documents  |   | 4            |          | Х          |
|      | since the prior Form 990 was filed?  |   |              |          |            |
| 5    | Did the organization become aware during the year of a material diversion of the organization  | n's assets?   | 5            |          | Χ          |
| 6    | Does the organization have members or stockholders?  |   | 6            |          | X          |
| 7 :  | Does the organization have members, stockholders, or other persons who may elect one or r governing body?  | more members of the                                     | 7a           |          | Х          |
| ı    | Are any decisions of the governing body subject to approval by members, stockholders, or ot  | ther persons?   | 7 b          |          | Χ          |
| 8    | Did the organization contemporaneously document the meetings held or written actions under the following   | rtaken during the year by                               |              | •        |            |
| á    | The governing body?  |   | 8a           | Х        |            |
| Ŀ    | Each committee with authority to act on behalf of the governing body?  |   | 8b           |          | Χ          |
| 9    | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O  | nnot be reached at the                                  | 9            |          | Х          |
| Sec  | tion B. Policies (This Section B requests information about policies not i   | required by the Internal                                |              |          |            |
| Reve | enue Code )  |   |              |          |            |
|      |  | ,   |              | Yes      | No         |
| 10 a | Does the organization have local chapters, branches, or affiliates?  |   | 10 a         |          | <u>X</u>   |
| ŧ    | olf 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?   | f such chapters, affiliates,                            | 10 ь         |          |            |
| 11   | Has the organization provided a copy of this Form 990 to all members of its governing body by  | pefore filing the form?                                 | 11           | Х        |            |
| 11 / | ${f A}$ Describe in Schedule O the process, if any, used by the organization to review this Form 990   | See Schedule O  | ÷            |          |            |
| 12 a | Does the organization have a written conflict of interest policy? If 'No,' go to line 13   |   | 12 a         |          | _X         |
| t    | Are officers, directors or trustees, and key employees required to disclose annually interests<br>to conflicts?  | that could give rise                                    | 12b          |          |            |
| c    | Does the organization regularly and consistently monitor and enforce compliance with the pol<br>Schedule O how this is done  | licy? If 'Yes,' describe in                             | 12 c         |          |            |
| 13   | Does the organization have a written whistleblower policy?   |   | 13           |          | X          |
| 14   | Does the organization have a written document retention and destruction policy?  |   | 14           |          | X          |
| 15   | Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decident and decide | approval by independent cision?                         |              | ٠        | ٠ ،        |
| a    | The organization's CEO, Executive Director, or top management official   | ]   | 15 a         |          | X          |
| b    | Other officers of key employees of the organization  |   | 15 b         |          | X          |
|      | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)   |   |              | ٠        |            |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?   | arrangement with a taxable                              | 16a          | <i>-</i> | X          |
| b    | If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?   | to evaluate its participation the organization's exempt | 16ь          |          |            |
| Sec  | tion C. Disclosures  |   |              |          |            |
| 17   | List the states with which a copy of this Form 990 is required to be filed ► <u>OK</u>   |   |              |          |            |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar inspection. Indicate how you make these available. Check all that apply  | nd 990-T (501(c)(3)s only) av                           | aılable      | for p    | ublic      |
|      | Own website Another's website X Upon request   |   |              |          |            |
| 19   | Describe in Schedule O whether (and if so, how) the organization makes its governing docum statements available to the public See Schedule O   | ents, conflict of interest polic                        | y, and       | i finan  | ncıal      |
|      | State the name, physical address, and telephone number of the person who possesses the bo-DONNA MERCIER 616 S. BOSTON #410 TULSA, OK 74119 918 5   |   | ıızatıo<br>_ | n<br>    | - <b>-</b> |

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (c) (D) (E) (F) Average hours Position (check all that apply) Reportable compensation from related organizations (W-2/1099 MISC) Name and Title Reportable compensation from Estimated amount of other Individual to per week Officer Institutional trustee Highest the organization (W 2/1099-MISC) compensation nployee from the employee organization and related compensated organizations trustee Bill Vogle Х Treasurer Х 0 0 0. Jess Evans Vice President Х X 0 0 0. Rod Sands Х Х 0 0 0. Secretary Jerry Emmons Trustee Χ 0 0 0. Betty Shaull President X 1 Х 0. 0 0.

| (A)  | (B)                          |                                       |                       |              | c)           | <del></del>                  | uii         | (D)                                 | (E)                                      | Joyce    | (F)  |
|--|------------------------------|---------------------------------------|-----------------------|--------------|--------------|------------------------------|-------------|-------------------------------------|--|----------|--|
| Name and Title   |                              | erage Position (check all that apply) |                       |              |              |                              |             | Reportable compensation from        | Reportable compensation from             |          | Estimated<br>ount of other   |
| •  | nours<br>per week            | or director                           | Institutional trustee | Officer      | Key employee | Highest compensated employee | Former      | the organization<br>(W 2/1099-MISC) | related organizations<br>(W 2/1099-MISC) | or<br>a  | mpensation<br>from the<br>ganization<br>and related<br>ganizations |
|  |                              |                                       |                       |              | ,            |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     | · · · · · · · · · · · · · · · · · · ·    |          |  |
|  |                              |                                       |                       | .            |              |                              |             |                                     |  |          |  |
| 1 b Total  |                              |                                       |                       |              |              |                              | <b>&gt;</b> | 0.                                  | O.                                       | <u> </u> | 0  |
| 2 Total number of individuals (including but not limited from the organization ► 0                               | to thos                      | se lis                                | sted                  | abo          | ve)          | who                          | rec         | eived more than \$                  | 5100,000 in reporta                      | able con | npensation   |
| 3 Did the organization list any former officer, director   | or truste                    | ee k                                  | ev f                  | -mn          | Inve         | e 0                          | r hi        | nhest compensate                    | d employee                               |          | Yes No   |
| on line 1a? If 'Yes,' complete Schedule J for such in  4 For any individual listed on line 1a, is the sum of rei | <i>idividua.</i><br>portable | l<br>com                              | nper                  | ısatı        | on a         | and                          | othe        | er compensation fr                  | om                                       | 3        | X  |
| the organization and related organizations greater the individual  | ian pioi                     | 0,00                                  | 0, 1                  | T YE         | 25 C         | om                           | oiete       | e Scriedule J for Si                | JCN                                      | 4        | Х  |
| 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch     | ompens<br>ledule J           | atior<br>for                          | fro<br>suct           | m a<br>1 pei | ny u<br>rson | ınrel                        | late        | d organization for                  | services                                 | 5        | x  |
| 1 Complete this table for your five highest compensate   | ed indep                     | end                                   | ent                   | cont         | ract         | ors                          | that        | received more that                  | an \$100,000 of                          |          |  |
| compensation from the organization (A)   |                              |                                       |                       | _            |              |                              |             | (B)                                 |  |          | <br>C)   |
| Name and business address  | s                            |                                       |                       |              |              |                              | _           | Description of                      | Services                                 | Compe    | nsation  |
|  |                              |                                       |                       |              |              |                              | $\dashv$    |                                     |  |          |  |
|  | _                            |                                       |                       |              |              |                              |             |                                     |  |          |  |
|  |                              |                                       |                       |              |              |                              |             |                                     |  |          |  |
| 2 Total number of independent contractors (including the \$100,000 in compensation from the organization ►       |                              | imite                                 | ea to                 | o the        | se l         | ııste                        | o at        | oove) who received                  | more than                                |          |  |

|   | ,  | (A)<br>Total revenue                  | (B) Related or exempt function          | (C)<br>Unrelated<br>business          | (D)  Revenue excluded from tax under sections |
|---|--|---------------------------------------|---|---------------------------------------|---|
|   |  |                                       | revenue                                 | revenue                               | 512, 513, or 514                              |
| SIS   | 1a Federated campaigns 1a  |                                       |   |                                       |   |
| NA P  | <b>b</b> Membership dues 1b  | 1                                     |   |                                       |   |
| ₽,₫   | c Fundraising events 1c  | 7                                     |   |                                       |   |
| FTS   | d Related organizations 1 d  | †                                     |   |                                       |   |
| 5 ₹   | e Government grants (contributions)  | 1                                     |   |                                       |   |
| N IS  |  | 1                                     |   |                                       |   |
| PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | f All other contributions, gifts, grants, and similar amounts not included above 1f 144,773. |                                       |   |                                       |   |
| N S   | g Noncash contribns included in Ins 1a-1f \$   |                                       |   |                                       |   |
| <u>8 ₹</u>  | h Total. Add lines 1a-1f   | 144,773.                              |   |                                       |   |
| NUE   | Business Code  |                                       | -                                       |                                       | Ţ   |
| VEN   | 2a   |                                       |   |                                       |   |
| 2   | b  |                                       |   |                                       |   |
| N C   | c  |                                       |   | ,                                     |   |
| SER   | d  |                                       |   |                                       |   |
| A   | e  |                                       |   |                                       | -   |
| GR.   | f All other program service revenue  |                                       |   |                                       | -   |
| 280   | g Total. Add lines 2a-2f   |                                       |   |                                       |   |
|   | 3 Investment income (including dividends, interest and                                       |                                       |   |                                       |   |
|   | other similar amounts)   | 52,805.                               | 52,805.                                 |                                       |   |
|   | 4 Income from investment of tax-exempt bond proceeds   |                                       |   |                                       |   |
|   | 5 Royalties  |                                       |   |                                       | <del></del>                                   |
|   | (i) Real (ii) Personal   | 5 / 13                                |   |                                       |   |
|   | 6a Gross Rents   | 7 23 74                               | <b>j</b> .                              |                                       |   |
| Ī   | <b>b</b> Less rental expenses  |                                       |   | V                                     | 1   |
|   | c Rental income or (loss)  | 1 m                                   |   | * *                                   |   |
|   | d Net rental income or (loss)  | ولادارات في المساهدة                  | عند اسم ليا دفقاً أنا                   | • • • • •                             |   |
| ŀ   | (v) Converting (vi) Other  |                                       |   |                                       |   |
|   | 7 a Gross amount from sales of assets other than inventory 351, 370.                         | W. Ahaki                              | 14.                                     |                                       |   |
|   |  |                                       |   | * *                                   |   |
| 1   | b Less cost or other basis and sales expenses 326, 163.                                      |                                       |   | •                                     |   |
| Ì   | c Gain or (loss) 25, 207.  |                                       | - 3                                     | •                                     |   |
|   | d Net gain or (loss)   | 25,207.                               | 75 707                                  | *                                     |   |
|   |  | 25,207.                               | 25,207.                                 | · · · · · · · · · · · · · · · · · · · |   |
| ä   | 8a Gross income from fundraising events (not including \$                                    | , ,                                   | , · , , , , , , , , , , , , , , , , , , |                                       |   |
|   | of contributions reported on line 1c)  | 37 1                                  | , ç                                     |                                       |   |
| Æ   | See Part IV, line 18 a 277, 846.   |                                       | . '                                     |                                       |   |
| OTHER REVEN                                       | b Less direct expenses b 165,536.  | *                                     |   |                                       |   |
| 6   | c Net income or (loss) from fundraising events   | 112,310.                              | 112,310.                                |                                       |   |
|   | 9a Gross income from gaming activities   | 112,510.                              |   |                                       | <del>_</del>                                  |
| i   | See Part IV, line 19 a   |                                       |   |                                       |   |
| I   | b Less direct expenses b   | ٠. غ                                  | *                                       |                                       |   |
|   | c Net income or (loss) from gaming activities  |                                       |   |                                       |   |
|   | 10 a Gross sales of inventory, less returns and allowances a 12,469.                         | · · · · · · · · · · · · · · · · · · · |   |                                       |   |
|   | b Less cost of goods sold b 14,300.  |                                       |   |                                       |   |
|   | c Net income or (loss) from sales of inventory   | -1,831.                               |   | -1,831.                               |   |
|   | Miscellaneous Revenue Business Code  |                                       |   |                                       |   |
| ſ   | 11a  |                                       | _                                       | ]                                     |   |
|   | b _  |                                       |   |                                       |   |
|   | c  | ·                                     |   |                                       |   |
|   | d All other revenue  |                                       |   |                                       |   |
|   | e Total. Add lines 11a-11d   |                                       |   |                                       | <del></del>                                   |
| - 1   | 12 Total revenue. See instructions   | 333,264.                              | 190,322.                                | -1,831.                               | 0.  |
|   |  | 000,204.                              | 170,344.                                | 1,031.                                | ∪.  |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Dо<br>6Ь, | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses                            | (B) Program service expenses | (C) Management and general expenses   | ( <b>D)</b> Fundraising expenses |
|-----------|--|--|------------------------------|---------------------------------------|----------------------------------|
| 1         | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  | 277,551.   | 277,551.                     |                                       |                                  |
| 2         | Grants and other assistance to individuals in the U.S. See Part IV, line 22.   | 211,002  | 277,002                      |                                       |                                  |
| 3         | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |  |                              | r                                     |                                  |
| 4<br>5    | Benefits paid to or for members<br>Compensation of current officers, directors,<br>trustees, and key employees   | 0.   | 0.                           | 0.                                    | 0.                               |
| 6         | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)                         | 0.   | 0.                           | 0.                                    | 0.                               |
| 7         | Other salaries and wages.  |  |                              |                                       |                                  |
| 8         | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  |  |                              |                                       |                                  |
| 9         | Other employee benefits  |  |                              |                                       |                                  |
| 10        | Payroll taxes  |  |                              |                                       |                                  |
| 11        | Fees for services (non-employees)  |  |                              |                                       |                                  |
|           | Management   |  |                              |                                       |                                  |
|           | D Legal  |  |                              |                                       |                                  |
|           | : Accounting   |  |                              |                                       |                                  |
|           | Lobbying   |  |                              |                                       |                                  |
|           | Prof fundraising svcs See Part IV, In 17   |  | · 通過表記了4年 次                  | 11.00 000                             | <del>.</del>                     |
|           | Investment management fees   | 11,048.  | 1                            | 11,048.                               |                                  |
|           | Other  | 11,010.  |                              | 11/010.                               |                                  |
| -         |  | <del>                                     </del> |                              |                                       |                                  |
|           | Advertising and promotion  |  |                              |                                       |                                  |
|           | Office expenses  |  |                              |                                       |                                  |
| 14        | Information technology   |  |                              |                                       |                                  |
| 15        | Royalties  |  | <del>}</del>                 |                                       |                                  |
|           | Occupancy  |  |                              |                                       |                                  |
|           | Travel Payments of travel or entertainment expenses for any federal, state, or local public officials  |  |                              |                                       |                                  |
| 19        | Conferences, conventions, and meetings   |  |                              |                                       |                                  |
| 20        | Interest   |  |                              |                                       |                                  |
| 21        | Payments to affiliates   |  |                              |                                       |                                  |
| 22        | Depreciation, depletion, and amortization  |  |                              |                                       |                                  |
| 23        | Insurance  |  |                              |                                       |                                  |
|           | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ). |  |                              |                                       |                                  |
| a         |  |  |                              |                                       | <del></del>                      |
|           | `  |  |                              |                                       |                                  |
| C         |  |  |                              |                                       | <del></del>                      |
| d         |  | -  |                              |                                       |                                  |
| e         |  | <del> </del>                                     |                              | · · · · · · · · · · · · · · · · · · · |                                  |
|           | All other expenses   | 000 505  | 0.55                         | 11 010                                |                                  |
|           | Total functional expenses Add lines 1 through 24f  | 288,599.   | 277,551.                     | 11,048.                               | 0.                               |
| 26        | Joint costs. Check here ►  |  |                              |                                       |                                  |
| BAA       |  | 1  | <del> </del>                 |                                       | Form <b>990</b> (2009)           |

Balance Sheet

Part X

(A) (B) End of year Beginning of year Cash - non-interest-bearing 1 Savings and temporary cash investments. 262,252. 2 67,368. 3 Pledges and grants receivable, net 54,421. 165,228. 3 25,002. 30,942. 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Notes and loans receivable, net. 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 2,333 9 10a Land, buildings, and equipment cost or other basis 10a Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 10 c 426,994 992,383 11 11 Investments - publicly-traded securities. 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 2,447,198 2,579,725 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 12,006. 17 13,395 18 18 Grants payable 19 Deferred revenue 19 1,400. 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 12,006 26 14,795 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 1,678,246 27 1,838,124. 756,946 726,8<u>06.</u> 28 Temporarily restricted net assets. 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 2,435,192 33 2,564,930.  $2,447,\overline{198}$ 34 2,579,725. 34 Total liabilities and net assets/fund balances

BAA Form 990 (2009)

| Form <b>990</b> ( | 2009) | Rotarv | Club | of | Tulsa | Foundation |
|-------------------|-------|--------|------|----|-------|------------|
|                   |       |        |      |    |       |            |

23-7225396

Page **12** 

| Part XI Financial Statements and Reporting   |             |     |    |  |  |
|--|-------------|-----|----|--|--|
|  |             | Yes | No |  |  |
| 1 Accounting method used to prepare the Form 990 $igcap$ Cash $igl  X$ Accrual $igr  igr $ Other   |             |     |    |  |  |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O   |             |     |    |  |  |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |             |     |    |  |  |
| b Were the organization's financial statements audited by an independent accountant?   |             |     |    |  |  |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?               |             |     |    |  |  |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |             |     |    |  |  |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu consolidated basis, separate basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis | ied on a    |     |    |  |  |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?   | Single 3a   |     | Х  |  |  |
| <b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits                  | uired audit |     |    |  |  |

BAA

Form 990 (2009)

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545 0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

| Name of the organization                                       |  |  |                                     |  |                           |  | Employ               | er identifica                             | ation number                      |                  |                 |
|--|--|--|-------------------------------------|--|---------------------------|--|----------------------|---|-----------------------------------|------------------|-----------------|
| Rotary Club of Tu  |  |  |                                     |  |                           |  |                      | 22539                                     |                                   |                  |                 |
| Part I Reason for P  | ublic Charity Stat   | us (All organizations  | s must                              | compl  | ete this                  | s part   | ) See                | ınstruc                                   | tions                             |                  |                 |
| The organization is not a pi                                   | rivate foundation beca   | use it is (For lines 1 thro  | ough 11                             | , check o  | only one                  | box )  |                      |   |                                   |                  |                 |
| 1 A church, conven   | tion of churches or as   | sociation of churches des  | scribed i                           | n sectio   | n 170(b                   | )(1)(A)(i  | i).                  |   |                                   |                  |                 |
| 2 A school describe  | d in section 170(b)(1)   | (A)(ii). (Attach Schedule  | E)                                  |  |                           |  |                      |   |                                   |                  |                 |
| 3 A hospital or coop   | perative hospital service  | ce organization described  | in sec                              | tion 170   | (b)(1)(A)                 | (iii).   |                      |   |                                   |                  |                 |
| <del>,</del>   |  | ed in conjunction with a i   |                                     |  |                           |  | 70(b)(1)(            | AXiii) E                                  | nter the ho                       | spital           | 's              |
| name, city, and si   |  | •  | •                                   |  |                           |  |                      | . , ,                                     |                                   |                  |                 |
| 1/0(b)(1)(A)(iv). (  | (Complete Part II )  | t of a college or universit  |                                     |  |                           |  |                      | I unit de                                 | scribed in                        | section          | on              |
| 6 A federal, state, o  | r local government or  | governmental unit descr  | ibed in                             | section  | 170(b)(1                  | )(A)(v).   |                      |   |                                   |                  |                 |
| ∷ in section 170(b)(   | <b>1)(A)(vi).</b> (Complete F  | -  |                                     | _  | overnme                   | ntal un  | t or fron            | n the ger                                 | neral public                      | : desc           | ribed           |
| <u> </u>   |  | 170(b)(1)(A)(vi). (Comple  |                                     |  |                           |  |                      |   |                                   |                  |                 |
| from activities relat<br>investment incomi<br>June 30, 1975 Se | 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 Part III) |  |                                     |  |                           |  |                      |   |                                   |                  |                 |
| 10 An organization of  | rganized and operated  | fexclusively to test for pr  | ublic saf                           | ety See  | section                   | n 509(a)   | (4).                 |   |                                   |                  |                 |
| 11 An organization of more publicly supposes the type          | rganized and operated<br>ported organizations of<br>of supporting organi   | l exclusively for the bene<br>described in section 509(<br>zation and complete line                  | fit of, to<br>(a)(1) or<br>s 11e th | perform<br>section<br>rough 1  | the fun<br>509(a)(a<br>Th | ctions o<br>2) See   | of, or ca<br>section | rry out th<br>5 <b>09(a)(</b> 3           | ne purpose:<br><b>3).</b> Check t | s of or<br>he bo | ne or<br>x that |
| a ☐ Type I   | <b>b</b> Type II   | c Type II  | II – Fun                            | ctionally  | ıntegra                   | ted  |                      | d 🗌                                       | Type III-                         | Othe             | r               |
| e By checking this by than foundation my 509(a)(2)             | ox, I certify that the o<br>anagers and other tha  | rganization is not control<br>in one or more publicly s  | led dired<br>upported               | ctly or in<br>d organi   | directly<br>zations       | by one<br>describe   | or more<br>ed in sec | disquali<br>ction 509                     | fied perso<br>(a)(1) or s         | ns oth<br>ection | ner             |
| , , , ,  | received a written de  | termination from the IRS   | that is a                           | a Type I   | Type II                   | or Type  | e III sup            | porting c                                 | organization                      | ١,               |                 |
| g Since August 17, 2   | 2006, has the organiza   | ation accepted any gift o  | r contrib                           | oution fro   | om any                    | of the fo  | ollowing             | persons                                   | 7                                 |                  |                 |
|  |  |  |                                     |  |                           |  |                      |   |                                   | Yes              | No              |
| below, the go  | overning body of the s   | controls, either alone or upported organization?   | together                            | with pe  | rsons de                  | escribed   | d ın (ıı) a          | and (III)                                 | 11 g (i)                          |                  |                 |
| (ii) a famıly mer  | nber of a person desc  | cribed in (i) above?   |                                     |  |                           |  |                      |   | 11 g (ii)                         |                  |                 |
| • •  | • •  | n described in (i) or (ii) a   |                                     |  |                           |  |                      |   | 11 g (iii)                        |                  | <u> </u>        |
| h Provide the following  | ng information about   | the supported organization   | ons                                 |  |                           |  |                      |   |                                   |                  |                 |
| (i) Name of Supported<br>Organization                          | (ii) EiN   | (iii) Type of organization<br>(described on lines 1 9<br>above or IRC section<br>(see instructions)) | organiza<br>(i) liste<br>gove       | (iv) is the organization in col (i) listed in your governing document? |                           | (v) Did you notify<br>the organization in<br>col (i) of<br>your support? |                      | is the<br>ion in col<br>zed in the<br>S ? | (vii) Amount of Suppo             |                  | pport           |
|  |  |  | Yes                                 | No   | Yes                       | No   | Yes                  | No  |                                   |                  |                 |
|  |  |  |                                     | ]  |                           |  |                      |   |                                   |                  |                 |
|  |  |  |                                     |  |                           |  |                      |   |                                   |                  |                 |
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|  |  |  | ŀ                                   |  |                           |  |                      |   |                                   |                  |                 |
|  |  |  | ļ                                   |  |                           |  |                      | ,   |                                   |                  |                 |
|  |  |  |                                     |  |                           |  |                      |   |                                   |                  |                 |
|  |  |  |                                     |  |                           | '  |                      |   |                                   |                  |                 |
|  |  |  | Ì                                   |  |                           |  |                      |   |                                   |                  |                 |
|  |  |  |                                     |  |                           |  |                      |   |                                   |                  |                 |
| Total  |  |  | 12 15                               |  |                           |  |                      |   |                                   |                  |                 |
| BAA For Privacy Act and Papery                                 | vork Reduction Act Notice  | see the Instructions for Form  | 990 or 99                           | 0-F7   |                           |  | chedule              | A (Forn                                   | n 990 or 90                       | n.E7)            | 2000            |

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| 25396                             | Page 2 |
|-----------------------------------|--------|
| <del>/</del> <b>4 1 4 1 1 1 1</b> |        |

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 Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 173,769 144.773 1.458.831. 132,379 188,465 819,445 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge 173,769 144,773. 1,458,831. 132,379 188,465 819,445 Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .... 298,675. No. Or William , J Public support. Subtract line 5 1,160,156. Se . 3 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 144,773 1,458,831. 132,379 188,465 819,445 173,769 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 78,012 67,040. 79,863 108,759 -142,564191,110. similar sources Net income from unrelated business activities, whether or not the business is regularly 25,771 2,550 247 -1,83126,737. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV) 表 经均数 £ . \*\* Total support. Add lines 7 through 10 1 1994 1,676,678. 1gr 12 0. Gross receipts from related activities, etc. (see instructions) 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 69.2% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 88.2% 16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the 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

Schedule A (Form 990 or 990-EZ) 2009

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

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 (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (f) Total Calendar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 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 amount on line 13 for the c Add lines 7a and 7b ALL PERSONAL PROPERTY. त्र १९६५ वर्ष**ः** । 0.3% Public support (Subtract line A5 42 . 5 \*5.25 i Deali 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 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 15 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19 a 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 19a, and line 16 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

| Schedule A   | (Form 9      | 90 or 99      | 90-EZ) 2 | 2009     | Rot    | ary               | Cli     | ub           | of           | Tul         | sa   | Four  | dati         | ion      |              |            | 23.            | -722         | 5396       | 5            | P            | age 4        |
|--------------|--------------|---------------|----------|----------|--------|-------------------|---------|--------------|--------------|-------------|------|-------|--------------|----------|--------------|------------|----------------|--------------|------------|--------------|--------------|--------------|
| Part IV      | Supple       | menta         | al Info  | rmati    | ion. ( | Comp              | olete   | thi          | s pa         | art to      | pr   | ovide | the          | expla    | anation      | ns rec     | uirec          | by.          | Part       | II, line     | 10,          |              |
| Part IV      | Part II,     | line 1        | 7a or    | 17b;     | and I  | Part <sup>'</sup> | ˈIII, I | line         | 12.          | Prov        | vide | e any | othe         | r add    | ditiona      | l info     | rmatı          | on. S        | See II     | nstruc       | tions        |              |
|              |              |               |          |          |        |                   |         |              |              |             |      |       |              |          |              |            |                |              |            |              |              |              |
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|              |              | <del></del> - | . – – –  |          |        |                   |         |              |              |             |      |       |              |          |              |            |                |              |            |              |              |              |
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|              |              |               |          |          |        | . <b></b> .       |         |              |              | . <b></b> . |      |       |              |          | <del>-</del> |            |                |              |            | <del>-</del> | - <b>-</b> - |              |
|              |              |               |          |          |        |                   |         |              |              |             |      |       |              |          |              |            |                |              |            |              |              |              |
| <del>_</del> | <del>-</del> |               | ·        |          |        |                   |         |              |              | <b>-</b>    |      |       |              |          |              |            |                |              |            |              |              |              |
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| <b></b>      |              |               |          |          |        |                   |         |              |              |             |      |       |              |          |              | <b>-</b>   |                |              |            |              |              |              |
|              |              |               |          |          |        |                   |         |              |              |             |      |       |              |          |              |            |                |              |            |              | <b></b>      |              |
|              |              |               |          | <b>-</b> |        |                   |         |              |              |             |      |       |              |          |              |            |                |              |            |              |              |              |
| <b>_</b>     |              |               |          |          |        |                   |         |              |              |             |      |       |              |          |              | <b>_</b>   |                |              |            |              | _ <b></b> .  |              |
|              | -            |               |          |          |        |                   |         |              |              |             |      |       |              |          |              |            |                |              |            |              |              |              |
|              |              |               |          |          |        |                   |         |              | . <b>_</b> _ |             |      |       |              |          | - <b></b>    |            |                |              | <b>-</b> . |              |              |              |
|              |              |               |          |          |        |                   |         |              |              |             |      |       |              |          |              |            |                |              |            |              |              |              |
|              |              |               |          |          |        |                   |         |              |              |             |      |       | <del>-</del> |          | <b>-</b>     |            | <b></b> -      |              |            |              | - <b>-</b> - | <del>-</del> |
|              |              |               |          |          |        |                   |         |              |              |             |      |       |              |          |              |            |                |              |            |              |              |              |

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

Open to Public Inspection

Rotary Club of Tulsa Foundation

Employer Identification number

| RO  | tary club of fulsa roundation  |  | 23-7225396  |  |  |  |  |  |  |  |
|-----|--|--|---|--|--|--|--|--|--|--|
| Pa  | rt I Organizations Maintaining Donor   | r Advised Funds or Other Similar Fun   |   |  |  |  |  |  |  |  |
|     | the organization answered 'Yes' to Form 990, Part IV, line 6.  |  |   |  |  |  |  |  |  |  |
|     |  | (a) Donor advised funds  | (b) Funds and other accounts  |  |  |  |  |  |  |  |
| 1   | Total number at end of year  |  |   |  |  |  |  |  |  |  |
| 2   | Aggregate contributions to (during year)   |  |   |  |  |  |  |  |  |  |
| 3   | Aggregate grants from (during year)  |  |   |  |  |  |  |  |  |  |
| 4   | Aggregate value at end of year   |  |   |  |  |  |  |  |  |  |
| 5   | Did the organization inform all donors and dor funds are the organization's property, subject  | nor advisors in writing that the assets held in do to the organization's exclusive legal control?                | nor advised Yes No  |  |  |  |  |  |  |  |
| 6   | Did the organization inform all grantees, donor used only for charitable purposes and not for purpose conferring impermissible private bene                | rs, and donor advisors in writing that grant fund<br>the benefit of the donor or donor advisor or for a<br>fit?? | s may be any other Yes No   |  |  |  |  |  |  |  |
| Pai | t II   Conservation Easements Comple   | ete if the organization answered 'Yes' t   | o Form 990, Part IV, line 7   |  |  |  |  |  |  |  |
| 1   | Purpose(s) of conservation easements held by   | the organization (check all that apply)  |   |  |  |  |  |  |  |  |
|     | Preservation of land for public use (e.g., re  | ecreation or pleasure) Preservation o  | f an historically important land area   |  |  |  |  |  |  |  |
|     | Protection of natural habitat  | Preservation o   | f certified historic structure  |  |  |  |  |  |  |  |
|     | Preservation of open space   | <del>_</del>   |   |  |  |  |  |  |  |  |
| 2   | Complete lines 2a through 2d if the organization last day of the tax year  | on held a qualified conservation contribution in   | he form of a conservation easement on the   |  |  |  |  |  |  |  |
|     |  |  | Held at the End of the Year   |  |  |  |  |  |  |  |
| -   | Total number of conservation easements   |  | 2a  |  |  |  |  |  |  |  |
|     | Total acreage restricted by conservation easer   |  | _2b   |  |  |  |  |  |  |  |
|     | : Number of conservation easements on a certif   |  | 2c  |  |  |  |  |  |  |  |
|     | Number of conservation easements included in   |  | 2d  |  |  |  |  |  |  |  |
| 3   | Number of conservation easements modified, t   | transferred, released, extinguished, or terminate  | ed by the organization during the tax   |  |  |  |  |  |  |  |
| 4   | Number of states where property subject to co  | nservation easement is located >   |   |  |  |  |  |  |  |  |
| 5   | Does the organization have a written policy regard enforcement of the conservation easemen   | garding the periodic monitoring, inspection, han titholds?   | dling of violations, Yes No   |  |  |  |  |  |  |  |
|     | Staff and volunteer hours devoted to monitorin during the year ▶   |  |   |  |  |  |  |  |  |  |
| 7   | Amount of expenses incurred in monitoring, in during the year ►  | specting, and enforcing conservation easement  | \$  |  |  |  |  |  |  |  |
| 8   | Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^{7}$   | line 2(d) above satisfy the requirements of sec  | Yes No  |  |  |  |  |  |  |  |
| 9   | In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements                              | conservation easements in its revenue and expense the organization's financial statements that de                | se statement, and balance sheet, and scribes the organization's accounting for            |  |  |  |  |  |  |  |
| Par | Organizations Maintaining Collection Complete if the organization answ   | ctions of Art, Historical Treasures, or<br>wered 'Yes' to Form 990, Part IV, line 8                              | Other Similar Assets<br>3.  |  |  |  |  |  |  |  |
| 1 a | If the organization elected, as permitted under<br>treasures, or other similar assets held for publi<br>the text of the footnote to its financial statemen | ic exhibition, education, or research in furtherar   | nt and balance sheet works of art, historical ce of public service, provide, in Part XIV, |  |  |  |  |  |  |  |
| b   | amounts relating to these items  | ic exhibition, education, or research in furtheran   | nd balance sheet works of art, historical ce of public service, provide the following     |  |  |  |  |  |  |  |
|     | (i) Revenues included in Form 990, Part VIII,  | line 1   | <b>▶</b> \$   |  |  |  |  |  |  |  |
|     | (ii) Assets included in Form 990, Part X   |  | <b>&gt;</b> \$  |  |  |  |  |  |  |  |
| 2   | If the organization received or held works of ar amounts required to be reported under SFAS 1  | t, historical treasures, or other similar assets fo<br>16 relating to these items                                | r financial gain, provide the following   |  |  |  |  |  |  |  |
| а   | Revenues included in Form 990, Part VIII, line   | 1  | <b>*</b> \$   |  |  |  |  |  |  |  |
| b   | Assets included in Form 990, Part X  |  | <b>*</b> \$   |  |  |  |  |  |  |  |
|     |  |  |   |  |  |  |  |  |  |  |

| Schedule D (Form 990) 2009 | Rotary Club o     | of Tulsa Foundation               | 23-7225396                       |
|----------------------------|-------------------|-----------------------------------|----------------------------------|
| Part III Organizations     | Maintaining Colle | ections of Art. Historical Treasu | res. or Other Similar Assets (co |

| Part III   Organizations Mainta   | ining Collec                            | tions of A                    | rt, Histo                 | orical Tr                             | easures, or                                  | Other Sim                 | <u>ilar Ass</u>    | ets (    | <u>contir</u> | <u>าued)</u> |
|---|---|-------------------------------|---------------------------|---------------------------------------|--|---------------------------|--------------------|----------|---------------|--------------|
| 3 Using the organization's acquisit items (check all that apply)        | ion accession a                         | and other rec                 | ords, che                 | eck any of                            | the following th                             | at are a sigr             | nificant use       | e of its | collec        | tion         |
| a Public exhibition   |   | d                             | Loan                      | or exchan                             | ge programs                                  |                           |                    |          |               |              |
| <b>b</b> Scholarly research   |   | е                             | Other                     |                                       |  |                           |                    |          |               |              |
| c Preservation for future gener   | rations                                 |                               |                           |                                       |  |                           |                    |          |               |              |
| 4 Provide a description of the organ<br>Part XIV                        | inization's collec                      | ctions and ex                 | xplain hov                | w they furt                           | her the organiz                              | ation's exem              | npt purpos         | e ın     |               |              |
| 5 During the year, did the organiza assets to be sold to raise funds in | ition solicit or re<br>rather than to b | eceive donati<br>e maintained | ions of ar<br>I as part o | t, historica<br>of the orga           | il treasures, or<br>inization's colle        | other similar<br>ction?   |                    | Ye       | S             | No           |
| Part IV Escrow and Custodia 9, or reported an amo                       | I Arrangeme                             | ents Comp<br>990, Part        | lete if c<br>X, line      | organizat<br>21.                      | ion answere                                  | d 'Yes' to                | Form 99            | 90, P    | art IV        | , line       |
| 1 a Is the organization an agent, trus<br>included on Form 990, Part X? | stee, custodian,                        | or other inte                 | ermediary                 | for contrib                           | outions or other                             | assets not                | ſ                  | Yes      | 5             | □No          |
| <b>b</b> If 'Yes,' explain the arrangement                              | in Part XIV and                         | d complete tl                 | he followi                | ng table:                             |  |                           |                    |          |               |              |
| 5   |   |                               |                           |                                       |  |                           |                    | Amour    | nt            |              |
| c Beginning balance   |   |                               |                           |                                       |  | 1c                        |                    |          |               |              |
| <b>d</b> Additions during the year                                      |   |                               |                           |                                       |  | 1 d                       |                    |          |               |              |
| <ul> <li>Distributions during the year</li> </ul>                       |   |                               |                           |                                       |  | 1 e                       |                    |          |               |              |
| f Ending balance  |   |                               |                           |                                       |  | 1f                        |                    |          |               |              |
| 2a Did the organization include an a                                    | mount on Form                           | 990, Part X                   | , line 21?                |                                       |  |                           |                    | Yes      | ;             | No           |
| b If 'Yes,' explain the arrangement                                     |   |                               |                           |                                       |  |                           | _                  |          |               |              |
| Part V Endowment Funds Co   | mplete if org                           | anization :                   | answere                   | ed 'Yes'                              | to Form 990                                  | , Part IV,                | lıne 10.           |          |               |              |
| ļ   | (a) Current ye                          | ar (b                         | ) Prior year              | r (c                                  | ) Two years back                             | (d) Three                 | years back         | (e)      | Four year     | rs back      |
| 1 a Beginning of year balance   |   |                               |                           | £ (*) }                               | ₹  | . ` `                     | .* » <sup>3</sup>  |          |               | ,            |
| <b>b</b> Contributions  |   |                               |                           |                                       | 1 2 - 12                                     | 9 147 5                   | ٠,٠٠.              |          |               |              |
| c Net Investment earnings, gains, and losses                            | ,                                       |                               |                           |                                       |  | 2 4 1,3                   | 3 ( 3 )            | 3, -     | * s.=         | 1            |
| d Grants or scholarships  |   |                               |                           | 7,75                                  | 6, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, | *** * * * *               | * \$ 1,            | <u> </u> |               |              |
| e Other expenditures for facilities and programs                        |   |                               |                           | 134                                   | · · · · · · · · · · · · · · · · · · ·        |                           |                    | , ,      | -             | ٦            |
| f Administrative expenses   |   |                               |                           | 4,2 3                                 | *******                                      | 1 . 3.4.1 %               | ( - <sub>1</sub> , | 12 E     | <del></del>   | ** * /2      |
| g End of year balance   |   |                               |                           | ( 2 )                                 | U.S. 48 14 13                                | 1                         |                    | , *      |               |              |
| 2 Provide the estimated percentage                                      | of the year en                          | d balance he                  | ld as                     |                                       | *  |                           |                    | _        |               | -            |
| a Board designated or quasi-endow                                       | -                                       | 9                             |                           |                                       |  |                           |                    |          |               |              |
| <b>b</b> Permanent endowment ►  |   | °                             |                           |                                       |  |                           |                    |          |               |              |
| c Term endowment ►  |   | ~                             |                           |                                       |  |                           |                    |          |               |              |
|   |   |                               |                           |                                       |  |                           |                    |          |               |              |
| 3a Are there endowment funds not in<br>organization by                  | n the possession                        | n of the orga                 | ınızatıon t               | that are he                           | ld and adminis                               | tered for the             |                    | ſ        | Yes           | T No         |
| (i) unrelated organizations   |   |                               |                           |                                       |  |                           | ı                  | 2-(1)    | 162           | NO           |
| (ii) related organizations  |   |                               |                           |                                       |  |                           |                    | 3a(i)    |               | -            |
|   |   |                               |                           |                                       |  |                           |                    | 3a(ii)   |               | <del> </del> |
| b If 'Yes' to 3a(II), are the related o                                 |   |                               |                           |                                       |  |                           | l                  | 3b_      |               | <u></u>      |
| 4 Describe in Part XIV the intended                                     |   |                               |                           |                                       | 20 D- + V I                                  | - 10                      |                    |          |               |              |
| Part VI Investments-Land, Bu  |   |                               |                           |                                       |  |                           | ····               |          |               |              |
| Description of investment   | (a)                                     | Cost or othe)<br>(Investme)   |                           |                                       | or other<br>(other)                          | (c) Accumul<br>Depreciati |                    | (d) E    | Book V        | alue         |
| 1 a Land  |   | (                             | :::7-                     | - 50313                               | (other)                                      | Deprecian                 | 011                |          |               |              |
| b Buildings   |   |                               |                           |                                       | <del></del>                                  |                           | <del></del>        |          |               |              |
| c Leasehold improvements  |   |                               |                           | · · · · · · · · · · · · · · · · · · · |  |                           | <del></del>        | · -      |               |              |
| d Equipment   | <del> </del>                            |                               | +                         |                                       |  |                           |                    |          | _             |              |
| e Other   | <u> </u>                                |                               |                           |                                       |  |                           |                    |          | <del></del>   |              |
|   |   | 1 Farm 000 '                  | Dort V                    | - In-                                 | / 10(:) :                                    |                           |                    |          |               |              |
| Total. Add lines 1a through 1e (Column                                  | r (u) must equal                        | 1 FUITH 990, F                | art X, CC                 | литп (В),                             | iirie TU(c) )                                |                           | <u>*1</u>          |          |               | 0.           |

Schedule **D** (Form 990) 2009

Page 2

(a) Description of Liability (b) Amount dederal Income Taxes

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

| Schedule D (Form 990) 2009 Rotary Club of Tulsa Foundation  | 23-7225396                  | Page          |
|---|-----------------------------|---------------|
| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial State   | ments                       |               |
| 1 Total revenue (Form 990, Part VIII, column (A), line 12).   |                             | 333,264.      |
| 2 Total expenses (Form 990, Part IX, column (A), line 25)   |                             | 288,599.      |
| 3 Excess or (deficit) for the year Subtract line 2 from line 1  |                             | 44,665.       |
| 4 Net unrealized gains (losses) on investments  |                             | 85,073.       |
| 5 Donated services and use of facilities  |                             |               |
| 6 Investment expenses   |                             |               |
| 7 Prior period adjustments  |                             |               |
| 8 Other (Describe in Part XIV)  | <del> </del>                |               |
| 9 Total adjustments (net) Add lines 4 through 8   |                             | 85,073.       |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9   | <del> </del>                |               |
| Part XII Reconciliation of Revenue per Audited Financial Statements With Reven  | Day Datura                  | 129,738.      |
|   |                             | - FOZ 10F     |
| 1 Total revenue, gains, and other support per audited financial statements  | 1                           | 587,125.      |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12  |                             |               |
| a Net unrealized gains on investments   |                             |               |
| b Donated services and use of facilities 2b   |                             |               |
| c Recoveries of prior year grants   |                             |               |
| d Other (Describe in Part XIV) See Part XIV 2d 1  | 79,836.                     |               |
| e Add lines 2a through 2d   | 2 e                         | 179,836.      |
| 3 Subtract line 2e from line 1  | 3                           | 407,289.      |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1   |                             |               |
| a Investments expenses not included on Form 990, Part VIII, line 7b   | 11,048.                     |               |
|   | 85,073.                     |               |
| c Add lines 4a and 4b   | 4c                          | -74,025.      |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   | 5                           | 333,264.      |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expe   |                             | 333,201.      |
| 1 Total expenses and losses per audited financial statements  | 1                           | 457,387.      |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25  |                             | 437,307.      |
| a Donated services and use of facilities 2a   |                             |               |
| b Prior year adjustments 2b   |                             |               |
| · · · · · · · · · · · · · · · · · · ·   | <del> </del>                | •             |
|   | 70.026                      |               |
| · · · · · · · · · · · · · · · · · · ·   | 79,836.                     | 170 006       |
| e Add lines 2a through 2d   | 2e                          | 179,836.      |
| 3 Subtract line 2e from line 1  | 3                           | 277,551.      |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  |                             |               |
|   | 11,048.                     |               |
| b Other (Describe in Part XIV)  |                             |               |
| c Add lines <b>4a</b> and <b>4b</b>   | 4c                          | 11,048.       |
| 5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)   | 5                           | 288,599.      |
| Part XIV   Supplemental Information   |                             | <u>.</u> _    |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complimformation | lete this part to provide a | ny additional |
| BAA TFFA3304L 02/02/10  | Cabadda B. C                | 2000 2000     |
| BAA TEEA3304L 02/02/10  | Schedule <b>D</b> (F        | orm 990) 2009 |

| Schedule D (Form 990) 2009 Rotary Club of Tulsa Foundation  Part XIV Supplemental Information (continued) | 23-7225396                            | Page 5 |
|---|---------------------------------------|--------|
| Part XIV   Supplemental Information (continued)   |                                       |        |
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| 2009 Schedule D, Part XIV - Supplemental  | Information           | Page 6                                     |
|---|-----------------------|--|
| Rotary Club of Tulsa Foundation   |                       | 23-7225396                                 |
| Schedule D, Part XII, Line 2d Other Revenue Included In F/S But Not Included On Form 990  IBA BANQ. EXP. NETTED WITH REV. ELITE REPEAT EXP. NETTED WITH REV. RYAN & RYAN CONCERT EXP NETTED WITH REV. | \$<br>Total <u>\$</u> | 138,486.<br>14,300.<br>27,050.<br>179,836. |
| Schedule D, Part XII, Line 4b Other Revenue Included On Form 990 But Not Included In F/S Unrealized Gain  | \$\$                  | -85,073.                                   |
|   | Total S               | -85,073.                                   |
| Schedule D, Part XIII, Line 2d Other Expenses And Losses Per Audited F/S RYAN & RYAN CONCERT EXP NETTED WITH REV.   | \$                    | 27,050.                                    |
| IBA BANQ. EXP. NETTED WITH REV.<br>ELITE REPEAT EXP. NETTED WITH REV.   |                       | 138,486.<br>14,300.<br>179,836.            |
|   |                       |  |
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#### SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

ndraising or Gaming Activities 2

2009

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

| Name of the organization  |  |                           |                             | <del></del>   |                      | Employer identific | ation number                          |
|---|--|---------------------------|-----------------------------|---|----------------------|--------------------|---------------------------------------|
| Rotary Club of Tulsa Four   | ndation                                |                           |                             |   |                      | 23-722539          | 16                                    |
| Part I Fundraising Activities. Comp   | olete if the orga                      | nization a                | nswered '\                  | es' to Form 990, Part I                               | V, line 1            | 7                  |                                       |
| 1 Indicate whether the organization   | raised funds th                        | rough any                 | of the foll                 | owing activities. Check                               | all that             | anniv              |                                       |
| Mail solicitations  | raisea raires (i)                      | rough unly                | 01 1110 1011                | _   |                      |                    |                                       |
| Internet and email solicitations  | _                                      |                           |                             | Solicitation of non-                                  | -                    | -                  |                                       |
| <del></del>   | 5                                      |                           |                             | Solicitation of gove                                  |                      | grants             |                                       |
| Phone solicitations   |  |                           |                             | Special fundraising                                   | g events             |                    |                                       |
| In-person solicitations   |  |                           |                             |   |                      |                    |                                       |
| 2a Did the organization have written of<br>employees listed in Form 990, Par        | or oral agreement<br>or VII) or entity | ent with ar<br>in connect | iy individu<br>tion with p  | al (including officers, di<br>rofessional fundraising | rectors,<br>services | trustees or key    | Yes X No                              |
| <b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the | dividuals or ent<br>ne organization    | tities (fund              | lraisers) p                 | ursuant to agreements                                 | under w              | hich the fundra    | iser is to be                         |
|   |  |                           |                             |   | (v) An               | nount paid to      |                                       |
| (i) Name of individual or entity (fundraiser)                                       | (ii) Activity                          |                           | fundraiser<br>dy or control | (iv) Gross receipts from activity                     | (or r                | etained by)        | (vi) Amount paid to (or retained by)  |
| or entity (fundraiser)  |  |                           | ibutions?                   | from activity   | (Uniting             | col (i)            | organization                          |
|   |  | Yes                       | No                          |   | -                    |                    |                                       |
|   |  | 162                       | NO                          |   |                      |                    |                                       |
|   |  | ]                         |                             |   |                      |                    |                                       |
|   |  | <u> </u>                  |                             |   |                      |                    |                                       |
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| Total   |  |                           | ▶                           |   |                      | }                  | 0.                                    |
| 3 List all states in which the organiza   | ition is register                      | ed or licen               | sed to sol                  | icit funds or has been n                              | otified if           | is exempt from     | n registration                        |
| or licensing  |  |                           |                             |   |                      |                    |                                       |
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Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events (Add col (a) through col (c)) IBA AWARDS BAN Ryan and Ryan (event type) (event type) (total number) 1 Gross receipts 229,225 48,621 277,846. 2 Less Charitable contributions. 3 Gross income (line 1 minus line 2) 229,225 48,621 277,846. 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages EXPERSES 8 Entertainment 138,486. 27,050. 165,536. 9 Other direct expenses 165,536. 10 Direct expense summary Add lines 4- through 9 in column (d) Net income summary Combine lines 3, column (d) and line 10 112,310. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add col (a) through col (c)) (a) Bingo (b) Pull tabs/Instant (c) Other gaming REVENUE bingo/progressive bingo 1 Gross revenue DIRECT 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses å Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1, column (d) and line 7 YES NO 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If 'No,' explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 a b If 'Yes,' explain 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12

| Schedule G (Form 990 or 990-EZ) 2009 Rotary Club of  | f Tulsa Foundation                   | 23-7225396                             | Page        | e <b>3</b> |
|--|--------------------------------------|--|-------------|------------|
| <ul> <li>13 Indicate the percentage of gaming activity operated in a The organization's facility</li> <li>b An outside facility</li> <li>14 Enter the name and address of the person who prepares</li> </ul> | the organization's gaming/special ev | 13a % 13b % ents books and records     | YES N       | <u>o</u>   |
| Address Address Does the organization have a contact with a third party from   |                                      |  | 5a          | r          |
| b If 'Yes,' enter the amount of gaming revenue received by of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address of the third party  Name                                      |                                      |  | -           |            |
| Address   Gaming manager information   | <b></b>                              |  |             |            |
| Name ►  Gaming manager compensation ► \$  Description of services provided ►   |                                      | ************************************** |             |            |
| Director/officer Employee  17 Mandatory distributions  | Independent contractor               |  |             | , , , , ,  |
| a Is the organization required under state law to make charistate gaming license?      b Enter the amount of distributions required under state law  |                                      |  |             | _          |
| organization's own exempt activities during the tax year   | ▶\$                                  |  | 3           | -          |
| BAA  | TEEA3703L 02/05/10                   | Schedule G (Form 990 or                | 990-EZ) 200 | J9         |

# SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545 0047 2009

Open to Public Inspection

Employer identification number 23-7225396 ž

Part II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Rotary Club of Tulsa Foundation

Part | General Information on Grants and Assistance

990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

- half equipment/suppl (h) Purpose of grant or assistance m Plumbing on residential treatment Equipment Equipment New roof Tumbling Computer Dental units ies (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 (e) Amount of non-cash assistance 9,680 6,532 9,742. (d) Amount of cash grant 13,000 6,000 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 73-1171950 73-6068213 30-0539205 42-1602554 20-5354136 (p) EIN Sandite Child Development Center 111 1 (a) Name and address of organization or government Tulsa Garden Center Catholic Charities Aim\_High\_Academy\_ ı ł Lindsey House

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 (Form 990) 2009 Rotary Club of Tulsa Foundation | 23-7225396 | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Description of non cash assistance Bart IV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book FMV, appraisal other) (d) Amount of non-cash assistance (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III BAA

### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

| Rotary Club of Tulsa Foundation   23-7225396                                 |             |
|--|-------------|
| Form 990, Part III, Line 4c - Program Service Accomplishments                |             |
| CLUB_CENTENNIAL: _To celebrate the approaching centennial of the Rotary Clu  | b_of        |
| Tulsa, the club plans to present a gift of public art to the people of Tuls  | a           |
| Through a multi-year Rotary Club of Tulsa Foundation fundraising campaign,   | \$700,000   |
| was raised to create and install a "Rotary Plaza" with five bronze sculptur  | es_on       |
| Williams Center Green. The sculptures by noted Tulsa artists Jay O'Meilia    | and David _ |
| Nunneley will represent the volunteer spirit and philanthropy of Tulsans.    | <b></b>     |
| Installation of the plaza is expected by late spring 2011. The \$50,873 spen | nt_in_FY    |
| 09-10 covers only a portion of the anticipated overall cost of the project.  |             |
|  |             |
| Four individual bronzes will surround a 12-ft. bronze globe, which signifies | s_the       |
| worldwide presence of Rotary in 200 countries. The four slightly larger-than | an-life     |
| sculptures will feature major initiatives of Rotary that have dramatically   | improved    |
| the lives of others:   |             |
|  |             |
| Freedom from Polio. A sculpture of a young woman casting away crutches thank | s_to        |
| Rotary International's drive to eradicate polio worldwide.                   |             |
|  |             |
| Mentoring Youth. A bronze of a Tulsa Rotarian working with a student from i  | <u>ts</u>   |
| partner Celia Clinton Elementary Schools.                                    |             |
|  |             |
| Drinkable Water. A sculpture of a woman carrying water from one of the 150   | wells       |
| drilled in Nicaragua by volunteers from the Tulsa club.                      | <b></b>     |
| ·  | <b>-</b>    |
| World_Understanding_Through_Youth_Exchanges_and_ScholarshipsA_bronze_of_a    | <del></del> |
| high-school student with a backpack, signifying the student exchange program | s and       |

| •                | otary Club of Tulsa Foundation  | Employer identification number 23-7225396 |  |  |  |  |  |  |
|------------------|---|---|--|--|--|--|--|--|
|                  | Form 990, Part III, Line 4c - Program Service Accomplishments (continued) |   |  |  |  |  |  |  |
|                  | international scholarship opportunities provided through Rotary.          |   |  |  |  |  |  |  |
|                  | Form 990, Part III, Line 4d - Other Program Services Description          |   |  |  |  |  |  |  |
|                  | ADOPT-A-SCHOOL: Celia Clinton Elementary School was adopted by            | our members through                       |  |  |  |  |  |  |
|                  | the Partners-In-Education program. Marked improvements in stude           | ents' test scores                         |  |  |  |  |  |  |
|                  | resulted through the direct efforts of Rotarians who provided we          | eekly mentoring,                          |  |  |  |  |  |  |
|                  | clothing, food, financial support, and countless volunteer hours          | s to disadvantaged                        |  |  |  |  |  |  |
|                  | students. We also provide support to three Preschool Childhood            | Centers in the                            |  |  |  |  |  |  |
|                  | neighborhood of Celia Clinton. Whether popping popcorn for a re           | ewards party,                             |  |  |  |  |  |  |
|                  | strengthening reading skills by being a good listener or present          | ing every                                 |  |  |  |  |  |  |
|                  | third-grader with his/her very own, personalized dictionary, Rot          | ary volunteers                            |  |  |  |  |  |  |
|                  | impact the daily lives of over six administrative staff, 34 teach         | chers and more than                       |  |  |  |  |  |  |
|                  | 600 students.   |   |  |  |  |  |  |  |
|                  |   |   |  |  |  |  |  |  |
|                  | YOUTH EXCHANGE: Our Youth Exchange activities, including outbou           | ind students,                             |  |  |  |  |  |  |
|                  | recruiting counselors for inbound students and host families for          | inbound students,                         |  |  |  |  |  |  |
|                  | are part of the larger, global Rotary Youth Exchange program of           | Rotary                                    |  |  |  |  |  |  |
|                  | International. During the Rotary year we hosted three inbound s           | tudents and one                           |  |  |  |  |  |  |
|                  | outbound student as well as participated in the regional leaders          | hip conference.                           |  |  |  |  |  |  |
|                  |   | <b></b>                                   |  |  |  |  |  |  |
|                  | CAMP ENTERPRISE: Camp Enterprise provides a select group of 100           | high school juniors                       |  |  |  |  |  |  |
|                  | (recruited from over 45 northeastern Oklahoma schools) the oppor          | tunity to learn team                      |  |  |  |  |  |  |
|                  | building (ROPES), leadership and motivation skills while working          | within a real                             |  |  |  |  |  |  |
|                  | business simulation program. Campers meet and interact with som           | e of Tulsa's top                          |  |  |  |  |  |  |
|                  | business leaders and work with international students (Rotary Yo          | uth Exchange)                             |  |  |  |  |  |  |
|                  | assigned to their team. It is a global experience about what ma           | kes America's free                        |  |  |  |  |  |  |
| - <del>-</del> - | enterprise system work. Originally developed with the help of t           | he American                               |  |  |  |  |  |  |
|                  |   |   |  |  |  |  |  |  |

| Schedule <b>O</b> (Form 990) 2009  | Page <b>2</b>                  |
|--|--------------------------------|
| Name of the organization   | Employer identification number |
| Rotary Club of Tulsa Foundation  | 23-7225396                     |
| Form 990, Part III, Line 4d - Other Program Services Description (continued) | . <b></b>                      |
| Management Association (AMA) and the Rotary Club of Tulsa using              | tools available from           |
| Junior Achievement, Camp Enterprise is fully funded by the club              | ; students are not             |
| charged_any_fees   |                                |
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| Form 990, Part VI, Line 11 - Form 990 Review Process                         |                                |
| ALL BOARD MEMBERS RECEIVE A COPY OF FORM 990 PRIOR TO FILING AND             | D REVIEW IT. ANY               |
| QUESTIONS OR COMMENTS ARE RESPONDED TO BY THE RETURN PREPARER.               |                                |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available |                                |
| Governing documents, policíes, and financial statements are ava              | ilable upon request.           |
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| Schedule O (Form 990) 2009                               | Page 2                         |
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| Name of the organization Rotary Club of Tulsa Foundation | Employer identification number |
| Rotary Club of Tulsa Foundation                          | 23-7225396                     |
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