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SCANNED JAN 14 2011

Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 Atl other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

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

Open to Public Inspection

				2010								
	Check if applicab		nployer	identification number								
Z	Addres	USE   ISE   WILL ROGERS ROTARY CLUB CHARITABLE										
Ī	Name chang		73-6	275678								
Initial Initial See Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite E Telephone number												
Ē	Termin-   Specific   D O BOX 4212   918-748-5000											
Amended trions City or town, state or country, and ZIP + 4  F Group Exemption												
F	Application pendin		umber 1	•								
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash												
	000	Schedule A (Form 990 or 990-EZ).		Cash Accrual								
	Waheit			the organization is not								
				dule B (Form 990, 990-EZ, or 990-PF)								
	Check											
Α,	OHECK I	Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	e man w	20,000. AT 01111 000-LZ 01								
_	Add Im	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>&gt;</b> \$	4,011.								
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction										
			113 101 1 0	<u> </u>								
	1	Contributions, gifts, grants, and similar amounts received	<u> </u>	<del> </del>								
	2	Program service revenue including government fees and contracts	2	<del>                                     </del>								
	3	Membership dues and assessments	3	4,011.								
	4	Investment income	4	4,011•								
	5a	Gross amount from sale of assets other than inventory  5a										
	b	Less: cost or other basis and sales expenses / 5b  Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	- 1									
m	C		5c									
Revenue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	기 (									
e Ve	a	Gross revenue (not including \$ JAN 0 3 2011   O of contributions	4									
ď	1	reported on line 1) $\frac{S}{2}$ 6a										
	b	Less: direct expenses other than fundraising expenses 6b		:								
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c									
	7a	Gross sales of inventory, less returns and allowances 7a	-, »									
	b	Less: cost of goods sold	<b>-</b>									
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<del> </del>								
	8	Other revenue (describe	8	4 011								
_	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	4,011.								
	10	Grants and similar amounts paid (attach schedule)	10									
	11	Benefits paid to or for members	11	<del> </del>								
enses	12	Salaries, other compensation, and employee benefits	12	<del> </del>								
ě	13	Professional fees and other payments to independent contractors	13	<del> </del>								
Exp	14	Occupancy, rent, utilities, and maintenance	14									
_	15	Printing, publications, postage, and shipping	15	<del></del>								
	16	Other expenses (describe	16	<del> </del>								
_	17	Total expenses. Add lines 10 through 16	17	0.								
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,011.								
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))		44444								
Net Assets	1	(must agree with end-of-year figure reported on prior year's return)	19	144,146.								
Se	20	Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT 1	20	9,213.								
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	157,370.								
P	<u>art II</u>			(B) F 1 (								
		(See the instructions for Part II.)  (A) Beginning of year		(B) End of year								
22		sh, savings, and investments144,14										
23		id and buildings	23									
24	Oth	er assets (describe )	24									
25		al assets144,14										
26		/	0. 26									
27		assets or fund balances (line 27 of column (B) must agree with line 21) 144, 14	6.27									
932	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> ,(2009)								

WILL ROGERS ROTARY CLUB CHARITABLE

Forr	m 990-EZ (2009) TRUST			73-	62756	78 Page 2
Pi	art III Statement of Program Service Accomplishme	ents (See the instructions for				penses
Wha	at is the organization's primary exempt purpose? SEE STATEMEN	r 3			(Required fo	r section 501(c)(3)
	Scribe what was achieved in carrying out the organization's exempt pu		ise manner, descr	be		) organizations and
	Services provided, the number of persons benefited, and other releval				for others)	7(a)(1) trusts, optional
	DISBURSEMENT TO THE WILL ROGERS ROT					
	SCHOLARSHIP GRANTS.					
	JOHO ELIZABILIZATION					
	(Grants \$ ) If this amount includes foreign	grants check here		$\overline{}$	28a	
29	(drains # ) ii tills amount includes foreign	grants, check here		<u> </u>	2001	_
29		······································				
				_		
	(Grants \$ ) If this amount includes foreign	grants, check here		<u></u>	29a	<del></del>
30						
	<u> </u>			<del>_</del> _		
	(Grants \$ ) If this amount includes foreign	grants, check here		ڸٮڶ	30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign	grants, check here	<u></u>		31a	·
32	Total program service expenses (add lines 28a through 31a)			▶	32	0.
P	art IV List of Officers, Directors, Trustees, and Key I	Employees. List each one en	ven if not compensated	(See the	instructions 1	or Part IV)
		a) Till and a second			ontributions	
	(a) Name and address	(b) Title and average hours per week devoted to	, , ,		employee	(e) Expense
	(a) wante and address	per week devoted to	(If not paid, enter -0)		efit plans & eferred	account and other allowances
		position	-0,		pensation	Office allowances
GI	NNY SCHULTE	TRUSTEE	·			
	JLSA, OK	1.00	0.		0.	0.
	HARLOTTE MINDEMAN	TRUSTEE	<u> </u>			
	JLSA, OK	1.00	0.	,	0.	0.
		TRUSTEE		├─-		- 0.
	M MONTGOMERY				^	
	JLSA, OK	1.00	0.	<del> </del>	0.	0.
	M ROBERTS	TRUSTEE			•	
	JLSA, OK	1.00	0.	-	0.	0.
	OUG BAUER	TRUSTEE			_	
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932	172 08-10	<u> </u>			Form	990-EZ (2009)
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### WILL ROGERS ROTARY CLUB CHARITABLE

73-6275678 Page 3 Form 990-EZ (2009) TRUST Other Information (Note the statement requirements in the instructions for Part V) Part V Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity X 33 33 34 X Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not 35 reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, 35a and proxy tax requirements? 35b N/ b If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 36 complete applicable parts of Sch. N 0. 37a 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: N/A 39a a Initiation fees and capital contributions included on line 9 N/A 39Ь b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. 0 . ; section 4912 ► **0** • ; section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction 40b has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed. ▶ OK Telephone no.  $\triangleright 918 - 748 - 5000$ 42 a The organization's books are in care of ► TIM L ROBERTS Located at ▶ 2424 E. 21ST STREET, SUITE 200, ZIP+4 ► 74414 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of 44 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

# WILL ROGERS ROTARY CLUB CHARITABLE TRUST

Form 99	90-EZ (2009) TRUST	TIMITIADE		73-62756	78 Page 4	
Part		947(a)(1) nonexempt	charitable tru			
·	organizations and section 4947(a)(1) nonexempt charitable t					
	and 51					
46 DI	d the organization engage in direct or indirect political campaign activities o	n behalf of or in opposition to o	andidates for public	;	Yes No	
	fice? If "Yes," complete Schedule C, Part I		•	Γ	46 X	
	d the organization engage in lobbying activities? If "Yes," complete Sche	edule C. Part II		Γ	47 X	
	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,				48 X	
	d the organization make any transfers to an exempt non-charitable related of			Γ	49a X	
	"Yes," was the related organization a section 527 organization?	·			49b	
	omplete this table for the organization's five highest compensated employee	es (other than officers, directors	s, trustees and key e	mployees) who ea	ch received more	
	an \$100,000 of compensation from the organization. If there is none, enter					
	•					
-				(d) Contributions	4 ) 5	
	(a) Name and address of each employee paid more	(b) Title and average hours per week devoted to	(c) Compensation	to employee benefit plans &	(e) Expense account and	
	than \$100,000	position		deferred	other allowances	
	NONE	<b>,</b>	i	compensation		
			<u> </u>	<u> </u>		
		7				
f T	otal number of other employees paid over \$100,000	<b>&gt;</b>				
<b>51</b> C	omplete this table for the organization's five highest compensated independ	lent contractors who each rece	ived more than \$100	0,000 of compensa	ition from the	
	rganization. If there is none, enter "None."					
	NONE					
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of se	rvice (c	) Compensation	
			7			
			7			
d T	otal number of other independent contractors each receiving over \$100,000	)	<b>&gt;</b>	_		
	•					
	Under penalties of perjury, I declare that I have examined this return, including at correct, and complete Declaration of preparer (ther than officer) is based on all it	companying schedules and stateme	ents, and to the best of r	ny knowledge and bel	ief, it is true,	
Sign	Om Volut	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	12-30		
Here	Signature of officer		••	Date		
	TIM L ROBERTS, TRUSTEE					
	Type or print name and title			_		
Paid	Preparer's signature	eck if self-	Preparer's identifying number (See instr.)			
Prepar		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
Use Or	* ( \ GTNG QAIA.I.V I.I.D	iployed FIN	► 45-E	250958		
	firm's name (bryours at self-employed). 2424 E 21ST ST, SUITE	<del></del> -	ne >			
	address, and ZIP+4 TULSA, OK 74114	_ <del></del>	no.		48-5000	
May th	e IRS discuss this return with the preparer shown above? See instructions	<del> </del>			X Yes No	
	The state of the s			F	orm <b>990-EZ</b> (2009)	

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

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

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

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

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	organization, check this box and stop						<u> </u>
13	First five years. If the Form 990 is for	the organization'	s first, second, th	iird, fourth, or fifth ta	x year as a section 50	1(c)(3)	
	Gross receipts from related activities,				12	<u></u>	_
11	Total support. Add lines 7 through 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	assets (Explain in Part IV)	<u> </u>				<del></del>	
	or loss from the sale of capital						

4	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14			9		
5	Public support percentage from 2008 Schedule A, Part II, line 14	15			9		
<b>16</b> a	sa 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or m	ore, check this box				
	and stop here. The organization qualifies as a publicly supported organization						

- 17a 10% -facts-and-circumstances test 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
  - b 10% -facts-and-circumstances test 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

14

### WILL ROGERS ROTARY CLUB CHARITABLE

Schedule A (Form 990 or 990-EZ) 2009 TRUST 73-6275678 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 15,180. 25,956 58,024. include any "unusual grants.") 16,888. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 15,180. 25,956 58,024. 16,888. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 58,024. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 16,888. 15,180. 25,956. 58,024. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 9.931 6,485 17,465. 1,049 and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 9,931 1,049 6,485 17,465. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 17.937. 25,111. 32,441 75.489. 13 Total support (Add lines 9, 10c, 11, and 12) 14 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 76.86 % 76.86 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 23.14 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 % 18 23.14 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not  $\triangleright \boxed{X}$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER	CHANGES	IN	NET	ASSETS	OR	FUND	BALANCES	STATEMENT	1
DESCRIPTION									AMOUNT	
UNREALIZED GAI	N ON I	NVESTMEN'	r						9,22	13.
TOTAL TO FORM	990-EZ	, LINE 20	0						9,2	13.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		MENT	2		
A)	DIRECTLY	RGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL ONTRACT?	[	]	YES	[X]	NO
B)		RGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [	)	YES	[X]	NO

990-EZ PG 2

STATEMENT

3

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