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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 08-01-2008

, and ending 07-31-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization  
Rogers Memorial Hospital Foundation IncNumber and street (or P O box, if mail is not delivered to street address) Room/suite  
34700 Valley RoadCity or town, state or country, and ZIP + 4  
Oconomowoc, WI 53066

D Employer identification number

39-1363507

E Telephone number

(262) 646-3526

F Group Exemption Number ►

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). ►

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

J Organization type (check only one)  501(c) (3) (insert no)  4947(a)(1) or  527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 843,822

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

1	Contributions, gifts, grants, and similar amounts received	1	595,667
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	25,258
5a	Gross amount from sale of assets other than inventory	5a	160,013
b	Less cost or other basis and sales expenses	5b	243,963
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-83,950
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a	Gross revenue (not including \$ 223,771 of contributions reported on line 1) ►	6a	62,884
b	Less direct expenses other than fundraising expenses	6b	62,884
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ►)	8	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	536,975
10	Grants and similar amounts paid (attach schedule) ►	10	243,688
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	40,438
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ►)	16	1,843
17	<b>Total expenses</b> (add lines 10 through 16)	17	285,969
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	251,006
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,362,042
20	Other changes in net assets or fund balances (attach explanation) ►	20	7,253
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	1,620,301

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,467,526	22 1,733,403
23 Land and buildings	2,386	23 1,782
24 Other assets (describe ►)	72,075	24 123,693
25 <b>Total assets</b>	1,541,987	25 1,858,878
26 <b>Total liabilities</b> (describe ►)	179,945	26 238,577
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	1,362,042	27 1,620,301

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )				<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
<p>What is the organization's primary exempt purpose? Rogers Memorial Hospital Foundation, Inc is organized and is operated exclusively for charitable purposes for the benefit of Rogers Behavioral Health System and affiliates</p> <p>Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title</p> <p><b>28</b> Rogers Memorial Hospital Foundation, Inc supports patients and programs of affiliates of Rogers Behavioral Health System, Inc by raising and managing philanthropic income Through donations provided by individuals, corporations, and local foundations, Rogers Memorial Hospital Foundation, Inc supports programs such as the following Patient Continuation Scholarships - Occasionally, patients are making progress in their treatment but their insurance and personal resources may run out Each year a limited number of patient care scholarships are made available to patients receiving care in one of the hospital's residential or partial hospitalization programs who meet the criteria established by the Foundation Angel Fund - The Angel Fund enables the social services staff and the Foundation to respond to small, but urgent, needs of the patients that enhance their treatment experience Some examples include winter coats, hats, and gloves, pajamas, school uniforms, board games, books, and personal hygiene products as well as unusual medication needs and the unexpected The Angel Fund also provides dollars to insure that every child in treatment at any Rogers Memorial Hospital location receives a gift and special treats during the holiday season Spiritual Care Program - The Spiritual Care Program exists to evaluate, plan and implement one-to-one support and group programming that will encourage and bring hope, while meeting the spiritual needs of patients The Spirituality Coordinator and Chaplain work hand-in-hand with the medical staff through participation in the multi-disciplinary team approach, as well as by building partnerships with leaders of other faith communities for the purpose of referrals The Foundation works in conjunction with the Spirituality Coordinator to raise 100% of the program's budgetary needs Hospital Capital Expansion Projects - The System is dedicated to expanding and updating its facilities to improve the quality of its programs The Foundation is an integral part of raising funds in support of these expansion projects As the sole corporate member of Rogers Memorial Hospital, Inc and Rogers Memorial Hospital, Foundation, Inc , Rogers Behavioral Health System, Inc will provide strategic direction necessary to coordinate and expand accessibility to high quality behavioral healthcare services</p>				
(Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			28a 243,688
<b>29</b>				
(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			29a
<b>30</b>				
(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			30a
<b>31</b> Other program services (attach schedule)				
(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			31a
<b>32 Total program service expenses</b> (add lines 28a through 31a)				32 243,688
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
See Additional Data Table				

<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part VI.)			<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		No	
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>		No	
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		No	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>			
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	<b>36</b>		No	
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0	<b>37a</b>	0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>			
<b>38a</b> 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 unpaid at the start of the period covered by this return?	<b>38a</b>		No	
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>			
<b>39</b> <i>501(c)(7) organizations.</i> Enter	<b>39a</b>			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39b</b>			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities				
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0	<b>40b</b>		No	
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.				
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0				
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization ► 0				
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>40e</b>		No	
<b>41</b> List the states with which a copy of this return is filed ► WI				
<b>42a</b> The books are in care of ► GERALD NOLL Telephone no ► (262) 646-3526				
34700 VALLEY ROAD Located at ► Oconomowoc, WI		ZIP + 4 ► 53066		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>42b</b>		No	
If "Yes," enter the name of the foreign country ►				
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>42c</b>		No	
If "Yes," enter the name of the foreign country ►				
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>	<b>43</b>			
<b>44</b> Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<b>44</b>		No	
<b>45</b> 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.	<b>45</b>		No	

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b> 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	<b>46</b>	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	No
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	<b>48</b>	No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	No
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ►		

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	***** Signature of officer Gerald Noll Chief Financial Officer Type or print name and title	2010-04-16 Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature Kimberly Heller CPA	Date 2010-04-16	Check if self-employed ► <input type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 WIPFLI LLP PO BOX 8010 WAUSAU, WI 544028010	EIN ►		Phone no ► (715) 845-3111

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

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury  
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public  
Inspection****Name of the organization**

Rogers Memorial Hospital Foundation Inc

**Employer identification number**

39-1363507

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.

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)**. (Attach Schedule H )

4  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

5  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 )

6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.

7  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 )

8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

9  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 organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )

11  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

e  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)

f  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

g  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, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the organizations the organization supports

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

<b>(i) Name of Supported Organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of support?</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)
**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	950,856	1,210,061	623,354	596,054	658,551	4,038,876
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add line 1-3	950,856	1,210,061	623,354	596,054	658,551	4,038,876
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						410,277
6 <b>Public Support</b> subtract line 5 from line 4						3,628,599

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	950,856	104,451	623,354	596,054	658,551	4,038,876
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,902	104,451	106,235	35,768	25,256	306,612
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 <b>Total Support</b> (Add lines 7 through 10)						4,345,488
12 Gross receipts from related activities, etc (See instructions )					12	

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	83.500 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a <b>33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
17a <b>10% Facts and Circumstances Test - 2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>10% Facts and Circumstances Test - 2007.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
18 <b>Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input checked="" type="checkbox"/>

**Part III Support Schedule for Organizations Described in IRC 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>
<b>19a</b> <b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>b</b> <b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

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

**Facts and Circumstances Test**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 39-1363507  
**Name:** Rogers Memorial Hospital Foundation Inc

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Patrick Andritsch 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
Nick Bauer 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
Donald Becker 34700 Valley Road Oconomowoc, WI 53066	Chair 2 00	0	0	0
Nichole Bufkin-Lanier 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
Michael Hargarten 34700 Valley Road Oconomowoc, WI 53066	Vice Chair 2 00	0	0	0
Christine Hentges 34700 Valley Road Oconomowoc, WI 53066	Secretary 2 00	0	0	0
Sarah Jorgensen 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
Gary Les 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
Patrick O'Malley 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
Barry Sattell 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
Cal Schmidt 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
Carol Wacker 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
David Werner 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
David Moulthrop PhD 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
W Carl Templer 34700 Valley Road Oconomowoc, WI 53066	Board Member 2 00	0	0	0
Gerald Noll 34700 Valley Road Oconomowoc, WI 53066	Assistant Treasurer 2 00	0	0	0

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2008

## Open to Public Inspection

► **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

**Employer identification number**

39-1363507

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

W1

**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.

		<b>(a) Event #1</b> <u>Annual Benefit</u> (event type)	<b>(b) Event #2</b> <u>Golf Outing</u> (event type)	<b>(c) Other Events</b> (total number)	<b>(d) Total Events</b> (Add col (a) through col (c))
Revenue	1	Gross receipts . . . . .	186,295	100,360	286,655
	2	Less Charitable contributions . . . . .	145,427	78,344	223,771
	3	Gross revenue (line 1 minus line 2) . . . . .	40,868	22,016	62,884
Direct Expenses	4	Cash Prizes . . . . .			
	5	Non-cash Prizes . . . . .			
	6	Rent/Facility costs . . . . .			
	7	Other direct expenses . . . . .	43,271	19,613	62,884
	8	Direct expense summary Add lines 4 through 7 in column (d) . . . . . ►			62,884
	9	Net income summary Combine lines 3 and 8 in column (d) . . . . . ►			0

**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.

		<b>(a) Bingo</b>	<b>(b) Pull tabs/Instant bingo/progressive bingo</b>	<b>(c) Other gaming</b>	<b>(d) Total gaming</b> (Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ►			

9	Enter the state(s) in which the organization operates gaming activities	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?		
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	9a	
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers?	10a	
12	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?	11	
		12	

	Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in		
<b>a</b> The organization's facility . . . . .	<b>13a</b>	
<b>b</b> An outside facility . . . . .	<b>13b</b>	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

## TY 2008 Grants and Similar Amounts Paid Schedule

**Name:** Rogers Memorial Hospital Foundation Inc**EIN:** 39-1363507

<b>Item No.</b>	1
<b>Class of Activity</b>	Donation to Rogers Memorial Hospital
<b>Donee's Name</b>	Rogers Memorial Hospital
<b>Donee's Address</b>	34700 Valley Road Oconomowoc, WI 53066
<b>Amount (FMV)</b>	243,688
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	Affiliated Organization
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2008 Other Assets Schedule

**Name:** Rogers Memorial Hospital Foundation Inc

**EIN:** 39-1363507

Description	Beginning of Year Amount	End of Year Amount
Prepays and other	3,409	3,409
Unconditional promises to give-net	68,666	120,284

**TY 2008 Other Changes in Net Assets Schedule****Name:** Rogers Memorial Hospital Foundation Inc**EIN:** 39-1363507

Description	Amount
Unrealized gain on investments	7,253

## TY 2008 Other Expenses Schedule

**Name:** Rogers Memorial Hospital Foundation Inc**EIN:** 39-1363507

Description	Amount
Supplies and other	1,239
Depreciation Expense	604

## TY 2008 Other Liabilities Schedule

**Name:** Rogers Memorial Hospital Foundation Inc**EIN:** 39-1363507

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	63,730	116,907
Capital Campaign Payable	116,215	121,670

## TY 2008 Transfers Personal Benefits Contracts Declaration

**Name:** Rogers Memorial Hospital Foundation Inc

**EIN:** 39-1363507

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.