

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



-in 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2009, or tax year beginning , and ending G Check all that apply Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation Use the IRS Employer identification number label. 24-4366823 THE ROGERS FOUNDATION, INC Otherwise, Telephone number (see page 10 of the instructions) print Number and street (or P O box number if mail is not delivered to street address) 423-581-7460 Room/suite or type. 1634 WEST FIRST NORTH STREET If exemption application is pending, check here See Specific City or town, state, and ZIP code D 1. Foreign organizations, check here Instructions. MORRISTOWN 2. Foreign organizations meeting the Check type of organization X Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under I Fair market value of all assets at end J Accounting method X Cash section 507(b)(1)(A), check here of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination 251,138 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here line 16) ▶ Part I Analysis of Revenue and Expenses (The (a) Revenue and Disbursements (c) Adjusted net expenses per (b) Net investment for chantable total of amounts in columns (b), (c), and (d) may not necessarily equal books income income purposes the amounts in column (a) (see page 11 of the instructions)) (cash basis only) 250,000 1 Contributions, gifts, grants, etc., received (attach schedule) 2 if the foundation is not required to attach Sch B 3 interest on savings and temporary cash investments 1,138 1,138 1,138 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) Reyenne 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain 9 Income modifications Gross sales less returns & allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 251,138 1,138 1,138 Operating and Administrative Expenses 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) b Accounting fees (attach schedule) Other professional fees (attach schedule) 17 Interest Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications 23 Other expenses (att sch) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 0 0 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 251,138 1,138 Net investment income (if negative, enter -0-) 1,138 Adjusted net income (if negative, enter -0-)

Form **990-PF** (2009)

	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year		
_	all II	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
ŀ	1	Cash—non-interest-bearing		251,138	251,138		
i	2	Savings and temporary cash investments					
	3	Accounts receivable ▶		_			
		Less allowance for doubtful accounts ▶					
-	4	Pledges receivable ▶					
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see page 16 of the					
- {		instructions)					
	7	Other notes and loans receivable (att. schedule)					
		Less allowance for doubtful accounts ▶					
ş	8	inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
AS	10a	Investments—U.S. and state government obligations (attach schedule)					
1	b	Investments—corporate stock (attach schedule)					
	С	Investments—corporate bonds (attach schedule)		,			
ł	11	Investments—land, buildings, and equipment basis					
		Less accumulated depreciation (attach sch.)					
	12	Investments—mortgage loans					
1	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis					
		Less accumulated depreciation (attach sch.)					
	15	Other assets (describe ▶)					
	16	Total assets (to be completed by all filers—see the			,		
		instructions Also, see page 1, item l)	0	251,138	251,138		
٦	17	Accounts payable and accrued expenses					
ß	18	Grants payable					
Ë.	19	Deferred revenue			•		
≣	20	Loans from officers, directors, trustees, and other disqualified persons		*			
Liabilities	21	Mortgages and other notes payable (attach schedule)					
ᅦ	22	Other liabilities (describe ▶)					
\perp	23	Total liabilities (add lines 17 through 22)	0	0			
		Foundations that follow SFAS 117, check here					
es		and complete lines 24 through 26 and lines 30 and 31.					
2	24	Unrestricted		251,138			
<u>a</u>	25	Temporarily restricted					
ᅃ	26	Permanently restricted					
길		Foundations that do not follow SFAS 117, check here ▶					
띠		and complete lines 27 through 31.					
5	27	Capital stock, trust principal, or current funds					
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
šš	29	Retained earnings, accumulated income, endowment, or other funds					
Net Assets or Fund Balances	30	Total net assets or fund balances (see page 17 of the	_				
		instructions)	0	251,138			
	31	Total liabilities and net assets/fund balances (see page 17	_				
Ц		of the instructions)	0	251,138			
	Part I						
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	igree with				
end-of-year figure reported on prior year's return)				1	251,138		
2 Enter amount from Part I, line 27a							
	3 Other increases not included in line 2 (itemize) ▶						
		ines 1, 2, and 3		4	251,138		
		eases not included in line 2 (itemize)	l 20	5_	251 120		
_6	otal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), I	line 30	6	251,138		

DAA

Part IV Capital Gains a	nd Losses for Ta	x on Investme	nt Income				
	be the kind(s) of property ehouse, or common stock			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a N/A		•					
b							
c							
θ							
(e) Gross sales price	(f) Depreciati (or allow			other basis nse of sale		or (loss)) minus (g)	
a							
b	 						
_d	<u> </u>						
Consists only for contract of course		d arrand by the farm	dation == 40/04/00				
Complete only for assets showing						(h) gain minus less than -0-) or	
(i) F M V as of 12/31/69	(j) Adjuste as of 12/		, <i>,</i>	s of col (i) (j), if any		om col (h))	
_a					<u> </u>		
_ b	ļ						
С	<u> </u>						
<u>d</u>	<u> </u>						
е	<u> </u>						
2 Capital gain net income or (net ca	inital loss)	gain, also enter in F (loss), enter -0- in F	•		2		
3 Net short-term capital gain or (los	s) as defined in sectio	ns 1222(5) and (6)					
If gain, also enter in Part I, line 8,	column (c) (see pages	s 13 and 17 of the ins	structions)				
If (loss), enter -0- in Part I, line 8					3		
Part V Qualification U	nder Section 494	0(e) for Reduce	ed Tax on Net I	nvestment Incor	ne		
(For optional use by domestic private	foundations subject to	the section 4940(a)	tax on net investme	nt income)			
If section 4940(d)(2) applies, leave thi	s part blank					4-	
Man the foundation liable for the cost	on 4042 toy on the dis	tributable amazust of	amiliana in the bee	a		N/A	
Was the foundation liable for the secti if "Yes," the foundation does not quali				e period?	es [_] No		
1 Enter the appropriate amount in e	<u> </u>			are making any entries			
(a)	acir coldinii loi eacir y	· · · · · · · · · · · · · · · · · · ·	the instructions bere		<u> </u>	(d)	
Base period years Calendar year (or tax year beginning	ın) Adjuste	(b) d qualifying distributions	s Net value	(c) of noncharitable-use ass	Distribution ratio		
2008							
2007		· · · · · · · · · · · · · · · · · · ·			 -	 	
2006		 -					
2005							
2004					- 		
2. Total of line 1. column (d)					,		
2 Total of line 1, column (d) 2 Average distribution ratio for the 5	Euros boso ported i di	uuda tha tatal an lina	2 by E. ar by the		2		
3 Average distribution ratio for the 5			2 by 5, or by the		,		
number of years the foundation ha	as been in existence ii	less than 5 years			3		
4 Enter the net value of nonchantable-use assets for 2009 from Part X, line 5							
5 Multiply line 4 by line 3							
6 Enter 1% of net investment income (1% of Part I, line 27b)							
7 Add lines 5 and 6						···	
8 Enter qualifying distributions from Part XII, line 4							
If line 8 is equal to or greater than		ın Part VI line 1h. ar	nd complete that par	t using a 1% tay rate	See the		
Part VI instructions on page 18	7, SHOOK THE DOX	are vi, iiiic 10, ai	is complete that par	. Joing a 170 lax rate	230 110		
. dit ti mandono on pago 10						Form 990-PF (2009)	

	San-Pr (2009) THE ROGERS FOUNDATION, INC. 24-4360823				age 4	
_	ITT VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructions)				
та	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				23	
_	here and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
_	Part I, line 12, col (b)	_			_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0	
3	Add lines 1 and 2	3			23	
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0 23	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments	5			23	
6						
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
b	Exempt foreign organizations—tax withheld at source Tax and with perhaption for extension of two to file (Form 8868)					
C	Tax paid with application for extension of time to file (Form 8868) Beginn withholding arrange with withhold					
d 7	Backup withholding erroneously withheld Total credits and neumants. Add been 6a through 6d.	_				
	Total credits and payments Add lines 6a through 6d	7			 -	
8 9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			23	
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	9			_23	
		10		_		
11 Da	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ Int VII-A Statements Regarding Activities	11				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Vac	No	
Ia	participate or intervene in any political campaign?		10	Yes	No X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		_1a_			
b	of the instructions for definition)?		46		x	
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials		1b			
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?	N/A	1c			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	11/11	10	_		
u	(1) On the foundation \$ (2) On foundation managers \$ \$					
ө	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
Ŭ	on foundation managers \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х	
-	If "Yes," attach a detailed description of the activities		-			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		х	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		X	
	If "Yes," attach the statement required by General Instruction T		-			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?		6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) ▶ TN					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			<u> </u>		
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page					
	27)? If "Yes," complete Part XIV		9		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses		10		x	
		Fo	m 99	0-PF	(2009)	

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

X

	1990-PF (2009) THE ROGERS FO			1300023			Page 6
		Activities for Which Form	4720 May Be R	equired (conti	nued)		
5a	During the year did the foundation pay or inci	ur any amount to		_			
	(1) Carry on propaganda, or otherwise atten	npt to influence legislation (section 4	945(e))?	□ \(\square\)	Yes X No		
	(2) Influence the outcome of any specific put	blic election (see section 4955), or to	carry on,				
	directly or indirectly, any voter registration	n drive?		\ _\ `	Yes X No	1 1	
	(3) Provide a grant to an individual for travel	, study, or other similar purposes?		\ \	Yes X No	1	
	(4) Provide a grant to an organization other to	than a chantable, etc , organization o	described in		_		
	section 509(a)(1), (2), or (3), or section 4	940(d)(2)? (see page 22 of the instr	uctions)	\	Yes 🗓 No	1 1	
	(5) Provide for any purpose other than religion	ous, chantable, scientific, literary, or	educational			1 1	
	purposes, or for the prevention of cruelty	to children or animals?			res 🗓 No		
b	If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to qualify under	the exceptions desc	ribed in			
	Regulations section 53 4945 or in a current in	otice regarding disaster assistance	(see page 22 of the in	nstructions)?	N/A	5b	
	Organizations relying on a current notice rega	arding disaster assistance check her	e		▶ □		
C	If the answer is "Yes" to question 5a(4), does	the foundation claim exemption from	n the tax		_		
	because it maintained expenditure responsib	ility for the grant?		N/A 🗌	res No	1 1	
	If "Yes," attach the statement required by Re	gulations section 53 4945-5(d)		_	_		
6a	Did the foundation, during the year, receive a	ny funds, directly or indirectly, to pay	premiums				
	on a personal benefit contract?			\	res 🗓 No		
b	Did the foundation, during the year, pay prem	nums, directly or indirectly, on a pers	onal benefit contract	?		6b	X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the found	dation a party to a prohibited tax she	Iter transaction?	\	res 🗓 No		
b	If yes, did the foundation receive any proceed	ds or have any net income attributab	le to the transaction?		N/A	7b	
Pa	art VIII Information About Office	ers, Directors, Trustees, Fo	oundation Mana	gers, Highly F	Paid Employe	es,	
	and Contractors						
1 L	ist all officers, directors, trustees, foundat	on managers and their compensa	tion (see page 22 o	f the instructions	5).		
	(a) Name and add	ress	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
DO	NALD C ROGERS	MORRISTOWN	PRESIDENT	· · · · · · · · · · · · · · · · · · ·			
	34 WEST FIRST NORTH STREET	TN 37814	2.00	0		ا	0
	NNEY P ROGERS	MORRISTOWN	SEC/TREAS				
16	34 WEST FIRST NORTH STREET	TN 37814	2.00	0		ا	0
							<u>_</u>
			1				
			1				
2	Compensation of five highest-paid employ	yees (other than those included o	n line 1—see page 2	3 of the instructi	ons).		
	if none, enter "NONE."						
	(a) Name and address of each employee	paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
NO	NE					<u> </u>	
-			1				
						1	
						1	
			1				
						1	
			1				
otal	I number of other employees paid over \$50.00	0	·	·		_	Τ

Form **990-PF** (2009)

Form 990-PF (2009) THE ROGERS FOUNDATION, INC.	24-4366823	Page 7
Part VIII Information About Officers, Directors, Trustees, Foun and Contractors (continued)	dation Managers, Highly Paid Empl	oyees,
3 Five highest-paid independent contractors for professional services (see page	23 of the instructions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 THE FOUNDATION GIVES TO VARIOUS LOCAL CHA	ARITIES.	
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see page	e 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lin		Amount
1 N/A		
2		
All other program-related investments See page 24 of the instructions		

Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form **990-PF** (2009)

5

6

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Pa	art XIII Undistributed Income (see page 26 of	of the instructions)			
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				3,065
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
þ	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005	_			
C	From 2006	_			
d					
8	From 2008	_			
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$				
	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount				
_ e	Remaining amount distributed out of corpus			<u>-</u>	
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same				
c	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
D	Prior years' undistributed income Subtract line 4b from line 2b				
	Enter the amount of prior years' undistributed				
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				·
-	amount—see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2010				3,065
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				.
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2005				
b	Excess from 2006				
С	Excess from 2007				
d	Excess from 2008				
е	Excess from 2009				

24-4366823

Page 10

Form 990-PF (2009) THE ROGERS FOUNDATION, INC.

DAA

Form 990-PF (2009) THE ROGERS FOUNDA:		24-43668	23	Page 1
Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid During the		ture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Name and address (home or business) a Paid during the year N/A	any foundation manager or substantial contributor	recipient	contribution	Allount
Total			▶ 3a	
b Approved for future payment N/A				
Total			▶ 3b	
i Viai			► 30 (

_	Part XVI-A	Analysis of Income-Producing A	<u>Activities</u>				
Ent	er gross amo	unts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See page 28 of
1	Program ser	vice revenue			wue		the instructions)
	b				+ +		
	c				+		
					+		
	f	d contracts from converse to the converse	_		+		
2	_	d contracts from government agencies			+		
	•	dues and assessments	-		+ +		1,138
4		avings and temporary cash investments and interest from securities			+ +		1,130
5		come or (loss) from real estate	-				
3		anced property	-		- -		
		-financed property			+ +		
6		come or (loss) from personal property			+		<u>-</u>
	Other invest				 		
8		i) from sales of assets other than inventory			 		·
9		or (loss) from special events					
		or (loss) from sales of inventory					
		ue a					
							· · · · · · · · · · · · · · · · · · ·
	е						
12	Subtotal Ad	d columns (b), (d), and (e)			0	0	1,138
13	Total. Add li	ne 12, columns (b), (d), and (e)				13	1,138
		in line 13 instructions on page 28 to verify calcula			_		
F	Part XVI-B	Relationship of Activities to the					
	Line No. ▼	Explain below how each activity for which incol accomplishment of the foundation's exempt pu instructions)	•	* *		•	he
_	3	INTEREST EARNED PROVID	ES ADDITIO	NAL FUNDS	FOR DO	NATIONS.	
_			<u>.</u>				
_							
				-			
							
							
							.
_							
						<u> </u>	
_							
_							· · · · · · · · · · · · · · · · · · ·
_				_			
_					-		
			 				
			-				
_							
DA	Α						Form 990-PF (2009)

	atr Våli	Exempt Organiza	-	nsters to and transaction	ns and Relatio	onsnips with No	oncharitable		
1	Did the orga			in any of the following with any oth	er organization de	scribed		Yes	No
		-		501(c)(3) organizations) or in sect	-				
	organization			, , , ,	, 3	•		ĺ	
а			ition to a nonc	charitable exempt organization of					
	(1) Cash	, ,		,			1a(1)		x
	(2) Other a	ssets					1a(2)		X
b	Other transa			·			1,		
		f assets to a noncharital	ble exempt or	ganization			1b(1)		х
		ses of assets from a nor	-	<u> </u>			1b(2)		X
		of facilities, equipment, of	,	· •			1b(3)		X
	(4) Reimbursement arrangements								
		or loan guarantees					1b(4) 1b(5)		X
		nance of services or me	mbership or fi	undraising solicitations			1b(6)		X
С			•	er assets, or paid employees			1c		X
				ete the following schedule Column	n (b) should always	s show the fair marke			
_				en by the reporting foundation. If th	•				
		•	-	show in column (d) the value of th					
	(a) Line no	(b) Amount involved		of noncharitable exempt organization	1		tions, and sharing arrange	ments	
N/	A								
					<u> </u>				
_	•						 		
							-		
							 -	-	
					· · · · · · · · · · · · · · · · · · ·				
									
					<u> </u>		• • •		
-									
								-	
			<u> </u>				·		
									
								·	
						.		-	
									
22	le the found	lation directly or indirect	lv affiliated wil	th, or related to, one or more tax-e	vemot organization				
40		•	-	an section 501(c)(3)) or in section		13	☐ Ye	s X	No
h		mplete the following sch	•	an section 50 Next (5) or in section	527			, <u> </u>	,
		a) Name of organization	edule	(b) Type of organization	1	(c) Description of	of relationship		
	N/A	y Hame of organization		(b) Type of Organization	 	(0) 20001171101110	. rolationer.		
	*1/ **	<u> </u>			-				
		· · · · · · · · · · · · · · · · · · ·		 					
		<u> </u>							
) 						
	Lindor nonelti	upp of porway I declare that	I have everying	d this return, including accompanying se	chodules and statems	ante and to the best of n	ny knowledge and		
				eparer (other than taxpayer or fiduc y ary)					
	Way.	1/1/2/2011	/	18/22	2011	PRESID	ENT		
a	Signatur	e of officer or trusted		Date /	10011	Title	<u> </u>		
er	- Jig/idia				a Data	<u> </u>	Preparer's identif	ying	
Ξ	_)norada	\mathcal{I}	enger S. Elmore, CPF	A Date	Check if	number (see Sig		
Sign Here	Per's	Preparer's CTNCET	RS. ELM	OPE '	08/1	5/11 self-employed	page 30 of the in P0029 0		
တ		o / GINGEI		, THOMPSON & JONI		-, - <u>-</u>	1 20290		
	Per L	Firm's name (or yours if		, THOMPSON & JONI FIRST NORTH ST	15, E.C.		EIN ▶ 62-109	905	9
		self-employed), address, and ZIP code	MORRI				400 50		
			HOKKI	STORM, IN STOLE			Phone no 423-58 Form 99		
							roim 33	7-F.L.	(2009)

Schedule B

(Form 990, 990-EZ, or'990-PF)* Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2009

Name of the organization

Employer identification number

THE ROGERS FOU	JNDATION,	INC.	24-4366823				
Organization type (check one	e)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) r	onexempt charitable trust not treated as a private foundation					
	527 political	organization					
Form 990-PF	X 501(c)(3) ex	empt private foundation					
	4947(a)(1) r	onexempt charitable trust treated as a private foundation					
	501(c)(3) ta	cable private foundation					
Check if your organization is co Note. Only a section 501(c)(7), instructions	-	ral Rule or a Special Rule. ration can check boxes for both the General Rule and a Special Rule Se	e				
General Rule	•						
For an organization fili property) from any one		EZ, or 990-PF that received, during the year, \$5,000 or more (in money o lete Parts I and II	-				
Special Rules							
sections 509(a)(1) and	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II						
the year, aggregate co	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.							
990-EZ, or 990-PF), but it mus	st answer "No" on P	e General Rule and/or the Special Rules does not file Schedule B (Form art IV, line 2 of its Form 990, or check the box in the heading of its Form hat it does not meet the filing requirements of Schedule B (Form 990, 99					

of 1 of Part I

Name of organization Employer identification number THE ROGERS FOUNDATION, INC 24-4366823 Part I Contributors (see instructions) (a) (d) (c) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution 1 ROGERS PETROLEUM, INC. Person 1634 WEST FIRST NORTH STREET Payroll 250,000 Noncash MORRISTOWN TN 37814 (Complete Part II if there is a noncash contribution) (a) (b) (d) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (d) (c) No Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Type of contribution Aggregate contributions Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution)