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Form '990-EZ

OMB No 1545-1150

partment 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 e90 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

Α	For t	he 2 <u>00</u>	9 cal	endar year, or tax year beginning		and end	ing			
B 	Check applica	ble Ple	Dase	C Name of organization				D Emp	loyer i	identification number
	Addı	ge l _{lab}	e IRS pel or							
	Nam chan		int or	PAT ROGERS FOUNDATION INC						044321
Ļ	Insta		ю (Number and street (or P.O. box, if mail is not delivered to street address)		F	Room/suite		•	number
Ļ	Terr		ecific struc-	10049 WEDDINGTON ROAD				7	<u>04-</u>	<u>979-7433 </u>
	Iretu	ended tio		City or town, state or country, and ZIP + 4				F Gro	up Exe	emption
\perp	Appl pend	ration ing		CONCORD, NC 28027					nber 🕨	
	• Se	ction 50)1(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a co	mp	oleted	G Accour	ntıng m	ethod:	X Cash Accrual
				Schedule A (Form 990 or 990-EZ).			Other (
		-		w.speedwayharley-davidson.com			No.			the organization is not
<u>J</u>	Tax-e	xempt s		(check only one) $ X$ 501(c) (3) \blacktriangleleft (insert no.) \bot 4947(a)(1) or						dule B (Form 990 990-EZ, or 990-PF)
K	Check		ıf t	he organization is not a section 509(a)(3) supporting organization and its gross	rec	ceipts are	normally no	t more t	than \$2	25,000. A Form 990-EZ or
			Fo	rm 990 return is not required, but if the organization chooses to file a return, be	sur	re to file a	complete re	turn.		
				nd 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 in					\$	
P	<u>art I</u>	Re	ven	ue, Expenses, and Changes in Net Assets or Fund Ba	ala	inces (S	See the instr	uctions	for Pa	
	1	Contri	ibutior	ns, gifts, grants, and similar amounts received					_1_	10,989.
	2	Progra	am se	rvice revenue including government fees and contracts					2	
	3	Memb	pershij	p dues and assessments					3	
	4	Invest	tment	income					4	
	5a	Gross	amou	unt from sale of assets other than inventory 5a						
	b			or other basis and sales expenses 5b	١					
He C	_ c	Gain c	or (los	s) from sale of a serie other inah inventory (Subtract line 5b from line 5a)					5c	
	₹ 6	Specia	al evei	nts and activities (complete applicable parts of Schedule G). If any amount is fro	om plete applicable parts of Schedule G). If any amount is from gaming, check here					
<u>§</u>	√ a	Gross	rever	nue (not 🏗 uding \$ of contributions						
APR ORGVENYAN	'	report	ted on	line 1) - MAR 1 7 7010 03 6a						
	' b	Less:	direct	expenses other than fundraising expenses = 6b	\perp					
8	C	Net in	come	or (loss) from special events and activities (Subtract line 6b from line 6a)	,				6c	
⋖	7a	Gross	sales	or (loss) from special eyents and activities (Subtract line 6b from line 6a) of inventory, less returns and allowances 7a	╛					
\bigcirc	b	Less:	cost c	of goods sold 7b					:	
y	C	Gross	profit	t or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	
Ž,	8	Other	reven	ue (describe 🕨)	8	
ロビジング	9	Total	reven	ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	10,989.
ñ	10	Grants	s and	similar amounts paid (attach schedule)	mt	t 1			10	12,918.
	11	Benef	its pai	d to or for members					11	
S	12	Saları	es, otl	her compensation, and employee benefits					12	
xpenses	13	Professional fees and other payments to independent contractors						13	1,610.	
ğ	14	Occup	ccupancy, rent, utilities, and maintenance						14	
Ω̈́	15			g, publications, postage, and shipping					15	
	16	Other	exper	nses (describe Application fee)	16	
	17	Total	exper	nses Add lines 10 through 16					17	15,278.
ro.	18	Exces	s or (deficit) for the year (Subtract line 17 from line 9)					18	<4,289·>
šets	19	Net as	ssets o	or fund balances at beginning of year (from line 27, column (A))						
As		(must	agree	e with end-of-year figure reported on prior year's return)					19	5,437 <u>.</u>
Net Assets	20	Other	chang	ges in net assets or fund balances (attach explanation)					20	
	21			or fund balances at end of year. Combine lines 18 through 20					21	1,148.
P	art I	I Ba	aland	ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, fi	ile F	Form 990	instead of Fo	orm 99	0-EZ.	
				(See the instructions for Part II.)		(A)	Beginning o	f year		(B) End of year
22	2 Ca	sh, savı	ngs, a	and investments			<u>5,</u>	<u>437</u>	. 22	1,148.
23	3 La	nd and l	buildir	ngs					23	
24	Ot	her asse	ets (de	scribe >	_)				24	
25	5 To	tal asse	ets				5,	437	. 25	1,148.
26	S To	tal liabi	ilities	(describe ►	_)			0		0.
27	Ne	t assets	or fu	nd balances (line 27 of column (B) must agree with line 21)			5,	<u>437</u>	. 27	1,148.
932	2171 08-10	LHA	Fo	r Privacy Act and Paperwork Reduction Act Notice, see the separate instruction	ons	3.				Form 990-EZ (2009)

Fori	m 990-EZ (2009)	!		26-	20443	21 Page 2
	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		T	penses
	at is the organization's primary exempt purpose? See Statement	3				r section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt pur	poses. In a clear and conci	ise manner, descr	ıbe) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan				for others)	
28	Provided funding to other non-profi	t entities th	<u>at provid</u>	<u>e</u>		
	health, medical, social welfare, ed					
	support programs for children with		•			
	(Grants \$) If this amount includes foreign g		28a	15,278.		
29						
	(Grants \$) If this amount includes foreign of	rants, check here		لـــا	29a	
30						
		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount includes foreign of	rants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign of	rants, check here		¥	31a	15,278.
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployoos		_ _	32	
Р	art IV List of Officers, Directors, Trustees, and Key E	Imployees. List each one ev	en if not compensated			or Part IV)
		(b) Title and average hours	(c) Compensation		ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	1	eferred	other allowances
_				COIII	pensation	
E		PRESIDENT	٥.	1	0	_
	35 DOGWOOD LANE, SHELBY, NC 28150	1.00 Vice-Presiden			0.	0.
	ITA W. ROGERS	-	0.		0.	•
_	35 DOGWOOD LANE, SHELBY, NC 28150	1.00	0.		0.	0.
	IMEE R. THOMAS, 2122 FOREST DRIVE,	Secretary	_		0	_
	HARLOTTE, NC 28211	1.00	0.		0.	0.
	AY A. THOMAS, 2122 FOREST DRIVE,	Treasurer	_		0	_
<u>C1</u>	HARLOTTE, NC 28211	1.00	0.	1	0.	0.
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932	172	J	<u>.</u>	1	Earm	990-EZ (2009)
02-	08-10				rom	9 90-E& (2009)

Did the organization engage in any activity not previously reported to the IRS? If Yes,* attach a detailed description of each activity Were any changes made to the organizing or governing documents? If Yes,* attach a conformed copy of the changes If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 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,* complete applicable parts of Sch. N The analysis of Sch.		Other information (Note the statement requirements in the mendeducine to 1 at 1.)			
34 Were any changes made to the organization of powering documents? If "Yes," attain a conformed copy of the changes If If the organization had income from business activities, such as these reported on lines, 26, and 74 (among others), but not reported on Form 990-1, state a statisment explaining why the organization did not report the income on Form 990-1. a Did the organization where were table business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it field a tax return on Form 990-1 for this year? b If "Yes," has it field a tax return on Form 990-1 for this year? b If "Yes," has it field a tax return on Form 990-1 for this year? b If "Yes," has it field a tax return on Form 990-1 for this year? b If "Yes," has it field a tax return on Form 990-1 for this year? b If "Yes," complete applicable parts of Sch. N a Earth amount of political expenditures, direct or indirect, as described in the instructions. b Dut the organization bring and attended the pend covered by this feturin? b If "Yes," complete Schedule I, Part II and eiter the total amount involved 38 Section 501((7)) organizations. Either amount of tax imposed on the organization during the year under: a Section 501((7)) organizations. Either amount of tax imposed on the organization during the year under: section 501((x)3) and 501(x)(4) organizations. Either amount of tax imposed on the organization managers or dequalited person and provided on the part of tax imposed on the organization managers or dequalited person and that the transaction has not been exported on any of the organization of tax imposed on organization managers or dequalited person and provided tax shelter transaction? If "Yes," promplete form 886-7 c Section 501((x)3) and 501(x)(4) organizations. Either amount of tax imposed on organization managers or dequalited person or of the organization of the organization of tax in in a significant organization. Provided tax shelter transaction				Yes	No
34 Were any changes made to the organization of poverning documents? If "Yes," attach a conformed copy of the changes If the organization had income from business activities, such as those reported on lines, 25, and 7a (among others), but not reported on Form 990-T, attach a statement explaning why the organization did not report the income on Form 990-T. a Did the organization nature unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it flied a tax return on Form 990-T for this year? b If "Yes," has it flied a tax return on Form 990-T for this year? b If "Yes," has it flied a tax return on Form 990-T for this year? b Did the organization in the Form 1120-POL for this year? b Did the organization in the Form 1120-POL for this year? b Did the organization in the Form 1120-POL for this year? b Did the organization in the Form 1120-POL for this year? b Did the organization in the Form 1120-POL for this year? b Did the organization in the Form 1120-POL for this year? b Did the organization in the Form 1120-POL for this year? b Did the organization in the Form 1120-POL for this year? b If "Yes," complete Schedule I, Part II and eiter the total amount involved 38 Death of 10(7(7) organizations. Enter: initiation fees and capital contributions included on the 9 if "Yes," complete Schedule I, Part II and eiter the total amount involved 38 Death of 10(7(7) organizations. Enter: initiation fees and capital contributions included on the 9 if "Yes," complete Schedule I, Part II and eiter the total amount involved 38 Death of 10(7(7) organizations. Enter: initiation fees and capital contributions included on the 9 if "Yes," complete Schedule I, Part II and eiter the total amount of tax imposed on the organization during the year on the organization of the organization during the year or si it aware that it engaged in an excess benefit transaction with a dequalited person in a prior year, and that the tr	23	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		_X_
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization of the organ 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, and proxy tax requirements? b If Yes, 1st did a lax return on Form 990-T for this year? b If Yes, 1st did a lax return on Form 990-T for this year? b If Yes 1st did a lax return on Form 990-T for this year? complete splicible parts of \$5.0 k. complete splicible parts of \$5.0 k. complete splicible parts of \$5.0 k. b Did the organization to form 1120-PCL for this year? b Did the organization to form 1120-PCL for this year? b Did the organization berow from, or make any locate 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? b If Yes, Complete Schedule L, Part II and enter the total amount involved c Gross receipts, included on line 9, for public use of club lacidities b Gross receipts, included on line 9, for public use of club lacidities c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year unders: initiation fores and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club lacidities c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization during the year unders: initiation fores and capital contributions in proforms 990 or 990-EZ? If Yes, complete Schedule L, Part 1 c Section 501(c)(3) and 501(c)(4) organizations. Proforms 990 or 990-EZ? If Yes, complete Schedule L, Part 1 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955. and 4958 d Section 501(c)(3) and 501(c)(4) or	Ť.		34		X
reported on Form 990-T, attach a statement explaining why the organization during not report the income on Form 990-T. and Drit the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If Yes, has it flied a tax return on Form 990-T for this year? 50 Uff the organization undergo a houldation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of SCh. N 372 Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization hier Form 1120-POL for this year? 373 Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization hier Form 1120-POL for this year? 373 Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization hier Form 1120-POL for this year? 374 X 375 X 376 X 377 X 377 X 378 X 379 X X 380 Did the organization hier Form 1120-POL for this year? 379 X X 381 Did the organization hier form 1120-POL for this year? 382 Enter amount of the part and shill outstanding at the end of the period covered by this return? 383 Enter amount of tax individual to the instructions. b If Yes, complete Schedule L, Part II and enter the total amount involved 384 X 385 N/A 386 X 387 X 388 N/A 389 N/A 389 N/A 399 N/A	35				
and proxy tax requirements? 35					
and proxy tax requirements? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? If Yes, 'complete applicable parts of Sch. N 78 Enter amount of political expenditures, direct or indirect, as described in the instructions. □ 17a □ 0. □ 17a □ 0	а				
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38 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 77 a Enter amount of political expenditures, direct or indirect, as described in the instructions. □ 0. □ 17 a □ 17 a □ 0. □ 18 b Ut 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? □ 18 b If "Yes," complete Schedule I., Part II and enter the total amount involved □ 18 Section 501(c)(17) organizations. Enter: □ 18 Initiation fees and capital contributions included on line 9 □ 39 □ N/A □ 18 □ N/A	b		35b	N/	A
as a plucable parts of Sch. N 7a					
The Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			36		X
b Did the organization file Form 1120-POL for this year? 38a Did the organization beform 1120-POL for this year? 38b In the organization beform 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? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 38c N/A 39b N/A 39c N/A 39b N/A 39c N/A 39b N/A 39c N/A	37 a	• • • • • • • • • • • • • • • • • • • •			
38a Dut 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? 38b N/A 38ction 501(c)(7) organizations. Enter: 38a Infration fees and capital contributions included on line 9 39a N/A 39a N/A 39b N/A 39b N/A 39ction 501(c)(3) organizations. Enter: 39a N/A 39b N/A 39ction 501(c)(3) organizations. Enter: 39a N/A 39b N/A 39ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39a N/A 39b N/A 39a N/A 39b N/A 39b N/A 39ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39ction 501(c)(3) organizations. Dut the organization engage in any section 4955 ▶ 0. 39ction 501(c)(3) and 501(c)(4) organizations. Dut the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Profit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations forms 990 or 990-EZ? If Yes, complete Schedule L, Part I 40b X 40ction 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 40ction 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8866-T 41ct the states with which a copy of this return is filed. ► None 42c The organization's books are in care of ► PAT ROGERS 40ction 407(a) 40 proparization with a file organization have an interest in or a signature or other authority over a financial account in a foreign country. ► 42c Nation 407(a) 40 proparization and filing requirements for Form TD F 90-22. I, Report of Foreign Bank and Financial Accounts. 42c X 42c X 42c X 43c N/A 4			37b		_X_
m a prior year and still outstanding at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 39b N/A 3					
b If Yes,* complete Schedule L, Part II and enter the total amount involved 3 section 501(c)(7) organizations. Enter: 3 Initiation tess and capital contributions included on line 9 5 Gross receipts, included on line 9, for public use of club facilities 6 Gross receipts, included on line 9, for public use of club facilities 8 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 8 section 501(c)(3) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 er 990-E27 If Yes,* complete Schedule L, Part I 8 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 9 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 9 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in line 40c reimbursed by the organization. 9 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T 1 List the states with which a copy of this return is filed. ▶ None 2 Telephone no. ▶ 704-979-7433 1 Located at ▶ 10049 WEDDINGTON ROAD, CONCORD, NC 2 TP+4 ▶ 28027 5 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; ▶ See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. 1 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- C			38a	L .	X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 .; section 4955 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 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 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8866-T List the states with which a copy of this return is filed. ▶ None 11 List the states with which a copy of this return is filed. ▶ None 12 Located at ▶ 1004 9 WEDDINGTON ROAD, CONCORD, NC 21 A 1 1 List the states with which a copy of this return is filed. ▶ None 22 Located at ▶ 1004 9 WEDDINGTON ROAD, CONCORD, NC 23 At any time during the calendar year, did the organization have an interest in or a signature or other financial account; over a financial account in a foreign country; ▶ See the instructions for exceptions and filing requirements for Form 10 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.? If Yes, enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received	b				
D Gross receipts, included on line 9, for public use of club facilities 39b N/A 39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. b Section 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimburised by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 10 Located at ► 10049 WEDDINGTON ROAD, CONCORD, NC 2IP + 4 ► 28027 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 accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No. 442 X Did th	39	Section 501(c)(7) organizations. Enter:			
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Part VI		4947(a)(1) nonexempt	charitable tru ns 46-49b and con	sts only. All and the stable	sections s for	n 501 lines 5	(c)(3) 60
6 Did th	ne organization engage in direct or indirect political campaign activities	on hehalf of or in opposition to	candidates for public			Yes	No
	? If "Yes," complete Schedule C, Part I	on benan of or in opposition to	barrollatics for public	ſ	46	.00	X
	re in Yes, complete Scriedule C, Fart in the services of the s	andula C Part II			47		X
				}	48		X
	organization a school as described in section 170(b)(1)(A)(ii)? If "Ye			ŀ			X
	ne organization make any transfers to an exempt non-charitable related	organization		}	49a		
	s," was the related organization a section 527 organization?	(. tourstand and leave as	ا مطیر (مممریمامی	49b		
	olete this table for the organization's five highest compensated employers \$100,000 of compensation from the organization. If there is none, ente		s, trustees and key er	iipioyees) wilo ea	icii i et	seiveu	illore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e	e) Expe count er allow	
					-		
					-		
1 Comp	number of other employees paid over \$100,000 Diete this table for the organization's five highest compensated indepensization. If there is none, enter "None."	dent contractors who each rece	ved more than \$100	,000 of compens	ation fi	rom the	<u></u>
	NONE (a) Name and address of each independent contractor paid more	e than \$100,000	(b) Type of ser	vice (d) Com	pensa	tion
				-			
			-				
d Total	number of other independent contractors each receiving over \$100,00		>				0
Sign Here	Under penalties of peruny, I declare that I have constituted this return, including a correct, and complete Declaration of prepare (other than officer) is based on all	accompanying schedules and statement of which preparer has any	nts, and to the best of m knowledge	Date 01			
	E. PAT ROGERS, PRESIDENT Type or print name and title			3111	110	.	
Paid Preparer's Use Only	Preparer's signature Aregon a. Hednik	- 3/8/10 em	ployed	earer's identifying nu	ımber (See insti	·)
196 UIIIY	Firm's name (or yours of self-employed). Turlington and Company P.O. Box 1697		EIN I	e >			
	laddress, and ZIP+4 Lexington, NC 27293-16	597	no.	(336):	249	-68	56

➤ X Yes

Form 990-EZ (2009)

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A

Repartment of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			PAT 1	ROGE	ERS FOUNDATI	ON IN	C				26	<u>-2044</u>	<u> 321</u>	
Pa	rt I	Reason			y Status (All organiz			e this part) See inst	tructions.				
		zation is not a	a private found	ation b	ecause it is (For lines	through 1	11, check	only one b	ox)					
1					or association of chur).				
2	一)(b)(1)(A)(ii). (Attach Sc				, ,, ,, ,,,					
3	Ħ				al service organization	=	n section	170(b)(1)(/Αγ(iii).					
4	Ħ	•			perated in conjunction					(b)(1)(A)(ii	ii). Enter th	ne hospitali	's name	.
*		city, and stat	•	u.i.o.i o,	poratos in conjunction	4	p.1.4. 4000.		0	(-)(-)()(,			-,
_				r tha h	enefit of a college or ur	overeity ov	wned or or	perated by	a governi	mental uni	ıt describe	ed in		
5		_				iiversity ov	wiled or of	cialed by	a governi	nontal and	it describe			
_			(b)(1)(A)(iv). (C	-				470/h\/	137 4 376 A					
6	=		-		nt or governmental unr					£ 45 -				
7	LX.	-			ives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic desc	ribea ir	1
	$\overline{}$	•	(b)(1)(A)(vi). (Co	-	•									
8	\square				ection 170(b)(1)(A)(vi).									
9	L_J	_			ives: (1) more than 33									
				•	ctions - subject to certa	-								
		income and t	unrelated busin	ness ta	xable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 3	0, 197	5.
		See section	509(a)(2). (Con	nplete	Part III.)									
10		•	•	•	erated exclusively to te		-							
11	Ш	An organizati	ion organized a	and ope	erated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the p	purposes o	f one o	r
		more publicly	y supported org	ganızat	ions described in secti	on 509(a)(⁻	i) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Che	ck the box	that	
		describes the	e type of suppo	orting o	rganization and compl	ete lines 1	1e through	11h						
		a Type		b 📖			e III - Func	•	•			Type III - C		
е		By checking	this box, I certi	ıfy that	the organization is not	controlled	directly o	r ındırectiy	by one o	r more dis	qualified p	ersons oth	er thar	1
	•	foundation m	nanagers and o	ther th	an one or more publicly	y supporte	d organiza	itions des	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2).	
f		If the organiz	ation received	a writte	en determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, ch	eck thi	s box .							••		
g		Since Augus	t 17, 2006, has	the or	ganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
		(i) A perso	n who directly	or indir	ectly controls, either al	lone or tog	ether with	persons o	lescribed	ın (ii) and ((ııi) below,		Yes	No
		the gove	erning body of	the sup	pported organization?							11g(i)		
		(ii) A family	member of a p	person	described in (i) above?				_			11g(ii)		
		(iii) A 35% (controlled entit	y of a p	person described in (i) o	or (II) above	€?			_		11g(iii)		
h	1				bout the supported or									
-			J		•••									
/:1	Mama	of supported	(ii) EIN	· · · [(iii) Type of	(iv) Is the c	rganization	(v) Did you	u notify the	(vi) Is		(vii) Am	nount of	:
(1)		inization	(11) [11]		organization	in col. (i) lis	sted in your	organizat	ion in col.	organizati (i) organiz	on in col. red in the	sup		
	oi gc	inzanon		ĺ	(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	Ü.S	.?			
					(see instructions))	Yes	No	Yes	No	Yes	No			
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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

Schedule A (Form 990 or 990-EZ) 2009

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 (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008(e) 2009 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 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 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar 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 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) 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 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 % 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 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 Cash Grants and Alloca	ations S	tatement 1
Class of Activity/Donee's Name and Address	Donee's Relationship	Amount
Charitable Organization Multiple Sclerosis Society - MS Walks 406 Country Club Lane Shelby, NC 28150	None	1,000.
Charitable Organization Cross Cultural Thresholds 18E 48th Street 20th Floor New York, NY 10016	None	1,000.
Charitable Organization Cannon Memorial YMCA 5325 Langford Avenue Concord, NC 28027	None	1,000.
Charitable Organization Carolina Motorcycle Organizations United 1719 Chasewood Drive Apt 12 Charlotte, NC 28212	None	100.
Charitable Organization Crossroads Rescue Mission 206 Mt Sunai Church Road Shelby, NC 28150	None	200.
Charitable Organization Cleveland County Abuse Prevention Council 407 W Warren Street Shelby, NC 28150	None	100.
Charitable Organization Convicted Ministries PO Box 216 Harrisburg, NC 28075	None	150.
Payments for Shelter, Utilities, Medical Mark Hiser Charity Ride 4033 Mellon Road Matthews, NC 28104	None	9,368.
Total Included on Form 990-EZ, Line 10		12,918.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts		S	tate	ment	2
directly	rganization, during the year, receive any funds, or indirectly, to pay premiums on a personal ontract?	[1	Yes	[x]	No
	rganization, during the year, pay premiums, or indirectly, on a personal benefit contract? .	. []	Yes	[X]	No

990-EZ Pg 2

Statement

3

To support and distribute funds to other charitable and educational organizations which provide health, medical, social welfare, educational and other support programs and services for the benefit of children with illness, disease, injury, pain, disability, incapicity or other disadvantage.