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Extended Return

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)

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. 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.

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number		
		ROGERS-COOPER MEMORIAL FOUNDATION		95-2534433		
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number	
		3729 RANCHER LOOP NE			(505) 896-1611	
City or town, state or country, and ZIP + 4		RIO RANCHO, NM 87144-6270		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 Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 **H** Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 135,771.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	110,813.
	5a	Gross amount from sale of assets other than inventory STMT 3	5a	24,458.
	b	Less cost or other basis and sales expenses	5b	34,441.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-9,983.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ OTHER INCOME)	8	500.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	101,330.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 4	10	20,213.
	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	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	70,982.
	17	Total expenses. Add lines 10 through 16	17	91,195.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,135.
	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	790,313.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	800,448.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	725,146.	756,752.
23 Land and buildings		
24 Other assets (describe ▶ LOANS RECEIVABLE)	65,167.	56,167.
25 Total assets	790,313.	812,919.
26 Total liabilities (describe ▶ SEE STATEMENT 2)	0.	12,471.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	790,313.	800,448.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED AUG 19 2010

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a 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 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 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e 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		X
41 List the states with which a copy of this return is filed CA		
42a The organization's books are in care of REV. TIMOTHY DONOVAN Telephone no 505-859-7590 Located at 3729 RANCHER LOOP NE, RIO RANCHO, NM ZIP + 4 87144-6270		
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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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 X		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 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		X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

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

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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.

Sign Here: Signature of officer *Timothy L. Donovan* Date *7-27-10*

Type or print name and title: *Fr. Timothy L. Donovan, Treasurer*

Paid Preparer's Use Only: Preparer's signature *Julia Jean Thompson* Date *7/19/10* Check if self-employed ☐ Preparer's identifying number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4: **REDW LLC**
POST OFFICE BOX 93656
ALBUQUERQUE, NEW MEXICO 87199-3656

EIN **95-2534433**
 Phone no **(505) 998-3200**

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

☒ Yes ☐ No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ROGERS-COOPER MEMORIAL FOUNDATION

Employer identification number

95-2534433

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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)**.
- 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)**.
- 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.

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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 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 supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
LIBERAL CATHOLIC CHU		1	X		X		X		20,213.
Total									20,213.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 Total support. Add lines 7 through 10						
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 section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
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**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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						
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.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

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 ► ☐

Depreciation and Amortization Detail VARIOUS RENTAL PROPERTIES

RENT

1

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	LAND							
	031567L				184,141.			0.
	BUILDING							
	031567SL	12.00	16		8,564.		8,564.	0.
	BUILDING							
	121578SL	12.00	16					0.
	BUILDING							
	031578SL	25.00	16		40,500.		40,500.	0.
	IMPROVEMENTS							
	081572SL	12.00	16		11,041.		11,041.	0.
	SEPTIC TANK							
	091573SL	10.00	16		888.		888.	0.
	WATER HEATER							
	081574SL	10.00	16		204.		204.	0.
	IMPROVEMENTS							
	111574SL	10.00	16		272.		272.	0.
	ROOF							
	121574SL	10.00	16		130.		130.	0.
	ROOF							
	121574SL	10.00	16		140.		140.	0.
	IMPROVEMENTS							
	061575SL	10.00	16		170.		170.	0.
	WATER HEATER							
	031576SL	10.00	16		207.		207.	0.
	WATER PUMP							
	071577SL	10.00	16		2,104.		2,104.	0.
	REPAIRS							
	071578SL	15.00	16		15,777.		15,777.	0.
	AIR CONDITIONING							
	071580SL	15.00	16		4,299.		4,299.	0.
	HEATER							
	111582SL	15.00	16		735.		735.	0.
	CAR							
	081582SL	5.00	16		3,500.		3,500.	0.
	MOWER							
	061583SL	5.00	16		2,380.		2,380.	0.
	COMPUTER							
	111583SL	5.00	16		2,482.		2,482.	0.
	IMPROVEMENTS							
	011585SL	18.00	16		8,379.		8,379.	0.
	SEWER LINE							
	061585SL	19.00	16		5,650.		5,323.	0.
	REFURBISHING							
	121587SL	27.50	16		110,335.		84,252.	4,012.
	WATER HEATER							
	051588SL	5.00	16		100.		100.	0.
	WATER HEATER							
	081588SL	5.00	16		96.		96.	0.
	WATER HEATER							
	011589SL	5.00	16		210.		210.	0.
	WATER HEATER							
	051589SL	5.00	16		194.		194.	0.
	IMPROVEMENTS							
	121590SL	18.00	16		7,500.		7,500.	0.

916261
04-24-09

- Current year section 179 (D) - Asset disposed

7.1

10170716 757902 69680

2009.03060 ROGERS-COOPER MEMORIAL FOUN 69680 1

Depreciation and Amortization Detail VARIOUS RENTAL PROPERTIES

RENT

1

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	PRINTER							
	02/15/91	SL	5.00	16	1,000.		1,000.	0.
	IMPROVEMENTS							
	07/15/91	SL	18.00	16	11,035.		10,728.	307.
	IMPROVEMENTS							
	12/15/92	SL	18.00	16	1,354.		1,200.	75.
	IMPROVEMENTS							
	12/15/93	SL	18.00	16	21,986.		19,537.	1,221.
	KIT FLOORS							
	02/15/94	SL	5.00	16	725.		725.	0.
	REPLACE ROOF							
	02/15/94	SL	18.00	16	560.		460.	31.
	REMODEL							
	02/15/94	SL	18.00	16	1,032.		846.	57.
	NEW LEACH LINE							
	02/15/94	SL	18.00	16	1,230.		1,009.	68.
	NEW LEACH LINE							
	06/15/94	SL	18.00	16	1,230.		986.	68.
	UPGRADE RENTALS							
	08/15/94	SL	18.00	16	2,442.		1,949.	136.
	WINDOWS, DOORS & DRYWALL							
	08/15/94	SL	5.00	16	1,677.		1,677.	0.
	ELECTRICAL WORK							
	08/18/94	SL	18.00	16	799.		631.	44.
	REMODEL LIVING ROOM							
	10/15/94	SL	18.00	16	2,292.		1,799.	127.
	NEW SEPTIC TANK							
	09/15/94	SL	18.00	16	2,750.		2,180.	153.
	SHOWER REPLACEMENT							
	02/09/95	SL	18.00	16	609.		473.	34.
	ROOF							
	02/23/95	SL	18.00	16	3,825.		2,947.	213.
	WATER HEATER							
	06/23/95	SL	5.00	16	445.		445.	0.
	MOVE FENCE LINE							
	07/03/95	SL	18.00	16	519.		392.	29.
	NEW LEACH LINE							
	10/10/95	SL	18.00	16	1,650.		1,219.	92.
	LANDSCAPING (TREE WORK)							
	11/07/95	SL	18.00	16	790.		579.	44.
	REFRIGERATOR							
	11/22/95	SL	5.00	16	200.		200.	0.
	TRAILER							
	10/10/95	SL	5.00	16	200.		200.	0.
	ELECTRICAL WORK							
	01/10/96	SL	18.00	16	427.		312.	24.
	CARPETING							
	02/01/96	SL	5.00	16	553.		553.	0.
	VENT WALL HEATER							
	02/28/96	SL	5.00	16	765.		765.	0.
	FENCING							
	03/19/96	SL	18.00	16	343.		242.	19.
	ROOF							
	04/19/96	SL	18.00	16	1,755.		1,241.	98.

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04-24-09

- Current year section 179 (D) - Asset disposed

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Depreciation and Amortization Detail VARIOUS RENTAL PROPERTIES

RENT

1

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	CEMENT FLOOR							
	062996SL		18.00	16	315.		225.	18.
	SEPTIC SYSTEM							
	073196SL		18.00	16	2,275.		1,565.	126.
	CARPETING							
	082196SL		5.00	16	1,329.		1,329.	0.
	SEPTIC SYSTEM							
	082496SL		18.00	16	2,275.		1,554.	126.
	DRIVEWAY GRADING							
	092196SL		18.00	16	650.		441.	36.
	ROOF							
	101696SL		18.00	16	1,620.		1,095.	90.
	DRIVEWAY GRADING							
	101696SL		18.00	16	528.		353.	29.
	APPLIANCE							
	120396SL		5.00	16	447.		447.	0.
	KIT & BATH FLOORS							
	122696SL		5.00	16	1,296.		1,296.	0.
	HEATING SYSTEM							
	020797SL		7.00	16	2,380.		2,380.	0.
	CARPET							
	022497SL		7.00	16	1,130.		1,130.	0.
	IMPROVEMENTS							
	030797SL		18.00	16	1,411.		923.	78.
	CRUSHED ROCK DRIVEWAY							
	061097SL		18.00	16	1,050.		672.	58.
	NEW ROOF							
	081197SL		18.00	16	700.		445.	39.
	NEW SHED							
	121198SL		7.00	16	656.		656.	0.
	INSTALLATION OF WATER SERVICE							
	033098SL		18.00	16	1,965.		1,172.	109.
	INSTALL NEW WATER HEATER							
	012199SL		18.00	16	1,903.		1,051.	106.
	NEW SHED							
	021899SL		7.00	16	727.		727.	0.
	DEPOSIT ON 3 WOOD BURNING STOVES							
	020100SL		7.00	16	870.		870.	0.
	BALANCE ON 3 WOOD BURNING STOVES							
	020100SL		7.00	16	7,023.		7,023.	0.
	WATER HEATER							
	062200SL		18.00	16	1,400.		663.	78.
	SHED							
	012901SL		7.00	16	5,413.		5,413.	0.
	ROOF							
	102703SL		18.00	16	1,872.		537.	104.
	ROOF 1664 SAN GABRIEL							
	110804SL		27.00	16	8,345.		1,288.	309.
	ROOF-1658 SAN GABRIEL							
	090204SL		27.00	16	4,188.		672.	155.
	ROOF 1701 E. OJAY							
	081104SL		27.00	16	3,645.		596.	135.
	ROOF 206 GRIDLEY							
	011204SL		27.00	16	4,155.		770.	154.

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- Current year section 179 (D) - Asset disposed

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FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION	AMOUNT		
DEPRECIATION	12,276.		
ACCOUNTING	1,975.		
INSURANCE	8,185.		
REPAIRS AND SUPPLIES	11,559.		
TAXES AND LICENSES	8,411.		
UTILITIES	10,218.		
TREE INSPECTION & REMOVAL	8,600.		
POSTAGE	92.		
BANK CHARGES	119.		
TRAVEL	1,643.		
WEED ABATEMENT	7,904.		
TOTAL TO FORM 990-EZ, LINE 16	70,982.		

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	0.	-37.	
UNRECOGNIZED GAIN	0.	12,508.	
TOTAL TO FORM 990-EZ, LINE 26	0.	12,471.	

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
644.740 SHARES WASHINGTON MUTUAL	12,115.	19,012.	0.	-6,897.	
472.353 SHARES EURO GROWTH	12,343.	15,429.	0.	-3,086.	
TO FORM 990-EZ, LINE 5	24,458.	34,441.	0.	-9,983.	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	4
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
ROOF REPAIR CHURCH OF ST. FRANCIS	NONE	20,213.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	20,213.
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FORM 990-EZ	RENTAL INCOME	STATEMENT	5
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
VARIOUS RENTAL PROPERTIES	1	105,297.
TOTAL INCUDED ON FORM 990-EZ, PART I, LINE 4		105,297.

FORM 990-EZ INFORMATION REGARDING TRANSFERS STATEMENT 6
 ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
 DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
 BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
 DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO
-
-

OPPORTUNITY TRAINING OF LIBERAL CATHOLIC CHURCH CLERGY.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization ROGERS-COOPER MEMORIAL FOUNDATION	Employer identification number 95-2534433
	Number, street, and room or suite no. If a P.O. box, see instructions. 3729 RANCHER LOOP NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RIO RANCHO, NM 87144-6270	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

REV. TIMOTHY DONOVAN

- The books are in the care of ► **3729 RANCHER LOOP NE - RIO RANCHO, NM 87144-6270**
Telephone No. ► **505-896-1610** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2009** or
► ☐ tax year beginning , and ending .

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev 4-2009)