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Form 990

Department of the Treasury

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)

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

OMB No 1545-0047 Open to Public Inspection

07/01, 2009, and ending A For the 2009 calendar year, or tax year beginning 06/30,20 10 D Employer identification number B Check if applicable C Name of organization ROGERS DEVELOPMENT FOUNDATION Doing Business As 71-0684375 label or E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite (479) 619-3185317 W. WALNUT Instal return City or town, state or country, and ZIP + 4 Instruc tions ROGERS, AR 72756 1,048,821 G Gross receipts \$ H(a) Is this a group return for affiliates? Application pending F Name and address of principal officer JERRY VEST Yes X No WALNUT ROGERS, AR 72756 H(b) Are all affiliates included? 501(c) (3) **◄** (insert no) 4947(a)(1) or If "No." attach a list (see instructions) Website. ► N/A H(c) Group exemption number L Year of formation 1989 M State of legal domicile X Corporation Form of organization Trust Association Part I Summary Briefly describe the organization's mission or most significant activities TO ASSIST IN THE DEVELOPMENT OF PROJECTS, STUDIES, AND OTHER Governance ACTIVITIES AND TO AID IN THE PLANNING, DEVELOPMENT, AND IMPROVEMENT OF THE CITY OF ROGERS, ARKANSAS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) œ 6 Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) \cap Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), lin b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Ŭ, Contributions and grants (Part VIII, line 1h) 908,444 1,046,245. R Program service revenue (Part VIII, line 2g) 9 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,031 2,576. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11eDGDEN 0. 11 914,475 1,048,821. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 239,850. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses, Part IX, column (D), line 25) 17 1,049,587. 766,332. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,049,587. 1,006,182. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -135,112. 42,639. 19 Revenue less expenses Subtract line 18 from line 12 5 **Beginning of Year End of Year** 796,383. 836,558. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 16,821. 14,357. Net assets or fund balances Subtract line 21 from line 20 779,562 822,201. 22 Part II Signature Block Under penalties of have examined this return, including accompanying schedules and statements, and to the best of my knowledge beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Indeclare that Sign Here Dums, Secretar Preparer's identifying number Check if (see instructions) P00579492 Paid signature employed Preparer's Firm's name (or you 44-0160260 FIN P.O. 200X 501-372-1040 3667 LITTLE ROCK, AR 72203-3667 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes Form 990 (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 9	90 (2009) 71-0684375		ı	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
1	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			$\overline{}$
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C, Part II	4		x
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_	_	
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	,		
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			1
				v
-	complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_		١
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			*
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			7.77
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			9.76
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12	Х	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		$\vdash $
19		40		V
20	If "Yes," complete Schedule G, Part III	19		X
_20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Par	Checklist of Required Schedules (continued)	,		
			Yes	No
21 ,	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		١.,	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			v
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ŀ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
0.4	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	Ì		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24-		Ų.
	24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d		
d 25 a		24u		-
25 A	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
.		ZJa		
D	Is the organization 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	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			**
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O		X	
		Form	qqn	(2009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
'	U.S. Information Returns Enter -0- if not applicable			!
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			i
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
10 -	amounts due or received from them)	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or account during the year.	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent		. ;	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			•
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a				
	with a taxable entity during the year?	16a		Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only			
-	available for public inspection. Indicate how you make these available. Check all that apply.	•		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
-	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ JANINE SPRINGER 317 W. WALNUT ROGERS, AR 72757			
	479-619-3185			

JSA 9E1042 5 000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JERRY VEST										
CHAIRMAN	1.00	Х		Х				0.	. 0	0.
TOM SPILLYARDS										
VICE CHAIRMAN	1.00	Х		Х				0.	. 0	<u> </u>
CATHY FORAKER										
TREASURER	1.00	Х		Х				0.	. 0	<u>0</u> .
RAYMOND BURNS										
SECRETARY	1.00	Х						0.	. 0	0.
WAYNE CALLAHAN										
BOARD MEMBER	1.00	Х						0.	. 0	0.
GREG SPRAGG										
BOARD MEMBER	1.00	Х					l,	0.	. 0	0.
									_	
· · · · · · · · · · · · · · · · · · ·							_		•	

Part VII Section A. Officers, Directors, Tr	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)												
(A)	(B) (C)							(D)	(E)			(F)	
Name and title	Average hours per week	ন or director	_	Officer		hat app	Former	Reportable compensation	Reportable compensation from related		amo	imateo	
	week	rect	햩	Ę	em	hest	ner	from the	from related organizations	s	comp	ther ensati	on
		of the	Institutional trustee		Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		m the	
		stee	uste		l ^o	bens		(44-2/1039-141/30)				relate	
			°			ated					orgar	nızatıo	ns
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	•												
1b Total			•	•	<u>. </u>	• • •	<u> </u>	0.		0.			0
2 Total number of individuals (including but not lin reportable compensation from the organization	nited to thos	se liste		bov	e) w	ho re	cei	ved more than \$100	,000 in				
reportable compensation from the organization												Yes	No
3 Did the organization list any former office													
employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the the organization and related organizations	e sum of greater th	repor	table	e c .000	om _l)?	pensa <i>If</i> "Y	itior ′es.	n and other comp " complete Sched	pensation fron	n :h			
ındıvıdual											4		Х
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5		Х
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization	compensat	ed in	dep	end	lent	cont	trac	ctors that received	I more than	\$100,0	000	of	
(A) Name and business add	ress							(B) Description of ser	vices	Cor	(C)	ation	
NONE											<u> </u>		
							+					-	
							+						
							上						
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited		thos	se I	listed above) who	received		_		

	rt VIII			71-0684375						
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a b c d e f	All other contributions, gifts, grants,	46,511 99,734							
ontro	g	Noncash contributions included in lines 1a-1f \$	_							
	h	Total. Add lines 1a-1f		1,046,245						
Program Service Revenue	2a b c d	Busine	ss Code							
gra	f	All other program service revenue								
<u> </u>	9	Total. Add lines 2a-2f	▶	0						
	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 2 Income from investment of tax-exempt bond proceeds	>	2,576 0			2,576			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	▶	0						
	6a b	Gross Rents	ersonal							
	d	Net rental income or (loss)	· · · P	0						
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	Other							
	d	Net gain or (loss)	▶	0			ļ ,			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18								
₹	С	Net income or (loss) from fundraising events	▶	0						
		Gross income from gaming activities See Part IV, line 19								
	b	Less direct expenses		0						
	10a	Gross sales of inventory, less returns and allowances	, ,	0						
	b c	Less cost of goods sold	▶	0						
	11-			 ,			 			
į	11a b c									
	ď	All other revenue								
	е	Total. Add lines 11a-11d	▶	0.						
	12	Total Revenue. See instructions		1,048,821			2,576			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	te column (A) but are	not required to comple	ete columns (B), (C), a	ind (D).
	o'not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	239,850.	239,850.		
2	Grants and other assistance to individuals in				-
	the U S See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
•	trustees, and key employees	0.			
6	Compensation not included above, to disqualified	- 0.			±
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
-		0.			
7	Other salaries and wages	0.			
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	0.			
9	Other employee benefits	- 1			
10	Payroll taxes	0.			
11	Fees for services (non-employees)				
а	Management	0.			<u> </u>
Ь	Legal	0.			
С	Accounting	7,795.		7,795.	
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	42.		42.	
12	Advertising and promotion	0.			
13	Office expenses	163.		163.	
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			- · · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	1,037.		1,037.	
23	Insurance	0.		,	
24	Other expenses Itemize expenses not	-			· <u>-</u>
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
	ADMINISTRATIVE EXPENSES	7,140.	_	7,140.	
	PROGRAM EXPENSES	750,155.	750,155.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			700,1331		-
C		-	<u>-</u> .		
d					
e	All officers				
	All other expenses	1 006 192	990,005.	16 177	-
25_	Total functional expenses Add lines 1 through 24f	1,006,182.	990,003.	16,177.	
26	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

		(A)		(B)
1.4	Cirls and	Beginning of year		End of year
1	Cash - non-interest-bearing	332,524.	1	290,580
2	Savings and temporary cash investments	159,103.	2	154,316
3	Pledges and grants receivable, net	224 020	3	300 001
4	Accounts receivable, net	234,938.	4	322,881
5	Receivables from current and former officers, directors, trustees, key			
-	employees, and highest compensated employees Complete Part II of		_	
	Schedule L	 ,	5	
6	Receivables from other disqualified persons (as defined under section			
İ	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
<u> </u>	Part II of Schedule L		6	
Assets 8 2	Notes and loans receivable, net		7	
•	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment: cost or 10a 75,555.			
	other basis Complete Part VI of Schedule D			
1	Less: accumulated depreciation	69,818.		68,781
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	796,383.	16	836,558
17	Accounts payable and accrued expenses	16,821.	17	9,357
18	Grants payable	·	18	
19	Deferred revenue		19	5,000
20	Tax-exempt bond liabilities		20	
<u>ဗ</u> 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key			
ള	employees, highest compensated employees, and disqualified			
	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	16,821.	26	14,357
	Organizations that follow SFAS 117, check here X and			
Ses	complete lines 27 through 29, and lines 33 and 34.	272 225		070 060
27	Unrestricted net assets	270,825.	27	270,062
28	Temporarily restricted net assets	508,737.	28	552,139
29	Permanently restricted net assets		29	
or Fund Balance 28 29 29	Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
ស្ត 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
30 31 32 33	Total net assets or fund balances	779,562.	33	822,201
34	Total liabilities and net assets/fund balances	796,383.	34	836,558

Form 990 (2009) Page 12 Part XI **Financial Statements and Reporting** Yes No Cash X Accrual Other Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. Consolidated basis X | Separate basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Χ 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Attach to Form 990 or Form 990-EZ. See separate instructions. Internal Revenue Service Name of the organization Employer identification number ROGERS DEVELOPMENT FOUNDATION 71-0684375 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). 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 Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated d | Type III - Other a | Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(iı) Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? Х Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify the organization in (vi) Is the (vii) Amount of in col (i) listed in your governing document? (described on lines 1-9) organization in col organization support above or IRC section col (i) of your (i) organized in the (see instructions)) support? UST Yes No Yes Yes

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Schedule A (Form 990 or 990-EZ) 2009

Total

	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.)								
Sec	tion A. Public Support								
Cal	endar 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")	993,859	853,298	1,039,478	908,444	1,046,245	4,841,324		
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	993,859	853,298	1,039,478	908,444	1,046,245	4,841,324		
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)								
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support	<u> </u>					4,841,324		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	993,859			908,444	1			
8	Gross income from interest, dividends.	993,639	853,298	1,039,478	908,444	1,046,245	4,841,324		
Ū	payments received on securities loans, rents, royalties and income from similar sources	22,230	14,073	11,765	6,031	2,576	56,675		
			= 1, 2 - 2						
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						4,897,999		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12			
13	First five years. If the Form 990 is to organization, check this box and stop here								
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2009 (line			column (f))		14	98.84 %		
15	Public support percentage from 2008 S					15	98.65 %		
16a	33 1/3 % support test - 2009. If the c	•							
_	this box and stop here. The organization								
D	33 1/3 % support test - 2008. If the	•							
470	check this box and stop here. The org								
114	10%-facts-and-circumstances test - 2 or more, and if the organization m	_							
	Part IV how the organization meets					•	•		
	organization			-		•			
h	10%-facts-and-circumstances test -								
-	15 is 10% or more, and if the orga	-							
	Explain in Part IV how the organization						-		
	supported organization				-	-			
18	Private foundation. If the organization								
	instructions								
						chedule A (Form 990			
						•	•		

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you absolved the boy on line 0 of Dort I.)

500	tion A. Public Support	3 110 20% 011 11		<u>, </u>					
	T T	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0)	2009	(f) Total	
	alendar year (or fiscal year beginning in)	(a) 2003	(5) 2000	(0) 2007	(u) 2000	(6)	2003	(i) iotai	
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								
	ıts 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				_				
7 a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
Ь	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)								
Sec	tion B. Total Support								
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total	
9	Amounts from line 6								
10 a	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties and income from similar								
	sources								
ь	Unrelated business taxable income (less		١				,		
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly								
12	Other uncome. Do not include goin or								
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 a	s a se	tion 501(c)	(3)	
	organization, check this box and stop here.								\neg
Sect	tion C. Computation of Public Sup								
15	Public support percentage for 2009 (line 8, co			(f))		15			%
16	Public support percentage from 2008 Schedu					16			%
Sect	tion D. Computation of Investment								
17	Investment income percentage for 2009 (lin			, column (f))		17			%
18	Investment income percentage from 2008 S					18			%
19 a	33 1/3 % support tests - 2009. If the org					e than	33 1/3 %, ar	id line	
	17 is not more than 33 1/3 %, check th	_							
b	33 1/3 % support tests - 2008. If the orga		_	•			-	_	_
	line 18 is not more than 331/3 %, check								
20	Private foundation. If the organization of								
SA 1 1 00	0				S	chedule	A (Form 990	or 990-EZ) 2	2009

Page 4

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

· vaiii	or the organization		Employer lacinationation maniper
ROO	ERS DEVELOPMENT FOUNDATION		71-0684375
_		vised Funds or Other Similar Funds o	r AccountsComplete if
لنهير	the organization answered "Yes" to Fo	rm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
4	Table of a first	\ \frac{1}{2} \cdots \c	
1	Total number at end of year		
2	Aggregate contributions to (during year)	-	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor ad		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, and		
	used only for charitable purposes and not for the be		
	purpose conferring impermissible private benefit?	<u></u>	Yes 🗔 No
Pa	t II Conservation Easements. Complete if		orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	organization (check all that apply)	
	Preservation of land for public use (e.g., recre	ation or pleasure) Preservation o	f an historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution in the	form of a conservation
	easement on the last day of the tax year	·	
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (c) a		
3	Number of conservation easements modified, transf		by the organization during
	the tax year ▶	.	3
4	Number of states where property subject to conserv	vation easement is located	
5	Does the organization have a written policy regarding		na of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, ins		
•	b	pooling, and officially consolitation sussing	and Laming the year
7	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements of	during the year
•	S	ing, and omoroning consolitation sucomernie t	saming the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sector	nn.
U	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports of		
3	balance sheet, and include, if applicable, the text of		
	• • • • • • • • • • • • • • • • • • • •	-	latements that describes
Dai	the organization's accounting for conservation ease till Organizations Maintaining Collection	is of Art, Historical Treasures, or Othe	ar Similar Assets
ı aı	Complete if the organization answered	"Yes" to Form 990 Part IV line 8.	on on the Assets.
		· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under sart, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	SFAS 116, not to report in its revenue seld for public exhibition, education, or restinancial statements that describes these its	tatement and balance sheet works o earch in furtherance of public service ems
b	If the organization elected, as permitted under shistorical treasures, or other similar assets held provide the following amounts relating to these ite	SFAS 116, to report in its revenue stater for public exhibition, education, or rese	nent and balance sheet works of art
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of a		
	following amounts required to be reported under s		9, F
а	Revenues included in Form 990, Part VIII, line 1 .	-	▶ \$.

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b Assets included in Form 990, Part X

Schedule D (Form 990) 2009

Pai	t III Organizations Maintaini	ng Colle	ections o	of Art, Histo	orical Tr	easures,	or Other Similar	Assets(cor	ntınued)	
_	Maria III a sa da							<i>C</i>		
3	Using the organization's acquisition		ion, and o	ither records,	cneck an	ly of the to	llowing that are a si	gniticant use	of its	
	collection items (check all that apply	′)		. —	- .					
a	Public exhibition			d _	_		ange programs			
b	Scholarly research			e		ner				
C	Preservation for future ger						_			
4	Provide a description of the organization	ation's c	oliections	and explain	how they	further the	organization's exer	npt purpose i	n	
	Part XIV.									
5	During the year, did the organization									
	assets to be sold to raise funds rath								Yes	No
Pai	Escrow and Custodial A IV, line 9, or reported an						nswered "Yes" to	Form 990,	Part	
1a	Is the organization an agent, trustee	e, custo d	ian or oth	er intermedia	ary for con	ntributions	or other assets not			
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in								_	_
				•	J		1 ,	Amount		
С	Beginning balance						c			
d	Additions during the year					-	d			
e	Distributions during the year									
f	Ending balance									
	Did the organization include an amo								Yes	No
	If "Yes," explain the arrangement in			,	• •			••••		
	t V Endowment Funds. Con			tion answe	red "Yes	" to Form	990. Part IV. line	- 10.		
			ent Year	(b) Prior ye		c) Two years			e) Four yea	ars back
1a	Beginning of year balance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,			
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
	Other expenditures for facilities .									
	and programs									
f	Administrative expenses			 						
g	End of year balance									
2	Provide the estimated percentage o	ftheves	ar end hai	ı ance held as						
a	Board designated or quasi-endowm	-	an one bui	%	•					
b	Permanent endowment	~ %								
		 ~								
3a	Are there endowment funds not in the	-	ession of	the organizat	tion that a	re held an	d administered for t	ho		
	organization by	ю рос - с	0001011 01	ino organiza	uon mat u	iio iioia aii	a daminiotorea for t		Yes	s No
	(i) unrelated organizations								3a(i)	- 110
	(ii) related organizations							1	Ba(ii)	+
b	If "Yes" to 3a(ii), are the related organization							<u> </u>	3b	+
4	Describe in Part XIV the intended us			-				[<u> </u>	
Par	t VI Investments - Land, Bui			•			Cline 10			
Га	Description of investment	iuiiigs, i		•	Ĭ		<u> </u>	T (4) 5		
	Description of Investment			or other basis estment)		st or other s (other)	(c) Accumulated depreciation	(a) E	Book value	
1a	Land			0 .		60,000			60,	,000.
b	Buildings							<u> </u>		
С	Leasehold improvements					15,555	. 6,774	<u> </u>	8,	<u>,781.</u>
d	Equipment									
	Other			0.	1		0	}		0.
Tota	I. Add lines 1a through 1e. (Column	(d) must	equal For	m 990, Part .	X, column	(B), line 1	0(c))▶		68,	,781.
								0-6-4-4-	D /Form 00	001 2000

Part VII	Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on et value
Financial d	derivatives			
	ld equity interests			
		,		
		_		
			-	
	nn (b) must equal Form 990, Part X, col (B) line 12)	anna 000 Dard V Iva	12	
Part VIII	Investments - Program Related. See F		11 - 1	
	(a) Description of investment type	(b) Book value	(c) Method of valuate Cost or end-of-year mark	on et value
	_ .			
	· . · . · . · . · . · . · . · . · . · .			
		 		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li	ne 15.		
	(a)	Description		(b) Book value
		· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·			
				<u> </u>
	on (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part X	i		
1.	(a) Description of liability	(b) Amount		
Federal Inc	come taxes			
		_		
			1	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 71-0684375 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1,048,821. Total expenses (Form 990, Part IX, column (A), line 25) 1,006,182. 2 3. Excess or (deficit) for the year Subtract line 2 from line 1 42,639 4 Donated services and use of facilities 5 6 6 7 Prior period adjustments 7 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 42,639. Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1,048,821. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments ________2a **b** Donated services and use of facilities d Other (Describe in Part XIV.) e Add lines 2a through 2d 2e 1,048,821. Amounts included on Form 990. Part VIII, line 12, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV) c Add lines 4a and 4b 1,048,821 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,006,182. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 1,006,182. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b Add lines 4a and 4b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)...... 1,006,182. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

545-0047	
No 1	0
OMB	

Open to Public 2009 Inspection

|--|

Name of the organization						Employer identification number	on number
ROGERS DEVELOPMENT FOUNDATION						71-0684375	
Part General Information on Grants and Assistance	and Assista	nce					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	substantiate th	e amount of the	grants or assistance	, the grantees' eligibil	lity for the grants or a	ssistance, and	
the selection criteria used to award the grants or assistance?	ants or assistan	ce?					X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	edures for mor	itoring the use	of grant funds in the L				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	o Governmer ny recipient the	nts and Organiate received managed in the control of the control o	n izations in the Un hore than \$5,000. C	ited States. Comp	olete if the organizatione one recipient rece	tion answered "Ye	is" to ,000. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARKANSAS 2005 ADMINISTRATION BUILDING	71-6003252	501(C)(3)	35,000				SCHOLARSHIPS
HENDRIX COLLEGE AR 72032	71-0236897	501 (C) (3)	7,000				SCHOLARSHIPS
UNIVERSITY OF TULSA	73-0579298	501 (C) (3)	8,000				SCHOLARSHIPS
2 Enter total number of section 501(c)(3) and government organizations	d government o	rganizations					35
3 Enter total number of other organizations							0 0
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ct Notice, see t	he Instructions	for Form 990.			Sched	Schedule I (Form 990) 2009
ğ							

2:12:37 PM V 09-8.6

71-0684375

Page 2

Schedule I (Form 990) 2009

Part III Grants ar

rganization answered "Yes" on Form 990, Part IV, line 22.	
ince to Individuals in the United States. Complete if the o	-1 (Form 990) if additional space is needed.
Grants and Other Assistanc	Use Part IV and Schedule I-

		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this		provide the inform	part to provide the information required in Part I, line 2,	n Part I, line 2, and any	and any other additional information.
PROCEDURES FOR MONITORING USE OF GRANTS	ANTS				
SCHEDULE I, PART I, LINE 2					
ORGANIZATION REQUIRES MONTHLY REPORTING		OF ALL GRANT EXPENDITURES	BY	EACH	
GRANTEE. BIANNUAL ONSITE AUDITS ARE CONDUCTED FOR EACH GRANTEE BY	CONDUCTED	FOR EACH GR	ANTEE BY THEIR	I.R.	
GRANT AWARDING OFFICE. A YEARLY REPORT I	ORT IS REQU	JIRED BY EACH	S REQUIRED BY EACH GRANT AWARDING	NIC STREET	
OFFICE WITH FINANCIAL AND PROGRAM DATA.	ATA.		; ; ; ; ; ; ;		
	:	:			
					Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ROGERS DEVELOPMENT FOUNDATION

Employer identification number

71-0684375

ATTACHMENT

COMMITTEES

PART VI, SECTION A, LINE 8B

THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

REVIEW OF FORM 990

PART VI, SECTION B, LINE 11A

A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND APPROVAL BEFORE FILING.

PUBLIC REVIEW OF GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS PART VI, SECTION C, LINE 19

ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

ORGANIZATION REGULARLY MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. ORGANIZATION REQUIRES AN ANNUAL DISCLOSURE FORM TO BE FILLED OUT. ANY CONFLICTS OF INTEREST ARISING DURING THE YEAR ARE REQUESTED TO BE REPORTED AT THE BOARD MEETINGS.

COMPENSATION OF OFFICERS

PART VI, SECTION B, LINES 15A&B

THERE ARE NO PAID OFFICERS, DIRECTORS, OR KEY EMPLOYEES.

Schedule O (Form 990) 2009				Page 2
Name of the organization			Employer identification	number
ROGERS DEVELOPMENT FOUNDATION	1		71-0684375	
			ATTACHMENT 2	
FORM 990; PART VIII - INVEST	MENT INCOME			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST INCOME	2,576			2,576
TOTALS	2.576			2.576

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

OMB No 1545-1709

internal Revenue S	ervice This 2 departure approaches for data.	
 If you are fi 	ling for an Automatic 3-Month Extension, complete only Part I and check this box	.
 If you are find the properties of t	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page ete Part II unlessou have already been granted an automatic 3-month extension on a previous	e 2 of this form) isly filed Form 8868.
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation r	equired to file Form 990-T and requesting an automatic 6-month extension - check this box a	nd complete
Part I only		
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns	004 to request an extension of
one of the referenceally in returns, or a contract of the cont	ng (e-file) Generally, you can electronically file Form 8868 if you want a 3-month auto turns noted below (6 months for a corporation required to file Form 990-T). However, if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated From 990-T. Instead, you must submit the fully completed and e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	ROGERS DEVELOPMENT FOUNDATION	71-0684375
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	
due date for	317 W. WALNUT	
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
instructions	ROGERS, AR 72756	
Check type of	return to be filed (file a separate application for each return):	
X Form 990		m 4720
Form 990		m 5227
Form 990		m 6069
Form 990	——————————————————————————————————————	m 8870
If the organ If this is for for the whole gnames and EIN I reques until		/A If this is not attach a list with the m 990-T) extension of time named above. The extension is
_		
▶ X	tax year beginning 07/01, 2009, and ending	06/30, 2010
_	year is for less than 12 months, check reason Initial return Final return	Change in accounting period
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, dable credits. See instructions	less any 3a \$
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	
	clude any prior year overpayment allowed as a credit	3ь \$
c Balance	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required	, deposit
with FTI	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	em) See
instruction	• • • • • • • • • • • • • • • • • • • •	3c \$
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO an	
for payment ins		
	et and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)