

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



### Form **990-PF**Department of the Treasury Internal Revenue Service

À

#### EXTENDED TO NOVEMBER 16, 2015 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of.

OMB No 1545-0052

2014

ODBN TO PUBLIC INSPECTION

	For	calendar year 2014 or tax year beginning		, and ending			
	Nar	me of foundation			A Employer identification	number	
		THE ROGERS FAMILY FOUNDATION			58-6343705		
		mber and street (or P O box number if mail is not delivered to street a	B Telephone number (772) 231-4871				
		381 INDIAN HARBOR ROAD  y or town, state or province, country, and ZIP or foreign pos	etal code		1		
		TERO BEACH, FL 32963	stal code		C If exemption application is p	ending, check here	
		Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	s, check here	
		Final return	Amended return				
		Address change	Name change		2 Foreign organizations me check here and attach co	mputation test,	
	H C	Check type of organization: X Section 501(c)(3) exe			E If private foundation sta		
	L Fa	Section 4947(a)(1) nonexempt charitable trust O air market value of all assets at end of year   J Accounting	Other taxable private foundate method: X Cash	Accrual	under section 507(b)(1)	• **	
		· 1 —	er (specify)	Accidal	F If the foundation is in a under section 507(b)(1)		
		\$ 2,933,093. (Part I, colum		pasis)	and 300.00 (2)(1)	(c), chock hore	
	Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
		1 Contributions, gifts, grants, etc., received			N/A		
<b>L</b>		2 Check It is the foundation is not required to attach Sch. B interest on savings and temporary					
2015		3 cash investments	72,281.	72,281.		STATEMENT 1	
		4 Dividends and interest from securities 5a Gross rents	72,201.	72,201.		DIALEMENT I	
05		b Net rental income or (loss)			DEC	EIVED	
	9	6a Net gain or (loss) from sale of assets not on line 10	439,714.		TUE	LIVED	
<b>SCI</b>	Revenue	b Gross sales price for all assets on line 6a 1,092,083.		430 514		N 2015	
	Rev	7 Capital gain net income (from Part IV line 2)		439,714.		9 2015 g	
Ш		8 Net short-term capital gain 9 Income modifications			<u> </u>		
SCANNED		10a and allowances			OGD		
2		b Less Cost of goods sold					
Ö		c Gross profit or (loss)	40 551	40 551		CONTRACTOR O	
U.		11 Other income 12 Total. Add lines 1 through 11	40,551. 552,546.	40,551. 552,546.	1	STATEMENT 2	
	-	13 Compensation of officers, directors, trustees, etc	0.	0.		0.	
		14 Other employee salaries and wages					
	"	15 Pension plans, employee benefits					
	penses	16a Legal fees					
	xbe	b Accounting fees c Other professional fees					
	/e Ex	17 Interest	57.	57.		0.	
	rati	18 Taxes STMT 3	6.	6.		0.	
	nist	19 Depreciation and depletion					
	i E	20 Occupancy					
	Ϋ́	21 Travel, conferences, and meetings					
	gan	22 Printing and publications 23 Other expenses STMT 4	610.	610.		0.	
	Operating and Administrative	24 Total operating and administrative	010.	010.		0.	
	per	expenses. Add lines 13 through 23	673.	673.		0.	
	0	25 Contributions, girts, grants paid	200,348.			200,348.	
		26 Total expenses and disbursements	201 021	673		200 240	
	_	Add lines 24 and 25  27 Subtract line 26 from line 12:	201,021.	673.		200,348.	
		8 Excess of revenue over expenses and disbursements	351,525.				
		b Net investment income (if negative, enter -0-)		551,873.			
		C Adjusted net income (if negative, enter -0-)			N/A		

LHA For Paperwork Reduction Act Notice, see instructions.

9

FC

Form **990-PF** (2014)

101	111 00	TILL ROOMED THEFT TOOMER	NI IOIV			0343703 Fage 2
P	art	Balance Sheets   Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	End o	(c) Fair Market Value
	1	Cash - non-interest-bearing	(a) DOOK VAIDE	(b) BOOK Value		(c) Fall Walket Value
		Savings and temporary cash investments	113,719.	62,73	36	62,736.
		Accounts receivable	113,713.	02,7		02,730.
	٦	Less allowance for doubtful accounts				
	4					
	4	Pledges receivable ►  Less; allowance for doubtful accounts ►	j			
	_	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other			j	
	_	disqualified persons				
	1	Other notes and loans receivable				
	_	Less allowance for doubtful accounts				
ets		Inventories for sale or use				
Assets		Prepaid expenses and deferred charges				<del></del>
`		Investments - U.S. and state government obligations	1 635 045	4 020 04		
		Investments - corporate stock STMT 6	1,635,045.	1,832,26	7-	2,870,357.
	C	Investments - corporate bonds				
	11	Investments - land buildings, and equipment basis			- 1	
		Less accumulated depreciation				
	12	Investments - mortgage loans				
l		Investments - other		<del>,</del>		
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation				
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers - see the			İ	
_		ınstructions. Also, see page 1, item I)	1,748,764.	1,895,00	3.	2,933,093.
	17	Accounts payable and accrued expenses				
	18	Grants payable				
sa	19	Deferred revenue				
Liabilities	20	Loans from officers directors, trustees, and other disqualified persons				
<u>ā</u>	21	Mortgages and other notes payable				
ا –	22	Other liabilities (describe )				
$\bot$	23	Total liabilities (add lines 17 through 22)	0.		0.	
		Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31.			l	
Se	24	Unrestricted			- 1	
<u>a</u>	25	Temporarily restricted				
Ba	26	Permanently restricted				
2		Foundations that do not follow SFAS 117, check here				
린		and complete lines 27 through 31.				
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	715,198.	715,19	8.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.		0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,033,566.	1,179,80	5.	
힐	30	Total net assets or fund balances	1,748,764.	1,895,00		
٦				· · · · · · · · · · · · · · · · · · ·		
	31	Total liabilities and net assets/fund balances	1,748,764.	1,895,00	3.	
<u></u>	art	III Analysis of Changes in Net Assets or Fund Ba	<del></del>	<u> </u>		
	31 L	III Analysis of Changes in Net Assets of Fand Be	nances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0			
(	mus	st agree with end-of-year figure reported on prior year's return)			1	1,748,764.
2 E	nter	amount from Part I, line 27a			2	1,748,764. 351,525.
3 (	Othe	r increases not included in line 2 (itemize)			3	0.
4	Add I	lines 1, 2, and 3			4	2,100,289.
<b>5</b> (	Decr	eases not included in line 2 (itemize)	SEE STA	TEMENT 5	5	205,286.
6	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30		6	1,895,003.
4225						Form <b>990-PF</b> (2014)

(-)	and Losses for Tax on Ir	nvestment					
(a) List and desc 2-story brick wa	ribe the kind(s) of property sold (e.g arehouse; or common stock, 200 sha	, real estate, s MLC Co.)	(	b) How acquired P - Purchase D - Donation	(c) Date a (mo., da		( <b>d)</b> Date (mo , day
1a							
b SEE ATTACHED	STATEMENT						
<u>C</u>							
<u>d</u>							
<u>e</u>	(f) Depreciation allowed	(a) Cost	t or other basis		(h) Ga	ıın or (loss)	
(e) Gross sales price	(or allowable)	10,	xpense of sale			(f) minus (g	<b>3</b> )
a							
b							
С							
d			650 260				100
e 1,092,083.		the fewerdation	652,369		2 12		439,
Complete only for assets showing	ng gain in column (h) and owned by	<del></del>	<del></del>	-  (i)	Gains (Co (k), but n	ol (h) gaın r ot less than	ninus -0-) or
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any	001.	Losses (	(from col. (h	1))
<u>a</u>		ļ		-			
b C		<del>                                     </del>		-			
d d		<del>                                     </del>		1		<del></del>	
							439,
	∫ If gain, also enter	r in Dart I line 7	<del></del>				
2 Capital gain net income or (net ca		- in Part I, line i	7	) 2			439,
			<del></del>	rvestment Inc	ome		
If section 4940(d)(2) applies, leave the		4940(а) tax оп	net investment inco	me.)	ome		
If section 4940(d)(2) applies, leave the Was the foundation liable for the sec	his part blank. tion 4942 tax on the distributable am	4940(a) tax on nount of any yea	net investment inco ar in the base perio	me.)	ome		Yes [
If section 4940(d)(2) applies, leave the Was the foundation liable for the sec if "Yes," the foundation does not qual	his part blank. tion 4942 tax on the distributable am lify under section 4940(e). Do not co	4940(a) tax on nount of any year	net investment inco ar in the base perio rt.	me.) 1?	ome		Yes [
If section 4940(d)(2) applies, leave the Was the foundation hable for the sectif "Yes," the foundation does not quate Enter the appropriate amount in the section of the se	his part blank. tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year, see the in	4940(a) tax on nount of any year	net investment inco ar in the base perio rt.	me.) 1? 1es.	ome	Dotable	
If section 4940(d)(2) applies, leave the Was the foundation liable for the sec if "Yes," the foundation does not qual	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the ii	nount of any year mount of any year momplete this par instructions befo	net investment inco ar in the base perio rt. ore making any enti	me.) 1?		Distribi	Yes [
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect of "Yes," the foundation does not qual 1. Enter the appropriate amount in (a)  Base period years	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b) Adjusted qualifying dis	nount of any year mount of any year mplete this par instructions before tributions	net investment inco ar in the base perio rt. ore making any enti	ries. (c) haritable-use assets 2,563,443	(	Distribi col. (b) divid	(d) Ution ratio ded by col (i
Was the foundation liable for the sec If "Yes," the foundation does not qual Enter the appropriate amount in a Base period years Calendar year (or tax year beginni 2013 2012	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b)  Adjusted qualifying dis  28	nount of any year omplete this par instructions before tributions 4,557.	net investment inco ar in the base perio rt. ore making any enti	me.)  12  1es. (c) haritable-use assets 2,563,443 2,002,460		Distribi col. (b) divi	(d) ution ratio ded by col (d •11 •08
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not quate in the Enter the appropriate amount in (a)  Base period years Calendar year (or tax year beginning 2013) 2012 2011	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the ir  (b)  Adjusted qualifying dis  28  17	nount of any year or netructions before tributions 4,557.	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	me.)  12  1es. (c) haritable-use assets  2,563,443  2,002,460  1,580,641	•	Distribi col. (b) divi	(d) Ultion ratio ded by col (d .11 .08
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not quate in the Enter the appropriate amount in the Calendar year (or tax year beginning 2013 2012 2011 2010	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the ir  (b)  Adjusted qualifying dis  28  17  11	nount of any year or netructions before tributions 4,557. 4,501. 4,648.	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808		Distribi col. (b) divid	(d) Ulton ratio ded by col (d
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not quate in the Enter the appropriate amount in (a)  Base period years Calendar year (or tax year beginning 2013) 2012 2011	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the ir  (b)  Adjusted qualifying dis  28  17  11	nount of any year or netructions before tributions 4,557.	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	me.)  12  1es. (c) haritable-use assets  2,563,443  2,002,460  1,580,641		Distribi col. (b) divid	(d) Ultion ratio ded by col (d .11 .08
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not quaingular that the appropriate amount in the Calendar year (or tax year beginning 2013 2012 2011 2010 2009	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the ir  (b)  Adjusted qualifying dis  28  17  11	nount of any year or netructions before tributions 4,557. 4,501. 4,648.	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808	•	Distribi col. (b) divi	(d) Ulton ratio ded by col (d
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not qual 1. Enter the appropriate amount in (a)  Base period years Calendar year (or tax year beginn)  2013  2012  2011  2010  2009  2 Total of line 1, column (d)	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b) Adjusted qualifying dis  28 17 11 10	nount of any year nount of any	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808 1,340,229		Distribi col. (b) divid	(d) Ulton ratio ded by col (d
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not quaingular that the appropriate amount in the Calendar year (or tax year beginning 2013 2012 2011 2010 2009	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b) Adjusted qualifying dis 28 17 11 10 10 5-year base period - divide the total of	nount of any year nount of any	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808 1,340,229	•	Distribi col. (b) divid	(d) Ulton ratio ded by col (d
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect of "Yes," the foundation does not qual 1. Enter the appropriate amount in a Base period years Calendar year (or tax year beginni 2013 2012 2011 2010 2009  2 Total of line 1, column (d) 3. Average distribution ratio for the	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b) Adjusted qualifying dis 28 17 11 10 10 5-year base period - divide the total of	nount of any year nount of any	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808 1,340,229	2	Distribi col. (b) divid	(d) Ition ratio ded by col (i .11 .08 .07 .07
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect of "Yes," the foundation does not qual 1. Enter the appropriate amount in a Base period years Calendar year (or tax year beginni 2013 2012 2011 2010 2009  2 Total of line 1, column (d) 3. Average distribution ratio for the	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b)  Adjusted qualifying dis  28  17  11  10  10  5-year base period - divide the total of	nount of any year of the parametric tributions (A , 501 . 4 , 648 . 17 , 135 . 13 , 116 .	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808 1,340,229	2	col. (b) divid	(d) Ition ratio ded by col (i .11 .08 .07 .07
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect of "Yes," the foundation does not qual 1. Enter the appropriate amount in a Base period years Calendar year (or tax year beginni 2013 2012 2011 2010 2009  2 Total of line 1, column (d) 3. Average distribution ratio for the the foundation has been in existe.	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b)  Adjusted qualifying dis  28  17  11  10  10  5-year base period - divide the total of	nount of any year of the parametrications before the parametrical stributions (a, 557.) (4, 501.) (4, 648.) (7, 135.) (3, 116.)	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808 1,340,229	2	col. (b) divid	(d) Ultion ratio ded by col (d
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect of "Yes," the foundation does not qual 1. Enter the appropriate amount in a Base period years Calendar year (or tax year beginni 2013 2012 2011 2010 2009  2 Total of line 1, column (d) 3. Average distribution ratio for the the foundation has been in existe.	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b)  Adjusted qualifying dis  28  17  11  10  10  5-year base period - divide the total of	nount of any year of the parametrications before the parametrical stributions (a, 557.) (4, 501.) (4, 648.) (7, 135.) (3, 116.)	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808 1,340,229	2	col. (b) divid	(d) Ultion ratio ded by col (d .11 .08 .07 .07 .07 .08
If section 4940(d)(2) applies, leave the Was the foundation liable for the sec of the Se	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b) Adjusted qualifying dis 28 17 11 10 10 5-year base period - divide the total once if less than 5 years  ole-use assets for 2014 from Part X,	nount of any year of the parametrications before the parametrical stributions (a, 557.) (4, 501.) (4, 648.) (7, 135.) (3, 116.)	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808 1,340,229	2 3 4 5	col. (b) divid	(d) Ulton ratio ded by col (r .11 .08 .07 .07 .07 .07 .238,
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not quate an example of the section of the sect	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b) Adjusted qualifying dis 28 17 11 10 10 5-year base period - divide the total once if less than 5 years  ole-use assets for 2014 from Part X,	nount of any year of the parametrications before the parametrical stributions (a, 557.) (4, 501.) (4, 648.) (7, 135.) (3, 116.)	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808 1,340,229	2 3	col. (b) divid	(d) Ultion ratio ded by col (d
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect of "Yes," the foundation does not qual 1. Enter the appropriate amount in (a)  Base period years Calendar year (or tax year beginning 2013)  2012  2011  2010  2009  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe the foundation has been in existe the foundation of the the foundation has been in existe the foundation of the the foundation has been in existe the foundation of the the foundation has been in existe ce the foundation has been	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b) Adjusted qualifying dis 28 17 11 10 10 5-year base period - divide the total once if less than 5 years  ole-use assets for 2014 from Part X,	nount of any year of the parametrications before the parametrical stributions (a, 557.) (4, 501.) (4, 648.) (7, 135.) (3, 116.)	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808 1,340,229	2 3 4 5 6	col. (b) divid	(d) Ition ratio ded by col (i
If section 4940(d)(2) applies, leave the Was the foundation liable for the sec of the Se	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the in  (b) Adjusted qualifying dis 28 17 11 10 10 5-year base period - divide the total once if less than 5 years  ole-use assets for 2014 from Part X,	nount of any year of the parametrications before the parametrical stributions (a, 557.) (4, 501.) (4, 648.) (7, 135.) (3, 116.)	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808 1,340,229	2 3 4 5	col. (b) divid	(d) Ulton ratio ded by col (r .11 .08 .07 .07 .07 .07 .238,
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect of "Yes," the foundation does not qual 1. Enter the appropriate amount in (a)  Base period years Calendar year (or tax year beginning 2013)  2012  2011  2010  2009  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe the foundation has been in existe the foundation of the the foundation has been in existe the foundation of the the foundation has been in existe the foundation of the the foundation has been in existe ce the foundation has been	tion 4942 tax on the distributable am lify under section 4940(e). Do not co each column for each year; see the ir  (b) Adjusted qualifying dis 28 17 11 10 10 5-year base period - divide the total of noc if less than 5 years  ple-use assets for 2014 from Part X,  me (1% of Part I, line 27b)	nount of any year of the parametrications before the parametrical stributions (a, 557.) (4, 501.) (4, 648.) (7, 135.) (3, 116.)	net investment inco ar in the base perio rt. ore making any enti Net value of nonc	ries. (c) haritable-use assets 2,563,443 2,002,460 1,580,641 1,422,808 1,340,229	2 3 4 5 6	col. (b) divid	(d) Ition ratio ded by col (i

Form 990-PF (2014) THE ROGERS FAMILY FOUNDATION		-634370		Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see instr	uctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.				
Date of ruling or determination letter (attach copy of letter if necessary-see instructions)	ļ	ł		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		L1,0	37.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		1		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	1		0.
3 Add lines 1 and 2	3		L1,0	37.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	Ì		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		11,0	37.
6 Credits/Payments:	"			
a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 2, 16	7.	İ		
b Exempt foreign organizations - tax withheld at source 6b				
c Tax paid with application for extension of time to file (Form 8868)  6c 5,50	0.			
d Backup withholding erroneously withheld 6d 6d	$\neg$			
7 Total credits and payments Add lines 6a through 6d	7		7,6	67.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	†·	· · ·	
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>	3,3	70.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11 Enter the amount of line 10 to be; Credited to 2015 estimated tax	·	1		
Part VII-A   Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene in		Yes	No
any political campaign?		1a	1	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defin	ution)?	1b	†	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put			†	
distributed by the foundation in connection with the activities				
c Did the foundation file Form 1120-POL for this year?		10		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			·	
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$	0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
managers. > \$ 0.				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х
If "Yes," attach a detailed description of the activities		<del></del>	1	<del>                                     </del>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporat	on or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	0, 0.	3	1	х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	Х	$\vdash$
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		4b	Х	$\vdash$
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	1	X
If "Yes," attach the statement required by General Instruction T			+	<del>                                     </del>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				}
By language in the governing instrument, or		i		
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the</li> </ul>	state law		ļ	
remain in the governing instrument?	otato ian	6	x	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Pa	rt XV	7	Х	
To the foundation have at least 40,000 in assets at any time during the year. If Too, out in the contract of art in, out to,	. , , ,		╅┈	<del>                                     </del>
8a Enter the states to which the foundation reports or with which it is registered (see instructions) NONE		į į		
The same the same to mind the following reports of that thinds it is regional to the desired for the same to the s			1	
b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	<del></del>		1	
of each state as required by General Instruction G? If "No," attach explanation		8b	x	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calendar		<del>                                     </del>	1
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	J	9	1	x
10. Did any pagent become culettated contributors during the toy year?		10	1	T

orn	1990-PF(2014) THE ROGERS FAMILY FOUNDATION 58-6343	3705		Page 5
Pa	art VII-A   Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A		- 1 0	=-
14	The books are in care of ► CLARENCE B. ROGERS, JR.  Telephone no. ► (772)	231	-48	71_
	Located at ► 381 INDIAN HARBOR ROAD, VERO BEACH, FL ZIP+4 ►32	<u> 1963</u>		—
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	λT	/A	Ш
16	and enter the amount of tax-exempt interest received or accrued during the year  At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	1 16	162	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the	"		
	foreign country			
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<u></u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	$\Box$	Yes	No
18	a During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	· · · ·			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes X No			
	b If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
٠	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here	<del>  17</del>		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
	If "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.)  N/A	2b		
	statement - see instructions.)  If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
•	The the provisions of section 4342(a)(2) are being applied to any of the years fisted in 2a, list the years here.			•
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014)  N/A	3b		<u> </u>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from leopardy before the first day of the tax year beginning in 2014?	4b		X

Form 990-PF (2014) THE ROGERS FAMILY FOUNDA		<u> </u>	58-6343	<u> 705</u>	Page 6		
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be	Required (contin	ued)				
5a During the year did the foundation pay or incur any amount to:							
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No				
(2) Influence the outcome of any specific public election (see section 4955); o				1			
any voter registration drive?		es X No					
(3) Provide a grant to an individual for travel, study, or other similar purposes	Y	es 🗓 No					
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		ŀ				
4945(d)(4)(A)? (see instructions)		Y	es X No				
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for	ŀ				
the prevention of cruelty to children or animals?							
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations					
section 53.4945 or in a current notice regarding disaster assistance (see instru		<b>J</b>	N/A	5b			
Organizations relying on a current notice regarding disaster assistance check h	•		▶□				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined					
expenditure responsibility for the grant?			es 🔲 No				
If "Yes," attach the statement required by Regulations section 53 494:		•/					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				İ			
a personal benefit contract?	pay premiums on		es X No				
·	arganal hansfit apatrantO	T	ES LAL NU	c.	🗸		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denent contract?			6b	X		
If "Yes" to 6b, file Form 8870		—	चि		ĺ		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No				
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b			
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highl	У				
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	T-7-1	Cynonon		
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	Expense ount, other		
	to position	`enter`-0-)´	compensation	all	owances		
					_		
SEE STATEMENT 7		0.	0.	<del> </del>	0.		
				1			
				ļ			
				1			
				1			
				1			
				1			
				-			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(-) Componention	(d) Contributions to employee benefit plans	(e)	Expense ount, other		
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	employee benefit plans and deterred compensation	all	owances		
NONE							
				+-			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
		† .		T			
		•					
		†		<del>                                     </del>			
			· · · · · · · · · · · · · · · · · · ·	+			
Total number of other employees paid over \$50,000		I	<b>•</b>		0		
10tal number of other employees paid 0451 (000,000							

Form 990-PF (2014) THE ROGERS FAMILY FOUNDATION		343705 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(6) 1) pe a la sala	(6) sampananan
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	▶ 0
Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	al information such as the	-
number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1		
2		
All other program-related investments. See instructions.		
3 <u>N/A</u>		
		0.
Total. Add lines 1 through 3	<b>&gt;</b>	0.

Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 2,683,396. 1a a Average monthly fair market value of securities 172,522. 1b b Average of monthly cash balances 1c c Fair market value of all other assets 2.855.918. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2,855,918. 3 Subtract line 2 from line 1d 4 42,839 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 2,813,079 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 140,654 6 Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 

and do not complete this part.) 140,654. Minimum investment return from Part X, line 6 11,037 Tax on investment income for 2014 from Part VI, line 5 2a 2b Income tax for 2014 (This does not include the tax from Part VI.) 11,037. 2c c Add lines 2a and 2b 3 129,617. Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 129,617. 5 Add lines 3 and 4 Ō. 6 Deduction from distributable amount (see instructions) 129,617. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 200,348. 1a a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3a a Suitability test (prior IRS approval required) 3b **b** Cash distribution test (attach the required schedule) 200,348. 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form 990-PF (2014)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	<b>(d)</b> 2014
1 Distributable amount for 2014 from Part XI,				
line 7				129,617.
2 Undistributed income, if any, as of the end of 2014			0.	
a Enter amount for 2013 only			0.	<del> </del>
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
aFrom 2009   36,668.				
bFrom 2010 36,903.				
c From 2011 37,482.				
dFrom 2012 80,272.				
eFrom 2013 162,051.				
f Total of lines 3a through e	353,376.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 200,348.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				129,617.
e Remaining amount distributed out of corpus	70,731.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	424,107.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line			<del></del>	
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015			- · · · · · · · · · · · · · · · · · · ·	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	ا ۱			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009	36,668.			
not applied on line 5 or line 7  9 Excess distributions carryover to 2015	30,000.	· · · · · · · · · · · · · · · · · ·		
Subtract lines 7 and 8 from line 6a	387,439.			
10 Analysis of line 9:	307, 4334			
a Excess from 2010 36,903.				
b Excess from 2011 37, 482.				
c Excess from 2012 80,272.				
d Excess from 2013 162,051.				
e Excess from 2014 70,731.				
123581				

Form 990-PF (2014) <b>THE ROG</b>	ERS FAMILY	FOUNDATION		58-63	343705 Page 10
Part XIV   Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating		· · · · · ·	
foundation, and the ruling is effective fo	r 2014, enter the date of t	he ruling	•		
<b>b</b> Check box to indicate whether the found	•	-	n section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years	377 7	T
income from Part I or the minimum	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for	(-,	` '	`		<del> </del>
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of			•		
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:		ŀ			
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) <b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed c "Support" alternative test - enter:					<del> </del>
	1				
<ol><li>Total support other than gross investment income (interest,</li></ol>					
dividends, rents, payments on					
securities loans (section			l		
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			<u> </u>		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundati	on had \$5,000 or m	ore in assets
at any time during t	the year-see insti	ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh			ributions received by	the foundation before the ck	ose of any tax
year (but only if they have contributed r		ection 507(a)(2).)			
CLARENCE B. ROGERS,					
<b>b</b> List any managers of the foundation wh			(or an equally large po	ortion of the ownership of a p	partnership or
other entity) of which the foundation ha	s a 10% or greater interes	SL			
NONE					
2 Information Regarding Contribut			_		
	•	•	•	es not accept unsolicited req	
the foundation makes gifts, grants, etc.	·				id d.
a The name, address, and telephone num					
CLARENCE B. ROGERS,	JR., 381 IN	DIAN HARBOR	ROAD, VE	RO BEACH, FL	32963
				· · · · · · · · · · · · · · · · · · ·	·····
b The form in which applications should t		tion and materials they st	nould include:		
ANY FORM IS ACCEPTAB	<u></u>				
c Any submission deadlines. NO DEADLINES AT THIS	TIME				
d Any restrictions or limitations on award		al areas, charitable fields.	kinds of institutions.	or other factors	
NO RESTRICTIONS AT T		,	<b>-</b>		

Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) recipient a Paid during the year BOYS & GIRLS CLUB OF IRC NONE N/A SUPPORT COMMUNITY 300. BOYS & GIRLS CLUBS NONE SUPPORT COMMUNITY N/A 5,000. NONE CASHIERS DESIGNER SHOWHOUSES N/A SUPPORT COMMUNITY 650. NONE N/A SUPPORT COMMUNITY CASHIERS HIGHLAND HUMANE 200. NONE SUPPORT COMMUNITY CHATTOOGA CLUB N/A 256. SEE CONTINUATION SHEET(S) 200,348. **▶** 3a Total b Approved for future payment NONE Total

#### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)	
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	7 11100111	code	Amount	Tanction moonic	
a	_				<del></del>	
b			ļ		·	
c	_		L			
đ	_					
e	_					
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	72,281.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal		· · · · · · · · · · · · · · · · · · ·				
property						
7 Other investment income	211110	4,622.	15	35,929.	<del>-</del>	
8 Gain or (loss) from sales of assets other						
than inventory			14	439,714.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
c						
d		-				
e						
12 Subtotal. Add columns (b), (d), and (e)		4,622.		547,924.	0.	
13 Total Add line 12, columns (b), (d), and (e)	<del></del>	- <del>-</del>		13	552,546.	
(See worksheet in line 13 instructions to verify calculations.	)					

#### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
	N/A

Form 990	)-PF (2014) <b>THE</b> F	ROGERS	FAMILY	FOU	NDATION			58-	-6343	705	Page 13
Part >			Transfers	To ar	nd Transactions a	and Relation	ships W	/ith N	onchar	itable	
	Exempt Organ										
	the organization directly or ind						ction 501(c	) of		ן ני	res No
	Code (other than section 501(o					nizations?				1	i
<b>a</b> Trai	nsfers from the reporting found	dation to a non	charitable exen	npt orga	nization of					1	
(1)	Cash									1a(1)	X
(2)	Other assets									1a(2)	Х
<b>b</b> Oth	er transactions:									1 1	
(1)	Sales of assets to a noncharita	able exempt or	ganization							1b(1)	X
(2)	Purchases of assets from a no	oncharitable ex	kempt organizat	tion						1b(2)	X
(3)	Rental of facilities, equipment,	, or other asse	ts							1b(3)	X
(4)	Reimbursement arrangements	S								1b(4)	X
(5)	Loans or loan guarantees									1b(5)	X
(6)	Performance of services or m	embership or t	fundraising soli	icitations	3					1b(6)	X
c Sha	ring of facilities, equipment, ma	aılıng lısts, oth	er assets, or pa	aid empl	oyees					1c	Х
<b>d</b> If th	e answer to any of the above is	s "Yes," comple	ete the following	g schedı	ule. Column (b) should al	ways show the fair	market val	ue of the	goods, o	ther asset	ts,
or s	ervices given by the reporting t	foundation If t	the foundation i	received	less than fair market valu	ue in any transactio	on or sharin	ig arrang	ement, sh	iow in	
colu	ımn (d) the value of the goods,										
(a)Line no	(b) Amount involved	1	lame of noncha	ırıtable e	xempt organization	(d) Description	on of transfer	s, transac	tions, and s	haring arrar	ngements
		N/A									
		<u> </u>								<u></u>	
						·					
-											
			-								
2a Is th	ne foundation directly or indirec	ctly affiliated w	ith, or related to	o, one o	r more tax-exempt organi	zations described					
ın s	ection 501(c) of the Code (othe	er than section	501(c)(3)) or i	ın sectio	n 527?					Yes	X No
b If "Y	es," complete the following sch	nedule									
	(a) Name of or				(b) Type of organization		(c) Descri	ption of	relationsh	ıp	
	N/A					1		··········	<del></del>	<del></del>	
	······································	···	··········					-			
											-
						1					
	Under penalties of perjury, I declare								e May	the IRS dis	crice this
Sign	and belief, it is true correct, and	mpiete Declarat	ion of preparer (ot	her than t	axpayer) is based on all inform	nation of which prepar	er has any ki	nowledge	retur	n with the p vn below (s	preparer
Here	D -11/6	00	t/V	<del>\</del> \	7 913115					Yes	No
	Signature of officer or truster	e 7	$\overline{}$	$\rightarrow$	Date	Title			$ ldsymbol{f L}$		
	Print/Type preparer's n	ame	Prepar	rer's sigi	nature	Date	Check	if	PTIN		

Phone no. (404) 220-1500Form **990-PF** (2014)

P00360148

Firm's EIN ▶ 86-1065772

self- employed

9/2/15

Paid

Preparer

**Use Only** 

NANCY S. MILLETT

Firm's name ► DELOITTE TAX LLP

Firm's address ► 191 PEACHTREE ST., NE SUITE 2000 ATLANTA, GA 30303-1924

#### `Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box		<b>•</b>	X
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)		
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tir	ne to file (6	months for a corp	oration
	to file Form 990-T), or an additional (not automatic) 3-mo					
	to file any of the forms listed in Part I or Part II with the exi					
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details	on the elec	tronic filing of this	form,
visit ww	w irs gov/efile and click on e-file for Charities & Nonprofits	1	,			
Part	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies ne	eded).		
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I o	nly				<b>•</b>	. 🔲
	r corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
to file in	come tax returns			Enter file	r's identifying nur	nber
Туре о	Name of exempt organization or other filer, see instru	ctions		Employer	identification num	ber (EIN) or
print						
<b>-</b>	THE ROGERS FAMILY FOUNDATION	ON			58-634370	)5
File by the due date f		ee instruc	tions	Social se	curity number (SSN	1)
filing your return Se	381 INDIAN HARBOR ROAD					
instruction	S City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions			
	VERO BEACH, FL 32963		<u> </u>			
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
						<del>.,</del>
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 4	720 (ındıvıdual)	03	Form 4720 (other than individual)		<u> </u>	09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
	CLARENCE B. ROO					
	books are in the care of   381 INDIAN HARI	BOR RO	DAD - VERO BEACH,	FL 32	963	
Tele	phone No ► (772) 231-4871		Fax No 🕨			
<ul><li>If the</li></ul>	e organization does not have an office or place of busines	s in the Ur	nited States, check this box		•	٠ ــــا
<ul><li>If the</li></ul>	s is for a Group Return, enter the organization's four digit	1	<del></del>			
box 🕨	If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	f all memb	ers the extension is	s for
1 1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
_		t organiza	tion return for the organization nam	ed above	The extension	
	for the organization's return for					
•	- X calendar year 2014 or					
•	tax year beginning	, an	d ending		_	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on L Initial return	Final retur	n	
	Change in accounting period			<del></del>		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069,	enter the tentative tax, less any			7 665
_	onrefundable credits. See instructions			3a	\$	7,667.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					1 1 6 72
_	stimated tax payments made. Include any prior year overg			3b	\$	2,167.
	alance due. Subtract line 3b from line 3a Include your pa	-				E E O O
	y using EFTPS (Electronic Federal Tax Payment System)			3c		5,500.
Cautio	n. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO fo	or payment

Application   Return   Application   Section   Return   Application   Section   Secti	Form 886	8 (Rev. 1-2014)					Page 2
e If you are filing for an Automatic 3-Month Extension, complete only Part II (an page 1)    Part III   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).    File   Rogers   Familiary   Foundation   File   F	If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check the	s box	,	▶ X
Part II   Additional (Not Automatic) 3-Month Extension of Time. Chly file the original (no copies needed).	Note. On	ly complete Part II if you have already been granted an	automatic	3-month extension on a previously f	iled Form	8868.	
Enter filer's identifying number, see instructions    Page of Page of Page 1   Page 1   Page 1   Page 1   Page 1   Page 2   Page 2	If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1)			
Enter filer's identifying number, see instructions    Page of Page of Page 1   Page 1   Page 1   Page 1   Page 1   Page 2   Page 2	Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies need	led).
Name of exempt organization or other filer, see instructions	·			<del></del>			<del></del>
HE ROGERS PAMILY FOUNDATION    Number, steet, and room or suite no if a P.O box, see instructions	Type or	Name of exempt organization or other filer, see instru	ections				
THE ROGERS FAMILY FOUNDATION    Sec data for bits many years with the control of the property		, 12/10 07 0/10/10/10 0/10/10/10/10/10/10/10/10/10/10/10/10/10			2		Trialing of (Elity of
Number: street, and room or suite no if a P.O box, see instructions 381 INDIAN HARBOR ROAD  City, town or post office, state, and ZiP code For a foreign address, see instructions  VERO BEACH, FL 32963  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Return Application  Return Application  Return Application  Return Application  Return Return Code for the return that this application is for (file a separate application for each return)  OI  Application  Return Appl	•	THE ROGERS FAMILY FOUNDATION	N			58-634	43705
Sentential Set   Set				tions	Social se		
City, town or post office, state, and ZIP code For a foreign address, see instructions VERO BEACH, FL 32963  Enter the Return code for the return that this application is for (file a separate application for each return)  O					000,075	ourky nambe	(0014)
Application   Return   Application   Series   Se		City, town or post office, state, and ZIP code For a fo	oreign add	dress, see instructions			
Application   Return   Application   Series   Se	Enter the	Return code for the return that this application is for Ifile	e a conara	ite application for each return			0 4
Is For Code   Is For   Code   Is For   Code   Is For   Code   Common 990 or Form 990 or F		Treatment to the return that this application is for the	e a sepaia	te application for each returny	· · · · · ·		
Form 990 or Form 990-EZ Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-PF Form 990-FF Form 990-T (fruct other than above) Form 990-T (fruct other other 990-T (fruct	Applicati	on	Return	Application			Return
Form 990-BL Form 990-BL Form 990-F Form 990-F Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) trust) Form 990	ls For		Code	Is For			Code
Form 4720 (individual)  Form 990-PF  O4 Form 5927  100  Form 990-FF  O5 Form 6809  111  Form 990-T (frust other than above)  O6 Form 6870  112  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CLARENCE B ROGERS, JR.  The books are in the care of ▶ 381 INDIAN HARBOR ROAD - VERO BEACH, FL 32963  Telephone No. ▶ (772) 231-4871  Fax No. ▶  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  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 is for NoVEMBER 16, 2015  For calendary yea? 2014, or other stuy evan beginning  If the tax year entered in line 5 is for less than 12 months, check reason Indust return  NoVEMBER 16, 2015  State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COLLECT AND ANALYZE DATA TO FINALIZE THE RETURN.  Ba If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  C Balance due, Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.  Signature and Verification must be completed for Part II only.  Inder penalties of pergury, i declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, tist true, correct, and pomplete, and that I am authorized to presert this form.  Title ▶  Note that the proviously is an authorized to presert this form.	Form 990	or Form 990-EZ	01			·	
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust)  05 Form 6090  11 Form 6090  Form 8700  11 Form 6090  Form 8870  11 Form 6090  Form 8870  12 Form 6090  Form 8870  12 Form 6090  Form 8870  12 Form 6090  Form 8870  12 Form 6090  Form 8870  Form 6870  Fo	Form 990	-BL	02	Form 1041-A			08
Form 990-T (sec. 401(a) or 408(a) trust))  05    Form 8069   11  Form 990-T (trust other than above)   08    Form 8070   12  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CLARENCE B. ROGERS, JR.  1 The books are in the care of ▶ 381 INDIAN HARBOR ROAD - VERO BEACH, FL 32963  Telephone No. ▶ (772) 231-4871   Fax No. ▶    1 If the organization does not have an office or place of business in the United States, check this box ▶    1 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 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 this is or a Group Return, enter the organization's four digit Group Exemption Number (GEN)   If this is for the whole group, check this box ▶   If this are placed an additional 3-month extension of time until NOVEMBER 16, 2015.  5 For calendar year 2014 or other tax year beginning   And attach a list with the names and EINs of all members the extension is for For calendar year 2014 or other tax year beginning   And attach a list with the names and EINs of all members the extension is for State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COLLECT AND ANALYZE DATA TO FINALIZE THE RETURN.  8a If this application is for Forms 990-BL. 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment wi	Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CLARENCE B. ROGERS, JR.  The books are in the care of ▶ 381 INDIAN HARBOR ROAD - VERO BEACH, FL 32963  Telephone No.▶ (772) 231-4871 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 it his 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 his for part of the group, check this box ▶ If it his for part of the group, check this box ▶ If it his a Group Exemption Number (GEN) if this is for the whole group, check the box ▶ If it is for part of the group, check this box ▶ If it is done and attach a list with the names and ElNs of all members the extension is for For calendar year 2014, or other tax year beginning and attach a list with the names and ElNs of all members the extension is for For calendar year 2014, or other tax year beginning and ending	Form 990	PF	04	Form 5227			10
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  CLARENCE B. ROGERS, JR.  The books are in the care of \$\infty\$ 381 INDIAN HARBOR ROAD - VERO BEACH, FL 32963  Telephone No. \$\infty\$ (772) 231-4871  Fax No \$\infty\$  If the organization does not have an office or place of business in the United States, check this box \$\infty\$ if this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \$\infty\$ if this is for the whole group, check it box \$\infty\$ if it is for part of the group, check this box \$\infty\$ and attach a list with the names and ElNs of all members the extension is for \$\infty\$ rorganization and attorial 3-month extension of time until \$\infty\$ for calendar year 2014, or other tax year beginning \$\infty\$ and attach a list with the names and ElNs of all members the extension is for \$\infty\$ for calendar year 2014, or other tax year beginning \$\infty\$, check reason intuition intuition \$\infty\$ final return \$\infty\$ for calendar year 2014, or other tax year beginning \$\infty\$, check reason intuition \$\infty\$ final return \$\infty\$ Change in accounting period \$\infty\$ State in detail why you need the extension \$\infty\$ ADDITIONAL TIME IS NEEDED TO COLLECT AND ANALYZE DATA TO FINALIZE THE RETURN.   8a If this application is for Forms 990-BL. 990-PF. 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$\infty\$ if this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  8b \$\infty\$ EFTPS (Electronic Federal Tax Payment System) See instructions.  8c \$\infty\$ Sagnature and Verification must be completed for Part II only.  Index penalties of pegary, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, tits true, cor	Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
CLARENCE B. ROGERS, JR.  The books are in the care of ▶ 381 INDIAN HARBOR ROAD - VERO BEACH, FL 32963  Telephone No. ▶ (772) 231-4871  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 part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for the request an additional 3-month extension of time until NOVEMBER 16, 2015.  For calendar year 2014, or other tax year beginning and ending	Form 990	-T (trust other than above)	06	Form 8870			12
The books are in the care of ▶ 381 INDIAN HARBOR ROAD - VERO BEACH, FL 32963  Telephone No.▶ (772) 231-4871  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 the whole group, 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 ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ▶ If this is for the whole group, check this box ■ If this is for the whole group, check this box ■ If this is for the whole group, check this box ■ If this is for the whole group, and attach a list with the names and ElNs of all members the extension is for For all only.  Ba If this application is for Forms 990-BL 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ■ 8a \$  If this application is for Forms 990-BL 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  Balance due, Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.  Signature and V	STOP! Do				iously file	ed Form 8868	3
nonrefundable credits. See instructions  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of pergury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, this true, correct, and complete, and that I am authorized to prepare this form.  Title ▶ Date ▶ S/Io/I S	box   1 rec  from 6   1 th  The state of the	s for a Group Return, enter the organization's four digit of the group, check this box light aguest an additional 3-month extension of time until calendar year 2014, or other tax year beginning etax year entered in line 5 is for less than 12 months, concluding the countries of the extension detail why you need the extension DITIONAL TIME IS NEEDED TO	Group Exe and atta NOVEM	emption Number (GEN) linch a list with the names and EINs of BER 16, 2015.  , and ending on linitial return	all memb	ers the extens	sion is for
nonrefundable credits. See instructions  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of pergury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, this true, correct, and complete, and that I am authorized to prepare this form.  Title ▶ Date ▶ S/Io/I S					<del></del>		
If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of pergury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, this true, correct, and complete, and that I am authorized to prepare this form.  Title  Date  Date		••	or 6069,	enter the tentative tax, less any			
tax payments made Include any prior year overpayment allowed as a credit and any amount paid  previously with Form 8868.  Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using  EFTPS (Electronic Federal Tax Payment System) See instructions.  By Signature and Verification must be completed for Part II only.  Under penalties of pergury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, to strue, correct, and complete, and that I am authorized to prepare this form.  Title					8a	\$	0.
previously with Form 8868.  Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.  Bac Signature and Verification must be completed for Part II only.  Under penalties of pergury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, this true, correct, and complete, and that I am authorized to prepare this form.  Title Date S/10/15			-			İ	
Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using  EFTPS (Electronic Federal Tax Payment System) See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of pergury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, to strue, correct, and complete, and that I am authorized to prepare this form.  Title			owed as a	credit and any amount paid	<u> </u>		_
EFTPS (Electronic Federal Tax Payment System) See instructions.  Signature and Verification must be completed for Part II only.  Under penalties of pergury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, to strue, correct, and complete, and that I am authorized to prepare this form.  Title					8b	\$	0.
Signature and Verification must be completed for Part II only.  Under penalties of pergury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.  Title		- •	-	h this form, if required, by using			_
Under penalties of penary, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.    Signature   Date   S/10/15	EFT	<del></del>				_\$	0.
	Jnder pena t is true, co	lities of pergury. I declare that I have examined this form, includi-	no accomo	•	-	f my knowledge	and belief,
	1 austennia	Title >			Data	× 8/10	115
1	viênemie	Title P			Date		168 (Rev 1-2014)

# Morgan Stanley

Copy B For Recipient 1099 Consolidated Tax Statement Tax Year 2014

THE ROGERS FAMILY FOUNDATION U/A CLARENCE B ROGERS TTEE **VERO BEACH FL 32963-3510** 381 INDIAN HARBOR RD DTD 05/16/1997

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza

New York, NY 10004

26-4310632 Identification Number.

769 203378 021 XXX-XX-3705 Taxpayer ID Number Account Number

Customer Service: 866-324-6088

# OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty

or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

Short Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section. These transactions should be reported on Form 8949 Part I with box A checked.)

DESCRIPTION (Box 1a)	DATE ACQUIRED QUANTITY (Box 1b)	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS <sup>A</sup> (Box 19)	(Box 19)(Box 1f)	GAIN/(LOSS) AMOUNT	GAIN/(LOSS) FEDERAL INCOME TAX WITHHELD AMOUNT (Box 4) NOTES
FIDELITY NATL FINL INC NEW	SNO	31620R10	CUSIP: 31620R105 Symbol:					
	0 404	0 404 01/03/14 01/03/14	01/03/14	\$12.91	\$13.10	00 0\$	(\$0.19)	00 0\$
KINDER MORGAN INCORP	SNO	SIP: 49456B10	CUSIP: 49456B101 Symbol. KMI			The factor of th		
	0 384	0 384 12/02/14 12/02/14	12/02/14	\$15.97	\$15 95	00 0\$	\$0.02	\$0.00
Total Short Term Covered Securities	s			\$28.88	\$29.05	\$0.00	(\$0.17)	\$0.00

# Morgan Stanley

Copy B For Recipient 1099 Consolidated Tax Statement Tax Year 2014

CLARENCE B ROGERS TTEE THE ROGERS FAMILY FOUNDATION U/A **VERO BEACH FL 32963-3510** 381 INDIAN HARBOR RD DTD 05/16/1997

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza

:

New York, NY 10004

Identification Number

XXX-XX-3705 26-4310632 Taxpayer ID Number

769 203378 021 Account Number

Customer Service: 866-324-6088

# This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

# OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

Short Term - Noncovered Securities # (Consider Box 5 (Noncovered Security) as heing checked and Box 3 (Basis Reported to IRS) as not being checked for this section. These transactions should be reported on Form 8949 Part I with box 8 checked )

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4) NOTES
BCS CIAUTO M 9500 160C24		4	2E778	Symbol: SPPNQ				The state of the s
	5,000 000	10/18/13	01/22/14	\$50,000 00	\$50,000 00	00 0\$	00 0\$	20 00
FIDELITY NATIONAL FINL INC		CUSIP: 31620R402	0R402	Symbol: FNFV				
	0.560	0.560 01/03/14	07/01/14	88 88	\$10.24	00 08	(\$1.25)	\$0.00
MS CIAUTO F 9750 "16DE05		CUSIP: 6176	762W612	Symbol SPPRH				
	10,000 000	10,000 000 11/29/13	09/05/14	\$100,000 00	\$100,000 00	20 00	\$0.00	20.00
MS CIAUTO PRU 8800 17FB13		CUSIP. 6176	7605308	Symbol: SPPWN			3	
	10,000 000	02/07/14	08/13/14	\$100,000 00	\$100 000 00	20 00	00 08	20 00
MS CIAUTO VLO 13500 17FB21	The manufacture of the same of	CUSIP 6176	7605340	Symbol. SPPXL		The second secon		
	20,000 000	02/14/14	05/20/14	\$200,000 00	\$200,000 00	00:08	\$0.00	\$0.00
RBC CIAUTO WYNN 12000 *17MY29	AND THE PROPERTY OF THE PROPER	CUSIP- 78011Q428	10428	Symbol: SPOFN				
	10,000 000	10,000 000 05/23/14	12/17/14	\$64,396 31	\$100,000 00	20 00	(\$32.603 69)	20 00
REMY INTL INC NEW		CUSIP: 75971M108	1M108	Symbol: REMY				
	0.981	01/03/14	12/31/14	\$19.08	\$21.57	\$0.00	(\$2.49)	\$0.00
Total Short Term Noncovered Securities	urities			\$514,424.38	\$550,031.81	\$0.00	(\$35,607.43)	\$0.00
Total Short Term Covered and Noncovered Securities	ncovered Sec	urities		\$514,453.26	\$550,060.86	\$0.00	(\$35,607.60)	\$0.00

•

# Morgan Stanley

Copy B For Recipient 1099 Consolidated Tax Statement Tax Year 2014

THE ROGERS FAMILY FOUNDATION U/A CLARENCE B ROGERS TTEE 381 INDIAN HARBOR RD VERO BEACH FL 32963-3510 DTD 05/16/1997

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza

New York, NY 10004

26-4310632 Identification Number

769 203378 021 XXX-XX-3705 Taxpayer ID Number Account Number

# Customer Service: 866-324-6088

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

# 1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Long Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section. Those transactions should be reported on Form 8949 Part II with box D checked )	rities (Consid	der Box 3 (Basis R	teported to IRS) as I	being checked for thi	s section, These trans	actions should be reported on Fo	ım 8949 Parl II with box D	checked )	
DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED QUANTITY (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS A (Box 1c)	COST OR OTHER BASIS ADJUSTMENTS/CODE (Box 10) (Box 1f)	FEDERAL INCOME GAIN/(LOSS) TAX WITHHELD AMOUNT (Box 4)	FEDERAL INCOME TAX WITHHELD (Box 4) NOTES	OTES
KINDER AEX96 STK	Ű	USIP: 494STK	CUSIP: 494STK981 Symbol:					Andreas Africal Contract Contr	
	1,000.000	1,000.000 07/11/05 12/02/14	12/02/14	\$9,541 44	\$5 003 46	\$0.00	\$4,537.98	80.00	8
Total I ong Term Covered Securities	ties			\$9.541.44	\$5.003.46	\$0.00	\$4.537.98	\$0.00	

# Morgan Stanley

Copy B For Recipient 1099 Consolidated Tax Statement Tax Year 2014

THE ROGERS FAMILY FOUNDATION U/A CLARENCE B ROGERS TIEE 381 INDIAN HARBOR RD VERO BEACH FL 32963-3510 DTD 05/16/1997

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza

26-4310632 Identification Number: New York, NY 10004

769 203378 021 XXX-XX-3705 Taxpayer ID Number Account Number

Customer Service: 866-324-6088

# OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

Long Term - Noncovered Securities # (Consider Box 5 (Noncovered Security) as being checked and Box 3 (Basis Reported to IRS) as not being checked for this section. These transactions should be reported on Form 8949 Part II with box E checked )

DESCRIPTION (Box 8)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4) N	OTES
KINDER AEX96 STK	.DO	CUSIP: 494STK	981 Symbol	(Box 1d):		A HAVE TO THE OWNER.	CONCERNION CONCERNION		
	0000	0 000 07/11/05	12/02/14	\$92,472 86	\$48,492 11	00 08	\$43,980 75	20 00	BE
LENDER PROCESSING SERV	] -	CUSIP: 52602E	2E102 Symbo	1 (Box 1d):		propriete Velvis entral premial manages, a ferm over vivoretrons entral patential delications and the control of the control o	ACTIVITY OF THE PROPERTY OF TH	Versechierte Production of Court States Stat	
	0000	11/15/85	01/03/14	\$3,495 91	\$249.97	20 00	\$3,245 94	20 00	ð
	375 000	11/15/85	01/03/14	\$10,538 25	\$753 53	\$0.00	\$9,784.72	\$0.00	ð
	393 750	11/18/88	01/03/14	\$11,065 16	\$768 14	80.00	\$10,297 02	00 0\$	ΑĐ
	0000	11/18/88	01/03/14	\$3,670 73	5254 82	20.00	\$3,415.91	80.00	Ą
	526.500	10/02/89	01/03/14	\$14,795 70	\$1,742 69	00 0\$	\$13,053 01	00 OS	ð
	0000	10/02/89	01/03/14	\$4,908 29	\$578 12	00 0\$	\$4,330.17	20 00	Ą
	2,245 500	12/18/89	01/03/14	\$63,103.04	\$4,066 97	20 00	229,036 07	20 00	ð
	0.000	12/18/89	01/03/14	\$20,933 61	\$1,349 17	00 0\$	\$19,584.44	\$0 00	Ą
	7,500 000	12/15/95	01/03/14	\$210,765 00	\$27,466 02	20 00	\$183,298 98	\$0.00	8
	0 250	12/15/95	01/03/14	\$7 03	\$0.92	00 0S	\$6 11	00 0\$	ΑD
							8	CONTINUED ON NEXT PAGE	AGE

## Copy B For Recipient 1099 Consolidated Tax Statement Tax Year 2014

CLARENCE B ROGERS TTEE THE ROGERS FAMILY FOUNDATION U/A 381 INDIAN HARBOR RD VERO BEACH FL 32963-3510 DTD 05/16/1997

Morgan Stanley Smith Barney Holdings LLC 1 New York Plaza 8th Floar

26-4310632 dentification Number. New York, NY 10004

769 203378 021 XXX-XX-3705 Taxpayer ID Number Account Number Customer Service: 866-324-6088

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported

# 1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued)

OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option

Long Term - Noncovered Securities # (Consider Box 5 (Noncovered Security) as being checked and Box 3 (Basis Reported to IRS) as not being checked for this section. These transactions should be reported on Form 8949 Pert II with box E checked ) (Continued)

DESCRIPTION (Box 8)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	COST OR OTHER BASIS ADJUSTMENTS/CODE (Box 1e) (Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4) NOTES	OTES
LENDER PROCESSING SERV (Cont.)	าว	CUSIP: 52602E102 Symbol (Box 1d).	102 Symt	ol (Box 1d).				Bright-Bright-Addition of the Control of the Contro	7.
	0000	0 000 12/15/95	01/03/14	\$69,918 48	\$9,111.48	20 00	\$60,807.00	\$0 00	ΑD
	0000	12/15/95	01/03/14	\$2.34	05'0\$	80.08	\$2,04	80,00	9
Security Subtotal	11,041.000			\$413,203.54	\$46,342 13	\$0.00	\$366,861.41	\$0.00	
Total Long Term Noncovered Securities	rities			\$505,676.40	\$94,834.24	\$0.00	\$410,842.16	\$0.00	
Total Long Term Covered and Noncovered Securities	covered Sec	curities		\$515,217.84	\$99,837.70	\$0.00	\$415,380.14	\$0.00	
Total Short and Long Term, Covered and Noncovered Securities	ed and None	covered Sec	urities	\$1,029,671.10	\$649,898.56	\$0.00	\$379,772.54	\$0.00	
Form 1099-B Total Reportable Amounts - Does not include cost basis or adjustment amounts for noncovered secunties	e Amount	t <b>s</b> - Does no	t include co	st basis or adjustm	ent amounts for r	oncovered securities			
Total IRS Reportable Proceeds (Box 1d)	x 1d)			\$1,029,671 10					
Total IRS Reportable Cost or Other Basis for Covered Securities (Box 1e)	Basis for C	overed Secu	ırities (Box	1e)	\$5,032.51				ĺ
Total IRS Reportable Adjustments (Box 1g)	(Box 1g)					\$0.00			
Total Fed Tax Withheld (Box 4)								\$0.00	

adjustments resulting from a wash sale or market discount will not be reported to the IRS. The cost basis is provided for informational purposes only and may not reflect # Noncovered securities are not subject to the IRS cost basis reporting regulations, therefore their date of acquisition, cost basis, short or long term designation and any required adjustments under the applicable tax regulations. Please consult your tax advisor regarding any adjustments to your original cost basis.

THE ROGERS FAMILY FOUNDATION

Part IV   Capital Gains and Los	sses for Tax on Investment Income				
2-story br	describe the kind(s) of property solorick warehouse; or common stock, 20	00 shs. MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo., day, yr.)
1a FROM K-1: KIND	ER MORGAN ENERGY	PARTNERS LP	P	VARIOUS	VARIOUS
b MORGAN STANLEY			P		VARIOUS
c MORGAN STANLEY			P		VARIOUS
d MORGAN STANLEY			P		12/02/14
e MORGAN STANLEY		•	P		12/02/14
f MORGAN STANLEY			P	VARIOUS	VARIOUS
g MORGAN STANLEY	- 3378 CAPITAL	GAIN DISTRIBUTIO			
h KINDER MORGAN			P	VARIOUS	VARIOUS
]					
k I					1
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a	:	80.			-80.
b 29.		29.			0.
c 514,424.		550,043.			-35,619.
d 9,541.					9,541.
e 92,473.		55,875.			36,598.
f 413,204.		46,342.			366,862.
g 5,683.					5,683.
h 56,729.					56,729.
1					
J					
<u>k</u>					
					<del> </del>
m			<del></del>		
n					
Complete only for assets showing	ig gain in column (h) and owned by t	he foundation on 12/31/69	/Ni ne	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain ove ot less than "-0-")	
a					-80.
b					0.
С					-35,619.
d					9,541.
е					36,598.
f	,				366,862.
g					5,683.
h					56,729.
1			······································		
]					
<u>k</u>	<u>-</u>				
<u> </u>					
n					
0					
2 Capital gain net income or (net ca	1 11 (1000), 011101 0	-* in Part I, line 7 /	2		439,714.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	column (c).	d (6):		NT / 7	

Part XV Supplementary Informati	ion			
3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CIVIL WAR TRUST	NONE	N/A	SUPPORT COMMUNITY	
		ļ		500.
COMMUNITY CHURCH	NONE	N/A	SUPPORT CHURCH	
				20,200.
COMMUNITY FOUNDATION OF WNC	NONE	N/A	SUPPORT COMMUNITY	
				1,000.
FARMER SCHOOL MIAMI UNIVERSITY	NONE	N/A	SUPPORT COLLEGE	
				200.
GEORGE WASHINGTON UNIVERSITY	NONE	N/A	SUPPORT COLLEGE	
		ļ		7,500.
GETTYSBURG COLLEGE	NONE	N/A	SUPPORT COLLEGE	F 000
		<del>                                      </del>		5,000.
		İ		}
GIFFORD YOUTH ACTIVITIES CENTER	NONE	N/A	SUPPORT COMMUNITY	4,600.
		1		4,000.
GLENVILLE RESCUE SQUAD	NONE	N/A	SUPPORT COMMUNITY	350.
HIGHLANDS CASHIERS HOSPITAL	NONE	1/2	CHDDODM CONSTRU	
FOUNDATION	NONE	N/A	SUPPORT COMMUNITY	10,000.
HIGH HOPES	NONE	N/A	SUPPORT COMMUNITY	
MICH MOEBU	HONE	7/5	DOPPORT COMMUNITY	2,500.
Total from continuation sheets		<u> </u>		193,942.

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	COMBIOUROTI	Alliodit
IRCVAS	NONE	N/A	SUPPORT COMMUNITY	20
INDIAN RIVER LAND TRUST	NONE	N/A	SUPPORT COMMUNITY	1,00
INDIAN RIVER MEDICAL CENTER	NONE	N/A	SUPPORT COMMUNITY	74,63
JOHNS ISLAND FOUNDATION	NONE	N/A	SUPPORT COMMUNITY	10,00
MT YOUTH CHARITIES	NONE	N/A	SUPPORT COMMUNITY	2,00
ST FRANCIS CHAPEL	NONE	N/A	SUPPORT CHURCH	50
THE BASCOM	NONE	N/A	SUPPORT COMMUNITY	1,00
JNITED WAY	NONE	N/A	SUPPORT COMMUNITY	38,80
VNA AND HOSPICE FOUNDATION	NONE	N/A	SUPPORT COMMUNITY	5,00
WADE HAMPTON	NONE	N/A	SUPPORT COMMUNITY	3,45
Total from continuation sheets		1		-,

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	1		<u> </u>
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
WOODRUFF ARTS CENTER	NONE	N/A	SUPPORT COMMUNITY	2.000
-				2,000
INDIAN RIVER HABITAT HUMANITY	NONE	N/A	SUPPORT COMMUNITY	500
REV ROBERT BAGGOTT	NONE	N/A	SUPPORT COMMUNITY	1,000
SAMARITAN CENTER	NONE	N/A	SUPPORT COMMUNITY	2,000
101-101-101-101-101-101-101-101-101-101				
Total from continuation sheets	1	1		

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SECT	JRITIES	STATEMENT	
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM		
FROM KINDER MORGAN K-1 KINDER MORGAN DIVIDEND MORGAN STANLEY MORGAN STANLEY DIVIDEND TO PART I, LINE 4	46. 45. 96. 72,094.		0. 0. 0.	46 45 96 72,094 72,281	5. 45 5. 96 1. 72,094	· ·	
FORM 990-PF	· · · · · · · · · · · · · · · · · · ·	OTHER				STATEMENT	
DESCRIPTION  KINDER MORGAN K-1 ORDINARY INCOME/LOSS MORGAN K-1 ORDINARY INCOME/LOSS				(A) VENUE BOOKS 4,622.	(B) NET INVEST- MENT INCOME 4,622.	(C) ADJUSTED NET INCOME	
ROYALTIES FROM KINDS	ER MORGAN	DER MORGAN			35,213.	35,213.	
TOTAL TO FORM 990-P	f, PART I,	LINE 11	-	40,551.	40,551.		
FORM 990-PF		ТА	XES			STATEMENT :	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME		(D) CHARITABLI PURPOSES	
FOREIGN TAXES PAID	<del></del>	6	•	6.	,	0	
TO FORM 990-PF, PG	1, LN 18	6	•	6.	,	0	

	OTHER EXPENSES			STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM		
FROM KINDER MORGAN K-1: SEC 59(E)(2) EXP. NONDEDUCTIBLE EXPENSES	606. 4.	606.		0.	
TO FORM 990-PF, PG 1, LN 23	610.	610.		0.	
FORM 990-PF OTHER DECREASE	S IN NET AS	SETS OR FUND	BALANCES	STATEMENT 5	
DESCRIPTION				AMOUNT	
BOOK OVER TAX BASIS ADJUSTMENT NON-DEDUCTIBLE EXPENSES			205,282.		
TOTAL TO FORM 990-PF, PART II	I, LINE 5			205,286.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6	
DESCRIPTION		ВО	OK VALUE	FAIR MARKET VALUE	

J. A					
THE ROGERS FAMILY FOUNDATION	58	8-6343705			
10,000 MS CONTINGENT 9.75% AUTOCALMOTOR COMPANY 3,173 FIDELITY NATIONAL FINANCIAL 1,057 FIDELITY NATIONAL FINL INC. 125 HALYARD HEALTH INC (HYH) 10,000 HSBC CONTINGENT 12.1% AUTOCALMENT CORP. 10,000 JPM CONTINGENT 12.1% AUTOCALMENTIAL FINANCIAL, INC. 10,000 USB CONTINGENT 8.4% AUTOCALMENT CORPORATION 300 GABELLI GLB SML & MD CAP VAL (12226 KINDER MORGAN INCORPORATED	IN (FNF) (FNFV) ALL ON VALERO LL ON L ON CBS FFZ)	100,00 84,53 18,30 2,69 100,00 100,00 3,5 92,49	33. 08. 90. 00. 00. 70. 56.	97,550. 109,310. 16,637. 5,684. 101,600. 98,600. 92,600. 3,131. 94,182. ,870,357.	
FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 7 TRUSTEES AND FOUNDATION MANAGERS					
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
CLARENCE B. ROGERS, JR. 381 INDIAN HARBOR ROAD VERO BEACH, FL 32963	TRUSTEE 0.00	0.	0.	0.	
NANCY E. ROGERS 3833 EARLS COURT VIEW CINCINNATI, OH 452261328	DIST. COMMITTEE 0.00	0.	0.	0.	
JOHN B. ROGERS 2419 DON ONOFRE TRAIL NW ALBUQUERQUE, NM 87107	DIST. COMMITTEE 0.00	0.	0.	0.	
SALLY R. MITCHELL 2860 VININGS WAY ATLANTA, GA 30339	DIST. COMMITTEE 0.00	0.	0.	0.	
CHASE A. ROGERS C/O SALLY MITCHELL 2860 VININGS WAY ATLANTA, GA 30339	DIST. COMMITTEE 0.00	0.	0.	0.	
HANK MITCHELL 2860 VININGS WAY ATLANTA, GA 30339	DIST. COMMITTEE 0.00	0.	0.	0.	
	_				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0.

0.

0.