SCANNED JUL 0 3 2019

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Form 990-T	Exempt Organ	ization Bus	sine	ss income i	ax Return	\ . \-	OMB No 1545-0687	
		d proxy tax und			180		2017	
••	For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018 Go to www.irs.gov/Form990T for instructions and the latest information.							
Department of the Treasury						-	Open to Public Inspection for	
Internal Revenue Service	▶ Do not enter SSN numbers				ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only over identification number	
A Check box if address changed	Name of organization (_i Check box if name c	hanged	and see instructions.)		(Emple	oyees' trust, see ctions)	
B Exempt under section	Print THE FRED ROG	2 !	5-1215087					
\mathbf{X} 501(c \mathbf{a} (3,)	or Number, street, and room		ited business activity codes					
408(e) 220(e)	Type 2100 WHARTON STREET, NO. 700							
408A530(a)	City or town, state or province, country, and ZIP or foreign postal code							
529(a)	PITTSBURGH,	PA 15203				900	099	
C Book value of all assets at end of year	F Group exemption number		<u> </u>					
43,913,1					401(a)		Other trust	
	n's primary unrelated business activi				TION FRIN	<u>GE</u>		
	the corporation a subsidiary in an af		nt-subs	idiary controlled group?	▶ L	Ye:	s X No	
	nd identifying number of the parent						 	
	KEVIN MORRISC				······	412		
Part I Unrelated	d Trade or Business Inco	ome		(A) Income	(B) Expenses	<u> </u>	(C) Net	
1 a Gross receipts or sale	s				t	'		
b Less returns and allow	vances	c Balance	1c					
2 Cost of goods sold (S	chedule A, line 7)		2					
Gross profit. Subtract		ı	3_					
4 a Capital gain net incom			4a					
	4797, Part II, line 17) (attach Form	1797)	4b					
c Capital loss deduction			4c			-	 -	
, , ,	artnerships and S corporations (atta	ch statement)	5					
6 Rent income (Schedu	· ·		6					
	ed income (Schedule E)	anazationa (Cab. E)	7		 			
· · · · · · · · · · · · · · · · · · ·	valties, and rents from controlled org	• • •	8				· 	
	a section 501(c)(7), (9), or (17) org vity income (Schedule I)	anization (Schedule G)	10					
11 Advertising income (S	• •		11					
,	•	TEMENT 1	12	20,300.			20,300.	
13 Total. Combine lines	, – – –	TEMENT I	13	20,300.			20,300.	
	ns Not Taken Elsewhere	(See instructions for					20,300.	
(Except for d	contributions, deductions must	oe directly connecte	d with	The unrelated dusines:	s income)			
14 Compensation of off	icers, directors, and trustees (Sched	ule K)			18	14		
15 Salaries and wages	, , , , , , , , , , , , , , , , , , , ,	· .	51	MAY 2 0 7019	ŏ	15		
16 Repairs and mainten	ance		B65	WHAT A G COIS	RS-O	16		
17 Bad debts			<u> </u>		J#	17	<u> </u>	
18 Interest (attach sche	dule)			OGDEN, UT		18		
19 Taxes and licenses		,				19		
20 Charitable contribution	ons (See instructions for limitation r	ules)				20		
21 Depreciation (attach	Form 4562)			21] [
22 Less depreciation cla	amed on Schedule A and elsewhere	on return		22a		22b	· · · · · · · · · · · · · · · · · · ·	
23 Depletion						23		
24 Contributions to defe	erred compensation plans					24	<u> </u>	
25 Employee benefit pro	-					25	 	
26 Excess exempt expenses	•					26		
27 Excess readership co	· ·					27	 	
28 Other deductions (at						28		
	dd lines 14 through 28					29	0.	
	axable income before net operating		ct line 2	9 from line 13		30	20,300.	
	eduction (limited to the amount on li	•	-			31	20 200	
	axable income before specific deduc			30		32	20,300.	
33 Specific deduction (0	Generally \$1,000, but see line 33 ins	tructions for exceptions	S)			33	1,000.	
34 Unrelated business	taxable income. Subtract line 33 fr	om line 32. If line 33 is	greater	tnan line 32, enter the sn	naller of zero or	34	10 200	
						3/4	19,300.	
723701 01-22-18 LHA F0	r Paperwork Reduction Act Notice,	see instructions.					Form 990-T (2017)	

Form 990-1	(2017) THE FRED ROGERS COMPANY 25-12	<u> 15087 </u>	Page 2
Part I	Tax Computation		
35	Organizations Taxable as Corporations See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and.		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
_	(1) \$ (2) \$ (3) \$		
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)		
•	Income tax on the amount on line 34 SEE STATEMENT 5	- 35c	3,469.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from.	330	3,403.
30	Tax rate schedule or Schedule D (Form 1041)	- 36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	3/8	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	4 40	3,469.
Part I	100 1100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100	1.40	3,403.
			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a	\dashv \dagger	
b	Other credits (see instructions) 41b	-	
C	General business credit. Attach Form 3800 41c	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	┥ │	
	Total credits. Add lines 41a through 41d	41e	2 460
42	Subtract line 41e from line 40	42	3,469.
43	Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		
44	1 1	18 44	3,469.
	Payments. A 2016 overpayment credited to 2017	_	
	2017 estimated tax payments		
C	Tax deposited with Form 8868	_	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 45d	⊣	
е	Backup withholding (see instructions) 45e	_	
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f		
g	Other credits and payments Form 2439		
	☐ Form 4136 ☐ Other ☐ Total ► 45g		
46	Total payments. Add lines 45a through 45g	46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached > X	417	49.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed STATEMENT 2	48	3,518.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50	Enter the amount of line 49 you want Credited to 2018 estimated tax	50	
Part \	Statements Regarding Certain Activities and Other Information (see instructions)		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country		
	here >		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		- X
	If YES, see instructions for other forms the organization may have to file.		-
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
		nowledge and belief, i	it is true.
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kill correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF OPERATING		
Here	15/14/19 OFFICER	May the into discuss	THIS FEIGHT WILL
	Companyer of afficer	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	If PTIN	100 110
D-: 1			
Paid	rer EDWARD J. MURICEAK Elul Ment V1 5-10-19 self-employe	i i	E011
Prepa	TOTAL CONTROL OF THE	P0024	
Use C	111y	<u>∠</u> ∠5-15	89048
	1210 THIRTEENTH STREET	440 500	F006
	Firm's address ► ALTOONA, PA 16601 Phone no.	<u>412-708-</u>	<u>5946</u>

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory v	aluation N/A		· 			
1 Inventory at beginning of year	_1		6	Inventory at end of year	ar		6_		
2 Purchases	2		7	Cost of goods sold. St	ost of goods sold. Subtract line 6				
3 Cost of labor	_3			from line 5. Enter here	and in	Part I,	'		
4a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
Other costs (attach schedule)	4b		_	property produced or a	acquire	d for resale) apply to			,
5 Total. Add lines 1 through 4b	5			the organization?		 			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Per	sonal Property	Leas	ed With Real Pro	pert	ty) 	
1. Description of property									
(1)									
(2)									
(3)	· · · · · · · · · · · · · · · · · · ·								
(4)				······································				·	
		ed or accrued				3(a) Deductions directly		noted with the income	_
 (a) From personal property (if the personal property is more 10% but not more than 50%) 	e than	` of rent for	personat	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	columns 2(a) a	nd 2(b)	(attach schedule)	•
(1)									
(2)									
(3)									
(4)								<u></u>	
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated De	bt-Financed	Income (see	ınstru	ctions)					
				Gross income from or allocable to debt-		Deductions directly cor to debt-finant		perty	
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	ŝ
(1)			+						
(2)				12.4			_	•	
(3)			- 						
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)			 	%					
(2)				% %			-		
(3)				%			+		
(4)				%		··	<u> </u>		
					1	nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals						0		, (6	•
Total dividends-received deductions in	scluded in column	n 8					•	···	0.

Totals (carry to Part II, line (5))

0

0

(4)

Form 990-T (2017) THE FRED ROGERS COMPANY

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	i	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	1			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	' '		•	0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM ·990-T OTHER INCOME	STATEMENT 1
DESCRIPTION	AMOUNT
QUALIFIED TRANSPORTATION FRINGE DISALLOWED	20,300.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	20,300.

FORM	990-T LINE 35C TAX COMPUTAT	ION		STATEMENT 5
1.	TAXABLE INCOME		. 19,300	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	•	. 19,300	
3.	LINE 1 LESS LINE 2		. 0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUN	т.	. 0	
5.	LINE 3 LESS LINE 4		. 0	
6.	INCOME SUBJECT TO 34% TAX RATE		. 0	
7.	INCOME SUBJECT TO 35% TAX RATE		. 0	
8.	15 PERCENT OF LINE 2		. 2,895	
9.	25 PERCENT OF LINE 4		. 0	
10.	34 PERCENT OF LINE 6		. 0	
11.	35 PERCENT OF LINE 7		. 0	
12.	ADDITIONAL 5% SURTAX		. 0	
13.	ADDITIONAL 3% SURTAX		. 0	
14.	TOTAL INCOME TAX		_	2,899
			-	-
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	17	4,053	
1		DAYS		
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184 181		
18.	TOTAL TAX PRORATED	365		3,469