	, 000 T	Exe	empt Organization B	uşir	ness Income Ta	x Return Z	O(OMB No 1545-0047
	Form 990-T	<u>.</u>			section 6033(e))	6/30 20	020	2019
			2019 or other tax year beginning				220	2013
(Department of the Treasury		to www irs gov/Form990T for				ľ	Open to Public Inspection for
1	nternal Revenue Service	▶ Do not e	nter SSN numbers on this form as it		changed and see instructions)	zation is a built (c)(s).		501(c)(3) Organizations Only
1	Check box if address change	d			manged and see instructions)		E	mployees' trust, see structions)
Ī	Exempt under settic	,, , , , , , , ,	THE ROGERS FOUNDATI					7-2340132
	[501() []	Tuno	LAS VEGAS, NV 89101				E Ur	related business activity code
	408(e) 2200						- (S	ee instructions)
	408A 5300 529(a)	(a)					5	31190 451211
-	Book value of all assets	F Group	exemption number (See instructi	ons)				731170 431211
, `	at end of year	 				(c) trust 40)1(a) 1	trust Other trust
\ \ \ ;	89, 323, 674	·	<u> </u>	301(0	<u> </u>	escribe the only (or		
W.			s unrelated trades or businesses STATE RENTAL/DEVELO:	PMEN				e, complete Parts I-V
V	If more than one, do	escribe the first	in the blank space at the end	of the	previous sentence, co			
	for each additional t	trade or busines	ss, then complete Parts III-V					
Ī			ration a subsidiary in an affilia			ary controlled gro	up?	► Yes XNo
_			ying number of the parent corp	ooratio				
	The books are in care		LLE SANDERS	_		elephone number		
L			usiness Income		(A) Income	(B) Expense	s .	(C) Net
	1 a Gross receipts or	sales		_			•	/1
	b Less returns and allow		c Balance ►	1 c				
	2 Cost of goods sole			2				
	3 Gross profit Subt			3				
	4 a Capital gain net in	•	•	4a		· •		
	b Net gain (loss) (Form		(attach Form 4797)	4b	2.000		/	
	c Capital loss deductions 5 Income (loss) from		an S corporation	4 c	3,000.			
	(attach statement		and corporation	5				
	6 Rent income (Sch	nedule C)		6				
	7 Unrelated debt-fin	nanced income	(Schedule E)	7				
	8 Interest, annuities, roya	alties, and rents fro	m a controlled organization (Schedule F)	8		****		
			(9), or (17) organization (Schedule G)	9				
	10 Exploited exempt	-	(Schedule I)	10_				
	11 Advertising incom	,		11				
	12 Other income (Se	e instructions, a						
			See Statement 1	12	-423,959.			105 050
,	13 Total. Combine lin			13	-426,959.	 	0.	-426, 959.
L	directly c	opported with	n Elsewhere (See instruction the unrelated business	inco	me)	deductions) (Dear	actions must be
-	14 Compensation of	officers directo	rs, and trustees (Schedule K)	ב בני	STAICO		14	
	15 Salaries and wage	es /	Received US	3ank	- USB		15	
	16 Repairs and main	/	325				16	
	17 Bad debts		, NOV 13	2011)a		17	
	18 Interest (attach so	chedule) (see in	structions)	2 202	.u		18	
1	19 Taxes and license	,					19	
	20 Depreciation (atta	/	Cgden,	LIT	20			
]]			nedule A and elsewhere on ret		21a		21 b	
:	22 Depletion	,			L		22	
:	23 Contributions to d	seferred comper	nsation plans				23	
5	24 Employee benefit		•				24	
)	25 Excess exempt ex	· -	lule I)				25	
	26 Excess readership						26	
	27 Other deductions						27	
	28 Total deductions.						28	
			ne before net operating loss de			m line 13	29	-426,959.
			tax years beginning on or after Januar		8 (see instructions)		30	188
4	31 Unrelated busines	ss taxable incor	ne Subtract line 30 from line 2	29	*		31	-426, 959.

TEEA0201L 9/19/19

Par	5 m 1	Total Unrelated Business Taxable Income			
32		of unrelated business taxable income computed from all unrelated trades or businesses (see ctions)	32	- 42	26,959.
33	Amou	ints paid for disallowed fringes	33		
34	Chari	table contributions (see instructions for limitation rules) Part	34		
		unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from	H	 	
33		um of lines 32 and 33	35	-42	<u> 26,959.</u>
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instr.).	36		
37	Total	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-42	26,959.
38		fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1	
		ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1		
		the smaller of zero or line 37	39	-42	<u> 26,959.</u>
Par	t.W	Tax Computation			
		nizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40		
41	Trust	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount			
	on lin	e 39 from X Tax rate schedule or X Schedule D (Form 1041)	41	Ì	0.
42	Proxy	r tax See instructions	42		
43	Altern	native minimum tax (trusts only)	43		
44	Tax o	n Noncompliant Facility Income. See instructions	44		
45	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Par	tV	Tax and Payments	' 	<u></u>	
L	•	gn tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	Г		 -
		credits (see instructions) 46b	1	1	
c	Gene	ral business credit Attach Form 3800 (see instructions) 46 c	1		
d	Credi	for prior year minimum tax (attach Form 8801 or 8827) 46 d	1	l	
е	Total	credits. Add lines 46a through 46d	46¦e	,	0.
		act line 46e from line 45	47		0.
48		taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866			
		ther (attach schedule)	48		
		tax. Add lines 47 and 48 (see instructions)	49		0.
50	2019	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
51 a	Paym	ents A 2018 overpayment credited to 2019 51 a			
b	2019	estimated tax payments 51 b	1		
		eposited with Form 8868]		
		gn organizations Tax paid or withheld at source (see instructions) 51 d]		
		up withholding (see instructions) 51 e			
		t for small employer health insurance premiums (attach Form 8941)	1		
g	_	credits, adjustments, and payments Form 2439			
		orm 4136 Other Total ► 51\g	ļ		
52		payments. Add lines 51a through 51g	52		0.
53		nated tax penalty (see instructions) Check if Form 2220 is attached	53	ļ	
54		ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	<u> </u>	
55 /		payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	 	
	_	the amount of line 55 you want Credited to 2020 estimated tax ► Refunded ►	56		
	t VI				
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority ov			Yes No
		cial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEI	1 Forr	n 114,	
		t of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here		~ - - -	X
58		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a fore	agn trust? ∟	X
	If 'Yes	,' see instructions for other forms the organization may have to file			
_59	Enter	the amount of tax-exempt interest received or accrued during the tax year > \$ 0.			
C:	_	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best belief, it is true-correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an	of my k / knowl:	nowledge and edge	
Sigr Here		√ / / / / / / / / / / / C00		ne IRS discuss this	
пет	=	Signature of officer Dale Title	instruc	ctions)? X Ye	·
		Print/Type preparer's name Preparer's signature Date Check □ if	<u> </u>	TIN NIT	<u></u>
Paic		11/.12 2 01000 11			•
Pre-	,	Lori A Maris Lori A Maris 116 20 self-employed		200099862	<u> </u>
pare	r	Firm's name Marrs Bergquist, CPAs Firm's EIN	<u>880</u>	509206	
Use		Firm's address 3615 South Town Center Drive Suite 100	-		
	y	Las Vegas, NV 89135 Phone no	<u>70</u>	2-579-27	
BAA		TEEA0202L 02/21/20		Form 99 0	0-T (2019)

Form 990-T (2019) THE ROGE	RS FOUNDATION	Í			47-	2340132	F	age 3
Schedule A - Cost of Good	ds Sold. Enter meth	nod of inve	entory valuation >					
1 Inventory at beginning of year	ar 1		6 Invento	ory at	end of year	6		
2 Purchases	h			f good	ds sold. Subtract			
3 Cost of labor	_			line 6 from line 5 Enter here and in Part I, line 2				
4 a Additional section 263A costs (attach	schedule)		and in	Parti	, line 2	7	17	- A.
	4 a				-4 1 0524 6		Yes	No
b Other costs	4 b	·····		rules of section 263A (with respect to ty produced or acquired for resale) apply				
(attach sch) 5 Total. Add lines 1 through 4b	5			e organization?				l
Schedule C - Rent Income	(From Real Prop	erty and	d Personal Property	Lea	sed With Real Pr	operty) (see II	nstruct	ions)
1 Description of property							*********	_
(1)		^ <i>~~</i> ~~~						
(2)							-	
(3)	************		* ******************************					_
(4)				-				•
	2 Rent received or a	ccrued						
(a) From personal prope	erty (eal and personal propert		the income in	-directly-connect columns 2(a) ai		
(if the percentage of rent for property is more than 10%	personal (i		entage of rent for person ceeds 50% or if the rent			ch schedule)	10 2(0	,
more than 50%)	but not pi		on profit or income)	13				
(1)								
(2)				_				•
(3)			· · · · · · · · · · · · · · · · · · ·					
(4)					<u> </u>			
Total	Total				1			
(c) Total income. Add totals of cold here and on page 1, Part I, line 6,		Enter •			(b) Total deductions Ed here and on page 1, Part 1, line 6, column (B)	nter ►		
Schedule E - Unrelated De		me (see	instructions)					
1 Description of debt-	financed property	<u>·</u> .	2 Gross income from or allocable to debt-	3 D	eductions directly con debt-finan	nected with or a	allocab	ole to
, 2000, p.101, 01 0000	managa property		financed property	dep	(a) Straight line reciation (attach sch)	(b) Other de (attach sc		
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted or allocable to debt- property (attach sc	financed	6 Column 4 divided by column 5	rep	7 Gross income ortable (column 2 x column 6)	8 Allocable of (column 6 columns 3(a)	x total	of
(1)	***************************************		%	t				
(2)			%					
(3)			9			1		
(4)		· · · · · · · · · · · · · · · · · · ·	%					
	· · · · · · · · · · · · · · · · · · ·				r here and on page 1	Enter here and		
				Part	I, line 7, column (A)	Part I, line /,	columi	า (ช)
Totals			•					
Total dividends-received deduction	ns included in colum	in 8				Į.		
BAA		TF	EA0203L 09/19/19	_		Form	990-T	$(20\overline{19})$

Schedule F - Interest, Ar	nnuiti	es, Royalti	es, a	nd Re	nts Fro	m	Controlled (Orga	nizations	(see in:	struction	ns)
					trolled Or							
1 Name of controlled organization	ıde	Employer ntification number	. 1	Net unr ncome ee instru			4 Total of speci payments ma		5 Part of that is included the concept organizers of the concept	cluded trolling ation's	ın ir	Deductions directly connected with ncome in column 5
(1)		1			-	Π						
(2)												
(3)												
(4)												,
Nonexempt Controlled Organiza	ations											
7 Taxable Income	ind	et unrelated come (loss) instructions)			f specified nts made	d	10 Part of included in organization	n the d	controlling		connect	uctions directly ted with income column 10
(1)												
(2)												
(3)										<u> </u>		
(4)												
-							Add columns here and on p 8, co		, Part I, line		e and or	ns 6 and 11 Enter n page 1, Part I, line column (B)
Totals		, , , C	- 4 !	- 501/	->(7) (0		- (17) Ours	_:		<u> </u>		
Schedule G — Investmen 1 Description of income	tinco	2 Amount			3 direc	De ctly	ductions connected schedule)		4 Set-aside: Ittach schedu	5	5 To set-	tal deductions and asides (column 3
(1)					(2						 	-
(2)											 	· · ·
(3)	_											
(4)												
Tabel	.	Enter here ar Part I, line 9,			•		, ,	•				here and on page 1 line 9, column (B)
Schedule I — Exploited E		A A ativity I		10 O+1	oor The	<u> </u>	Advorticina	Incor	20 /000 100	runting		
Schedule I — Exploited E	xemp	2 Gross				1						7.5
1 Description of exploited a	ctivity	unrelate busines income fr trade o busines	ed s om r	conne prod of u	ses directly ected with duction nrelated ess income	fro or 2 i	Net income (loss) om unrelated trade business (column minus column 3) a gain, compute rumns 5 through 7	activ	s income from ity that is not ated business income	attribu	penses utable to umn 5	
(1)					·····	T						
(1) (2) (3) (4)	•											
(3)												
(4)												
		Enter here on page Part I, line column	1 e 10	on p Part i	here and page 1, , line 10, mn (B)				·	•	, , ,	Enter here and on page 1, Part II, line 25
Totals.						<u>i</u>						
Schedule J - Advertising	-				!!	1 -	d Danie					
Part I Income From Per	rioaic					_			1	•		
1 Name of periodical		2 Gross advertisi income	ng	adve	Direct ertising osts	1 (Advertising gain or loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		irculation ncome		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)			-			4						
(2)		<u> </u>				-		ļ				_ ′ ' ·
(3)						-						
(4)		 				+-		ļ- 				
Totals (carry to Part II, line (5))		•										

47-2340132 Page 5 Form 990-T (2019) THE ROGERS FOUNDATION 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) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, 2 Gross 3 Direct **6** Readership 5 Circulation 7 Excess readership costs (col 6 minus col 5, but not more than col 4) advertising advertising ıncome 1 Name of periodical ıncome costs compute cols 5 through 7 (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part I, line 11, on page 1, Part II, line 26 column (A) column (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3-Percent-of-4-Compensation-attributable-1 Name 2 Title time devoted to unrelated business to business

왕 ٩ કૃ မွ • Total. Enter here and on page 1, Part II, line 14

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Form **990-T** (2019)

SCHEDULE D

(Form 1041)

Capital Gains and Losses

OMB No 1545-0092

2019

Department of the Treasury Internal Revenue Service ► Attach to Form 1041, Form 5227, or Form 990-T.
 ► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
 ► Go to www irs gov/F1041 for instructions and the latest information.

Employer identification number Name of estate or trust 47-2340132 THE ROGERS FOUNDATION No Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes Χĺ If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Note: Form 5227 filers need to complete only Parts I and II Generally Assets Held One Year or Less (see instructions) Short-Term Capital Gains and Losses (d) (h) Gain or (loss) (e) Cost See instructions for how to figure the amounts to enter on the Proceeds Adjustments to gain or Subtract col (e) from col lines below loss from Form(s) 8949, (sales price) (or other basis) (d) & combine the result This form may be easier to complete if you round off cents to with col (g) Part I, line 2, col (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 4 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2018 6 Capital Loss Carryover Worksheet Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on line 17, column (3) on the back Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions) (e) Cost (h) Gain or (loss) (d) See instructions for how to figure the amounts to enter on the Proceeds Adjustments to gain or Subtract col (e) from col lines below (sales price) (or other basis) loss from Form(s) 8949. This form may be easier to complete if you round off cents to (d) and combine the result Part II, line 2, col (g) with col (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 12 13 Capital gain distributions 13 Gain from Form 4797, Part I 14 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2018 Capital Loss 15 299,582 Carryover Worksheet 16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on line 18a,

column (3) on the back

-299,582.

16

32 Page 2 (3) Total	
-299,582.	
-299, 582. and 19, column (2), tal Loss Carryover	
3,000.	
l or Part II and there	
in Part I of Form actions if either line	
0.	
······································	

Schedule D (Form 1041) 2019 47-23401 THE ROGERS FOUNDATION (1) Beneficiaries' (2) Estate's Part'III Summary of Parts I and II (see instructions) Caution: Read the instructions before completing this part or trust's 17 Net short-term gain or (loss) 18 Net long-term gain or (loss): a Total for year 18 a -299,582 18_b b Unrecaptured section 1250 gain (see line 18 of the worksheet) c 28% rate gain 18 c 19 Total net gain or (loss). Combine lines 17 and 18a 19 -299<u>,582</u>

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a a are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capit Worksheet, as necessary

Part IV - | Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of

a The loss on line 19, column (3) **b** \$3,000 or

20

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, line 39), is a Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover

Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if

- Either line 18b, column (2) or line 18c, column (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income 990-T, and Form 990-T, line 39, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instru 18b, column (2) or line 18c, column (2) is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Fe	orm 990-T, line 39)	21	<u>-426,959.</u>		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22 0.				
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23				
24	Add lines 22 and 23	24]			
25	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0-	25 0.			1	
26	Subtract line 25 from line 24 If zero or less, enter -		26	0.		
27	Subtract line 26 from line 21 If zero or less, enter -	0-	27	0.	}	
28	Enter the smaller of the amount on line 21 or \$2,65	0	28	 	.	
29	Enter the smaller of the amount on line 27 or line 28	8	29			
30	Subtract line 29 from line 28 If zero or less, enter -	0- This amount is taxed at ()%	•	30	0.
31	Enter the smaller of line 21 or line 26		31			
32	Subtract line 30 from line 26		32			
33	Enter the smaller of line 21 or \$12,950		33			
34	Add lines 27 and 30		34			:
35	Subtract line 34 from line 33 If zero or less, enter -	0-	35	0.		
36	Enter the smaller of line 32 or line 35		36			
37	Multiply line 36 by 15% (0 15)			>	37	
38	Enter the amount from line 31		38			
39	Add lines 30 and 36		39			
40	Subtract line 39 from line 38 If zero or less, enter 4	0-	40	0.		
41	Multiply line 40 by 20% (0 20)			-	41	†
42	Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule G instructions in the instructions for Form 1041)	hedule for Estates and Trusts (see	42			
43	Add lines 37, 41, and 42		43			
44	Figure the tax on the amount on line 21. Use the 2019 Tax Rate Sci the Schedule G instructions in the instructions for Form 1041)	•	44			
45	Tax on all taxable income. Enter the smaller of line	43 or line 44 here and on Fo	orm	>	45	n

2019	Federal Statements	Page 1
Client ROGERS	THE ROGERS FOUNDATION	47-2340132
11/06/20		12 39PN
Statement 1 Form 990-T, Part I, Line 12 Other Income		
EL BENJAMIN PASSTHROUGH WRITERS BLOCK PASSTHROUGH		\$ -195,094. -228,865. Total \$ -423,959.
WILLIAM DECON LIBERTANCOON		Total $\frac{220,003}{423,959}$.