TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2021

Prepared for	
	The Fred Rogers Company 2100 Wharton Street No. 700 Pittsburgh, PA 15203
Prepared by	Sisterson & Co. LLP 310 Grant Street Suite 2100 Pittsburgh, PA 15219
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

(Rev. January 2020)

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

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

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instru	uctions.		Тахрауе	[,] identific	ation number (TIN)
print					0.5	1015005
File by the	THE FRED ROGERS COMPANY				25-	1215087
due date filing your return. Se	Number, street, and room or suite no. If a P.O. box, s		tions.			
instruction		oreign add	Iress, see instructions.			
Enter th	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	LISA MOSS					
	books are in the care of > 2100 WHARTON S	TREET		BURGH	, PA	15203
	phone No. ► 412-605-3106		Fax No. 🕨			
	e organization does not have an office or place of busines					
 If this 	s is for a Group Return, enter the organization's four digit	_				
box 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and TINs of	all memb	ers the e	extension is for.
		162.5	1			
	request an automatic 6-month extension of time until			e the exem	npt orgar	nization return for
tł	ne organization named above. The extension is for the org	ganization's	s return for:			
	calendar year or		TTDI 20 0001			
	X tax year beginning JUL 1, 2020	, an	d ending JUN 30, 2021		_ ·	
2 If	the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	n	
l	Change in accounting period					
	this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less			0.
_	ny nonrefundable credits. See instructions.			3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069		•			0
_	stimated tax payments made. Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa	•				0.
	sing EFTPS (Electronic Federal Tax Payment System). Se			30	\$	
Caution instruct	n: If you are going to make an electronic funds withdrawa ions.	I (direct de	bit) with this Form 8868, see Form 8	453-EO ai	nd Form	8879-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Fo	rm 8868 (Rev. 1-2020

		PU	BLIC DISCLOSU	RE COPY - STATE REG	ISTRATI	ON NO. 9000	99
	n	חר	Return of	Organization Exemp	t From I	ncome Tax	OMB No. 1545-0047
Forr	9	JU		27, or 4947(a)(1) of the Internal Reve			ns) ZUZU
Dena	rtment of	the Treasury		er social security numbers on this fo	-	-	Open to Public
Interr	ial Revenu	ue Service		/w.irs.gov/Form990 for instructions			Inspection
AF	or the			ning JUL 1, 2020 a	nd ending	UN 30, 2021	
B c a	heck if pplicable:	C Name o	f organization			D Employer identifie	cation number
	Address	s THE	FRED ROGERS C	OMDANV			
-	_change Name			OMPANI		25-12150	87
	_change _Initial _return		usiness as	ail is not delivered to street address)	Room/suite		-
	Final Final		WHARTON STRE	,	700	412-687-	
	termin- ated			untry, and ZIP or foreign postal code		G Gross receipts \$	37,508,718.
	Amende			5203		H(a) Is this a group re	
	Applica-	F Name a	nd address of principal off	icer:LISA MOSS		for subordinates	
	pending			T, SUITE 700, PITTS		H(b) Are all subordinates in	ncluded? Yes No
			X 501(c)(3) 501(c)		(1) or 📃 527	If "No," attach a	list. See instructions
			FREDROGERS.OR			H(c) Group exemption	
			X Corporation Trus	t 🔄 Association 🔄 Other 🕨	L Year	of formation: 1971	State of legal domicile: PA
Pa		Summary		miit	י משמש ו		
ce	1 B	Briefly descrit	e the organization's mission	on or most significant activities: THE ' LEGACY BY PROVIDI	NC OUNT	TUX MEDIA	NI SEEKS TU
nan							
Activities & Governance				tion discontinued its operations or dis ning body (Part VI, line 1a)			11 sets.
ß			0	s of the governing body (Part VI, line 1			10
s S				calendar year 2020 (Part V, line 2a)			39
/itie				ecessary)			0
cti				Part VIII, column (C), line 12			0.
-	<i>1</i> α					/a	÷ -
Ă				from Form 990-T, Part I, line 11			0.
Ă						Prior Year	0 . Current Year
_	ы м 8 С	Vet unrelated	business taxable income t and grants (Part VIII, line 1	from Form 990-T, Part I, line 11		7b Prior Year 1,097,476.	0 . Current Year 1 , 244 , 722 .
_	b N 8 C 9 F	Vet unrelated Contributions Program serv	and grants (Part VIII, line 1 ce revenue (Part VIII, line 2	from Form 990-T, Part I, line 11 Ih) 29)	·····	7b Prior Year 1,097,476. 11,658,266.	0 . Current Year 1 , 244 , 722 . 10 , 503 , 459 .
Revenue A	b N 8 C 9 P 10 Ir	Net unrelated Contributions Program servi nvestment in	and grants (Part VIII, line 1 ice revenue (Part VIII, line 2 come (Part VIII, column (A)	from Form 990-T, Part I, line 11 Ih) 2g) , lines 3, 4, and 7d)	······	7b Prior Year 1,097,476. 11,658,266. 855,048.	0. Current Year 1,244,722. 10,503,459. 1,761,214.
_	b N 8 C 9 F 10 Ir 11 C	Net unrelated Contributions Program servi nvestment in Other revenue	and grants (Part VIII, line 1 ice revenue (Part VIII, line 2 come (Part VIII, column (A) e (Part VIII, column (A), line	from Form 990-T, Part I, line 11 Ih) 2g) , lines 3, 4, and 7d) s 5, 6d, 8c, 9c, 10c, and 11e)		7b Prior Year 1,097,476. 11,658,266. 855,048. 12,781,892.	0. Current Year 1,244,722. 10,503,459. 1,761,214. 13,929,765.
_	b N 8 C 9 P 10 Ir 11 C 12 T	Net unrelated Contributions Program servi nvestment in Other revenue Fotal revenue	and grants (Part VIII, line 1 ice revenue (Part VIII, line 2 come (Part VIII, column (A) e (Part VIII, column (A), line - add lines 8 through 11 (n	from Form 990-T, Part I, line 11 1h) 2g) , lines 3, 4, and 7d) s 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), line 12	2)	7b Prior Year 1,097,476. 11,658,266. 855,048. 12,781,892. 26,392,682.	0. Current Year 1,244,722. 10,503,459. 1,761,214. 13,929,765. 27,439,160.
_	b N 8 C 9 F 10 Ir 11 C 12 T 13 C	Net unrelated Contributions Program serven nvestment in Other revenue Graal revenue Grants and si	and grants (Part VIII, line 1 ice revenue (Part VIII, line 2 come (Part VIII, column (A) e (Part VIII, column (A), line - add lines 8 through 11 (n milar amounts paid (Part IX	from Form 990-T, Part I, line 11 (h) (2g) , lines 3, 4, and 7d) s 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), line 12 (, column (A), lines 1-3)	2)	7b Prior Year 1,097,476. 11,658,266. 855,048. 12,781,892. 26,392,682. 0.	0. Current Year 1,244,722. 10,503,459. 1,761,214. 13,929,765. 27,439,160. 0.
Revenue	b N 8 C 9 F 10 Ir 11 C 12 T 13 C 14 E	Net unrelated Contributions Program serve nvestment in Other revenue Grants and si Benefits paid	and grants (Part VIII, line 1 ce revenue (Part VIII, line 2 come (Part VIII, column (A) e (Part VIII, column (A), line - add lines 8 through 11 (n milar amounts paid (Part IX to or for members (Part IX,	from Form 990-T, Part I, line 11 (h) (2g) , lines 3, 4, and 7d) s 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), line 12 (, column (A), lines 1-3) 	2)	7b Prior Year 1,097,476. 11,658,266. 855,048. 12,781,892. 26,392,682. 0. 0.	0. Current Year 1,244,722. 10,503,459. 1,761,214. 13,929,765. 27,439,160. 0.
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Revenue	b N 8 C 9 F 10 Ir 11 C 12 T 13 G 14 E 15 S	Net unrelated Contributions Program servi nvestment in Other revenue Fotal revenue Grants and si Benefits paid Salaries, othe	and grants (Part VIII, line 1 ice revenue (Part VIII, line 2 come (Part VIII, column (A) e (Part VIII, column (A), line - add lines 8 through 11 (n milar amounts paid (Part IX to or for members (Part IX, r compensation, employee	from Form 990-T, Part I, line 11 (h) (2g) , lines 3, 4, and 7d) s 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), line 12 (, column (A), lines 1-3) , column (A), line 4) benefits (Part IX, column (A), lines 5-1	2) [7b Prior Year 1,097,476. 11,658,266. 855,048. 12,781,892. 26,392,682. 0. 0. 2,336,544.	0. Current Year 1,244,722. 10,503,459. 1,761,214. 13,929,765. 27,439,160. 0.
_	b N 8 C 9 F 10 Ir 11 C 12 T 13 C 14 E 15 S 16a F b T	Vet unrelated Contributions Program servinvestment in Other revenue Grants and si Benefits paid Galaries, othe Professional f	business taxable income f and grants (Part VIII, line f ice revenue (Part VIII, line 2 come (Part VIII, column (A) e (Part VIII, column (A), line - add lines 8 through 11 (n milar amounts paid (Part IX to or for members (Part IX, r compensation, employee undraising fees (Part IX, colu	from Form 990-T, Part I, line 11 Ih) 2g) , lines 3, 4, and 7d) s 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), line 12 c, column (A), lines 1-3) c column (A), line 4) benefits (Part IX, column (A), lines 5-1 plumn (A), line 11e) mm (D), line 25)	2) 0) 275.	7b Prior Year 1,097,476. 11,658,266. 855,048. 12,781,892. 26,392,682. 0. 0. 2,336,544.	0. Current Year 1,244,722. 10,503,459. 1,761,214. 13,929,765. 27,439,160. 0. 0. 2,845,407.
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Expenses Revenue	b N 8 C 9 F 10 Ir 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C 18 T 19 F	Vet unrelated Contributions Program serven nvestment in Other revenue Grants and si Benefits paid Salaries, othe Professional f Fotal fundrais Other expens Fotal expense	and grants (Part VIII, line 1 ice revenue (Part VIII, line 2 come (Part VIII, column (A) e (Part VIII, column (A), line - add lines 8 through 11 (n milar amounts paid (Part IX to or for members (Part IX, r compensation, employee undraising fees (Part IX, colu es (Part IX, column (A), line es. Add lines 13-17 (must e	irom Form 990-T, Part I, line 11 Ih) 2g) , lines 3, 4, and 7d) s 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), line 12 K, column (A), lines 1-3) column (A), line 4) benefits (Part IX, column (A), lines 5-1 plumn (D), line 25) is 11a-11d, 11f-24e) qual Part IX, column (A), line 25)	2)	7b Prior Year 1,097,476. 11,658,266. 855,048. 12,781,892. 26,392,682. 0. 0. 2,336,544. 0. 17,690,362. 20,026,906. 6,365,776. Eginning of Current Year	0. Current Year 1,244,722. 10,503,459. 1,761,214. 13,929,765. 27,439,160. 0. 0. 2,845,407. 0. 15,699,137. 18,544,544. 8,894,616. End of Year
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Net Assets of Fund Balances Expenses Revenue A	b N 8 C 9 F 10 Ir 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N	Vet unrelated Contributions Program servinvestment in Other revenue Fotal revenue Grants and si Benefits paid Galaries, othe Professional f Fotal fundrais Other expense Revenue less Fotal assets (I Fotal liabilities Vet assets or	business taxable income f and grants (Part VIII, line 1 ice revenue (Part VIII, line 2 come (Part VIII, column (A) e (Part VIII, column (A), line - add lines 8 through 11 (n milar amounts paid (Part IX to or for members (Part IX, r compensation, employee undraising fees (Part IX, colu ing expenses (Part IX, colu es (Part IX, column (A), line es. Add lines 13-17 (must e expenses. Subtract line 18 Part X, line 16) 5 (Part X, line 26) fund balances. Subtract lin	from Form 990-T, Part I, line 11 Ih) 2g) , lines 3, 4, and 7d) s 5, 6d, 8c, 9c, 10c, and 11e) nust equal Part VIII, column (A), line 12 (, column (A), lines 1-3) , column (A), line 4) benefits (Part IX, column (A), lines 5-1 plumn (A), line 11e) imm (D), line 25) as 11a-11d, 11f-24e) qual Part IX, column (A), line 25) 3 from line 12	2)	7b Prior Year 1,097,476. 11,658,266. 855,048. 12,781,892. 26,392,682. 0. 0. 2,336,544. 0. 17,690,362. 20,026,906. 6,365,776. Eginning of Current Year 67,630,541.	0. Current Year 1,244,722. 10,503,459. 1,761,214. 13,929,765. 27,439,160. 0. 0. 2,845,407. 0. 15,699,137. 18,544,544. 8,894,616. End of Year 87,784,156.
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	Firm's name 🕨 SISTERSON & CO. LLP	Firm's EIN ▶ 25-1467156
Use Only	Firm's address 310 GRANT STREET SUITE 2100	
	PITTSBURGH, PA 15219	Phone no. 412 - 281 - 2025
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-23	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

THE FRED ROGERS (OMPANY WAS FOUNDED BY FRED ROGERS IN 1971 TO PRODUCE MISTER ROGERS' NEIGHBORHOOD (TELEVISION'S LONGEST-RUNNING PROGRAM FOR CHILDREN). FOLLOWING ITS FOUNDER'S DEATH IN 2003, THE COMPANY HAS EXPANDED TO BECOME A MAJOR SUPPLIER OF CHILDEN'S PROGRAMMING FOR PBS, 2 Did the organization undetake any significant program services during the year which were not listed on the prior Form 900 of 90-62? [X] Yes If 'Yes,' describe these new services on Schedule 0. [X] Yes [Yes,' describe these names on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(a) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. [Wewmuss 5,368,95] 4a (Code:) (Greenees 6, 163,415. metuding grants of 8) (Revenues 5,368,95]) (Revenues 5,368,95] DANTEL TIGER'S NEIGHBORHOOD PREMIERED ON PES IN SEPTEMBER 2012, AND W WARMLY RECEIVED BY CHILDREN, PARENTS AND EDUCATORS ALIKE. THIS ANIMAT SERIES, FOR A NEW GENERATION OF CHILDREN AGED 2-4, TELLS IT'S ENGAGIN STORIES ABOUT THE LIFE OF A PRESCHOOLER USING MUSICAL STRATEGIES GROUNDED IN FRED ROGERS' LANDMARK SOCIAL-EMOTIONAL CURRICULUM. THROUG IMAGINATION, CREATIVITY AND MUSIC, DANIEL AND HIS FRIENDS LEARN THE F SOCIAL SKILLS NECESSARY FOR SCHOOL AND FOR LIFE. THE BROADCAST SERIES IS REGULARLY ONE OF THE MOST-VIEWED BY PRESCHOOL CHILDREN. 4b (code:)(copernees 2,287,155. metuding grants of DONKEY HODIE PREMIERED ON PES IN MAY 2021 AND IS A PUPPET SERIES FOR PRESCHOOLERS. DONKEY HODIE AND HER PLAS EMPOWER YOUNG VIEWER	Check If Scheduld Contains a response or note to any line in this Part II THE FRED ROGERS COMPANY WAS FOUNDED BY FRED ROGERS IN 1971 TO PRODUCT MISTER ROGERS' NEIGHEOR HOOD (TELEVISION'S LONGERS'-RUNNING PRORPANY HAS EXTANDED TO BECOME A MAJOR SUPPLIER OP CHILDEN'S PROGRAMMING POR PBS, Did the organization undertake any significant forgum services during the year which were not listed on the prof Form 990 or 900 c27 [X]Vec [I'''set, 'decomes these new services on Schedule 0. [X]Vec [[X]Vec [0 the organization undertake and significant changes in how it conducts, any program services, as measured by sepresex. [Vec] 1'''set, 'decomes on Schedule 0. [Vec] [] 0 the organization are required to report the amount of grants and allocations to other, the total expenses, and revenue, if any, for each program service accompliahments for each of its three largest program services, as measured by sepresex. (cote] (Provees 6 0, 163, 4415. Instant any service 3 0) (Provees 5, 368, 95 DANTEL TICER'S INEIGHEORHOOD PREMIERED ON PES IN SEPTEMBER 2012, AND V WARMLY RECEIVED BY CHILDREN, PARENTS AND EDUCATORS ALLE: THIS INTIME STORIES ADOUT THE LIFE OF A PRESCHOLER USING MUSICAL STRATEGIES GROUNDED IN FRED ROGERS' LANDMARK SOCIAL - EMOTIONAL CURRICULUM, THROUG IMAGINARTION, CREATIVITY AND MUSIC, DANIEL AND HIS FRIERDS LARD, THE I SOCIAL SKILLS NECESSARY POR SCHOOLE AND FOR LIPE. THE BROADCAST SERIES GROUNDED IN FRED ROGERS' LANDMARK SOCIAL - EMOTIONAL CURRICULUM, THROUG IMAGINARY HODIE I SA LIVE-ACTION, EDUCATIONAL TELEVISION TO THEP YOUNG VIEWERS NAVIGATE THE FRUSTRATIONS AND CHALLE	orm	990 (2020) THE FRED ROGERS COMPANY	25-121	L5087	Pag
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Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		44-	х	
6	Part VI	11a	21	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	A	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Form 990 (ROGERS	
Part IV	Che	ecklist of F	Require	d Schee	dules (continu	ued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 .1 0		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			77
	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
04	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> " <i>Yes</i> ," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes</i> ," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		Var	
1.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 39		Yes	No
	Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable 1a 1b 1b 0			
c b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	70		x
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		- 23
0	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
C	to file Form 8282?	7c		x
d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Iza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Form 990 (2020)

Form 990 (2020)
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THE FRED ROGERS COMPANY

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

	Check if Schedule O contains a response or note to any line in this Part VI				
sect	tion A. Governing Body and Management				
				Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		L
3	Did the organization delegate control over management duties customarily performed by or under th	ne direct supervision			t
	of officers, directors, trustees, or key employees to a management company or other person?		3		
	Did the organization make any significant changes to its governing documents since the prior Form				t
					t
	Did the organization become aware during the year of a significant diversion of the organization's as				t
	Did the organization have members or stockholders?		0		╉
	Did the organization have members, stockholders, or other persons who had the power to elect or a				l
	more members of the governing body?		7a		∔
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			l
	persons other than the governing body?		7b		ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	T
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				T
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		l
	tion B. Policies (This Section B requests information about policies not required by the Internal R				
				Yes	T
0a	Did the organization have local chapters, branches, or affiliates?		10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such c				t
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		l
	Has the organization provided a complete copy of this Form 990 to all members of its governing body			x	t
		before ming the form			ł
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-	x	ł
	Did the organization have a written conflict of interest policy? If "No," go to line 13			X	╀
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12 b	<u> </u>	╀
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done			X	ļ
	Did the organization have a written whistleblower policy?			X	ļ
4	Did the organization have a written document retention and destruction policy?		14	X	l
5	Did the process for determining compensation of the following persons include a review and approv	al by independent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			I
а	The organization's CEO, Executive Director, or top management official		15a	X	Ι
	Other officers or key employees of the organization			X	t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				t
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			1
			16a	x	l
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				+
					1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			v	1
	exempt status with respect to such arrangements?		16b	X	1
ect	tion C. Disclosure				
ect 7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$				
ect 7 8	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501	l (c)(3)s only	/) avai	la
ect 7 8	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply	and 990-T (Section 501	l (c)(3)s only	/) avai	ila
ect 7 8	List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	and 990-T (Section 501 n on Schedule O)	l (c)(3)s only	y) avai	ila
ect 7 8	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply	n on Schedule O)		-	ila
ect 7 8 9	List the states with which a copy of this Form 990 is required to be filed ► <u>PA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain	n on Schedule O)		-	ila
ect 7 8 9	List the states with which a copy of this Form 990 is required to be filed ▶ PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	n on Schedule O) conflict of interest polic		-	ila
ect 7 8 9	List the states with which a copy of this Form 990 is required to be filed ▶ PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year.	n on Schedule O) conflict of interest polic		-	ila
ect 7 8 9	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. \blacksquare Own website \blacksquare Another's website \blacksquare Upon request \square Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo LISA MOSS - $412-605-3106$	n on Schedule O) conflict of interest polic poks and records		-	ile
9 0	List the states with which a copy of this Form 990 is required to be filed ▶ PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	n on Schedule O) conflict of interest polic poks and records	y, and fina	ncial	
9 0	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. \blacksquare Own website \blacksquare Another's website \blacksquare Upon request \square Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, c statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo LISA MOSS - $412-605-3106$	n on Schedule O) conflict of interest polic poks and records	y, and fina	-	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees	s, Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos heck) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week	<u> </u>				1		from	from related	other
	(list any hours for	Individual trustee or director				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (trustee			nsated		(W-2/1099-MISC)	(112/1000/11000)	organization
	organizations	truste	onal tru:		yee	npe		(and related
	below	/id ual	tution	er	Key employee	est co loyee	her			organizations
	line)	Indiv	Institutio	Officer	Key	Highest compensated employee	Former			
(1) JOANNE B. ROGERS (7/2020-1/2021	0.30								_	
DIRECTOR		Х						0.	0.	0.
(2) HARRY HENNINGER (7/2020-12/2020	0.30								_	
DIRECTOR		Х						0.	0.	0.
(3) ANNE LEWIS	0.30								_	
DIRECTOR		Х						0.	0.	0.
(4) SCOTT LAMMIE	0.30									
DIRECTOR		Х						0.	0.	0.
(5) COOPER MUNROE	0.30									
DIRECTOR		X						0.	0.	0.
(6) DEBRA DEMCHAK	0.30									
DIRECTOR		X						0.	0.	0.
(7) WILLIAM ISLER	0.30									
DIRECTOR		X						0.	0.	0.
(8) ELLIOTT OSHRY	0.30								0	
DIRECTOR		Х						0.	0.	0.
(9) SARAH WOODINGS	0.30								0	0
DIRECTOR	0.00	X						0.	0.	0.
(10) WILLIAM STRICKLAND	0.30								0	0
DIRECTOR	0.20	X						0.	0.	0.
(11) CHARLES BURKE, JR.	0.30							0	0	0
DIRECTOR	0.30	X						0.	0.	0.
(12) KEVIN CLARK (7/2020-7/2020)	0.30	x						0.	0.	0.
DIRECTOR	0.30	<u> </u>						0.	0.	0.
(13) JERLEAN DANIEL	0.30	x						0.	0.	0.
BOARD CHAIR (14) PAUL SIEFKEN	40.00							0.	0.	0.
PRESIDENT/CEO	40.00	x		x				254,130.	0.	42,847.
(15) LISA MOSS	40.00							254,150.	0.	42,047.
TREASURER/CFO	40.00	•		x				156,106.	0.	17,630.
(16) CHRISTOPHER ARNOLD	40.00							130,100.	• •	17,050.
SECRETARY/COO		1		x				215,711.	0.	30,459.
(17) KRISTIN DIQUOLLO	40.00	-			<u> </u>				0.	50, 2000
EMPLOYEE						x		120,638.	0.	17,771.
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032007 12-23-20						~				(2020)

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Form 990 (2020) THE FRED	ROGERS	CC	OME	PAN	YY				25-121	<u>5087</u>	<u> </u>	Page 8
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	, and	d Hig	ghest	t C	ompensated Employee	es (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(do			ition more t	han or	ne	Reportable	Reportable	E	stimat	ed
	hours per week	box	, unles	ss pe	erson is both an director/trustee)			compensation	compensation	a	mount	
	(list any						,	from the	from related organizations	Con	other npensa	
	hours for	direct				5		organization	(W-2/1099-MISC)		from th	
	related	tee or	ustee			ensate		(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , ,	orç	ganizat	tion
	organizations	al trus	inal tr		loyee	e omb					nd relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	janizati	ions
(18) ELLEN DOHERTY	40.00	=	드	Ò	¥.	Ξ	Ĕ			+		
EMPLOYEE		1				x		187,627.	0	. 1	.9,1	54.
(19) MATTHEW SHIELS	40.00											
EMPLOYEE X 190,089. 0.											:0,5	22.
(20) SUZANNE MASRI 40.00												
EMPLOYEE						Х		133,655.	0	. 2	2,0	67.
(21) CATHY DROZ	40.00											
EMPLOYEE						Х		114,922.	0	•	7,4	48.
						_				<u> </u>		
		<u> </u>			$\left \right $					<u> </u>		
					\vdash					+		
		1										
					$\left \right $					+		
1b Subtotal	1						•	1,372,878.	0	. 17	7,8	98.
c Total from continuation sheets to Part V	II, Section A							0.	0	•		0.
d Total (add lines 1b and 1c)								1,372,878.	0	. 17	7,8	98.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove)) who	o re	eceived more than \$100	,000 of reportable			
compensation from the organization 🕨												10
											Yes	No
3 Did the organization list any former officer			-		-		-		•			
line 1a? If "Yes," complete Schedule J for	such individual									3		X
4 For any individual listed on line 1a, is the s	-							-	he organization			
and related organizations greater than \$15										4	X	<u> </u>
5 Did any person listed on line 1a receive or	-				-			-		_	-	x
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedul	e J f	or si	ich j	perso	on				5	<u> </u>	_ <u> </u>
1 Complete this table for your five highest of	mponented in	done	ndo	nt o	ontro	otor	·~ +	hat reacived more than	¢100.000 of compor		from	
the organization. Report compensation for	-									ISALIUIT	ITOITI	
(A)	the calendar y	car	enuii	ig v	viti i C		T	(B)			C)	
Name and busines	address							Description of s	ervices	Compe		on
SPIFFY PRODUCTIONS, 655	DEERFIEI	D	RC	DAI	Σ,		╈					
SUITE 100, DEERFIELD, IL							þ	PRODUCTION		6,50	4,2	94.
PIPELINE STUDIOS LTD., 1		Ξ.	STF	REE	ΞT,							
UNIT 4, L8P 1C8, ONTARIO	, CANADA	A I	78E	2 1	LC8		Ż	ANIMATION		4,62	:7,9	62.
DNH 6 PRODUCTIONS												
23 FRASER AVENUE, TORONT						7	2	ANIMATION		1,93	4,2	34.
9 STORY MEDIA GROUP, 551		AVI	ENU	JE,	,		T					
SUITE 2700, NEW YORK, NY								PRODUCTION		1,79	6,0	67.
PUBLIC BROADCASTING SERV	ICE						E	ROYALTY				

 1225 S. CLARK STREET, ARLINGTON, VA 22202
 PARTICIPATION

 2
 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 21

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Form **990** (2020)

1,017,530.

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			Check if Schedule O	contai	ins a resp	onse	or note to any li	ne in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues					1			
An G			Fundraising events		·····			1			
ar /			Related organizations					1			
s, G mil			Government grants (contr					1			
r Si			All other contributions, gifts,					1			
but			similar amounts not included				1,244,722.				
i dri		a	Noncash contributions included in		···· —	\$, ,	1			
anc		-	Total. Add lines 1a-1f			Ŧ		1,244,722.			
							Business Code	, ,			
ė	2	а	DANIEL TIGER'S NEIG	HBORI	HOOD		611710	5,368,997.	5,368,997.		
ه تر	-	b	ODD SQUAD				611710	2,506,309.	2,506,309.		
Sei		С	DONKEY HODIE				611710	1,104,750.	1,104,750.		
Program Service Revenue		d	ALMA'S WAY				611710	915,000.	915,000.		
ß		e	PNC NEIGHBOR DAY				611710	510,000.	510,000.		
Pre		f	All other program service	reven	ue		611710	98,403.	98,403.		
		a	Total. Add lines 2a-2f					10,503,459.	,		
	3	0	Investment income (includ								
			other similar amounts)					1,183,606.			1,183,606.
	4		Income from investment of								
	5		Royalties		•			13,905,420.	13,905,420.		
			,		(i) Re		(ii) Personal				
	6	а	Gross rents	6a				1			
			Less: rental expenses	6b				1			
			Rental income or (loss)	6c				1			
			Net rental income or (loss)								
			Gross amount from sales of		(i) Secur	ities	(ii) Other				
			assets other than inventory	7a	10,647	,166,	,	1			
		b	Less: cost or other basis					1			
ne			and sales expenses	7b	10,069	,558,					
/en		с	Gain or (loss)	7c		608.		1			
Be			Net gain or (loss)	<u> </u>			>	577,608.			577,608.
Other Revenue			Gross income from fundraisir				1				
ŧ	_		including \$	-							
			contributions reported on								
			Part IV, line 18		-	8a					
		b	Less: direct expenses				1	1			
			Net income or (loss) from								
			Gross income from gamin								
			Part IV, line 19	-							
		b	Less: direct expenses					1			
			Net income or (loss) from								
			Gross sales of inventory, I								
			and allowances			10a	a				
		b	Less: cost of goods sold					1			
			Net income or (loss) from								
			()			,	Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS REVEN	UE			900099	24,345.	24,345.		
ane		b									
Sells		с									
Alisc R			All other revenue								
2			Total. Add lines 11a-11d					24,345.			
	12		Total revenue See instruction					27 439 160.	24 433 224.	0.	1 761 214.

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Form **990** (2020) 4581A__1

Form 990 (2020) Part VIII Statement of Revenue Part IX Statement of Functional Expenses

THE FRED ROGERS COMPANY

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
0	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	745,457.	70,618.	609,990.	64,849
6	Compensation not included above to disqualified	-			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,435,138.	135,951.	1,174,341.	124,846
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	199,461.	18,124.	170,390.	10,947
9	Other employee benefits	291,049.		274,649.	16,400
0	Payroll taxes	174,302.	19,686.	143,681.	10,935
1	Fees for services (nonemployees):				
а	Management				
b	Legal	117,913.	45,707.	72,206.	
С	Accounting	33,691.		33,691.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	189,005.		189,005.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	15,901.	10.	15,891.	
12	Advertising and promotion	337,219.		18,708.	259
3	Office expenses	155,756.	12,532.	140,070.	3,154
4	Information technology				
15	Royalties	157 000		157 000	
16	Occupancy	157,923.	12 (22	157,923.	
7	Travel	16,112.	13,663.	2,449.	
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	8,263,508.	8,109,276.	154,232.	
22	Depreciation, depletion, and amortization	19,123.	0,109,470.	19,123.	
23	Insurance	19,123.		19,123.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
~	PARTICIPATION EXPENSE	3,903,375.	3,903,375.		
a b	EXPLOITATION EXPENSE	1,177,208.	1,154,045.	23,163.	
D C	PROFESSIONAL AND CONTRA	673,236.	599,840.	72,251.	1,145
d	PROJECT COSTS	285,927.	133,723.	150,464.	1,740
u e	All other expenses	353,240.	336,290.	16,950.	2,,40
25	Total functional expenses. Add lines 1 through 24e	18,544,544.	14,871,092.	3,439,177.	234,275
.5 26	Joint costs. Complete this line only if the organization	-,,0110	, , , _, , , , , , , , , , , , , , ,	-,,,-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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		Balance encer					
		Check if Schedule O contains a response or not	e to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,627,119.	1	2,511,318.
	2	Savings and temporary cash investments			3,714,045.	2	714,665.
	3	Pledges and grants receivable, net			1,619,000.	3	1,410,000.
	4	Accounts receivable, net			4,208,328.	4	5,347,273.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
		controlled entity or family member of any of thes	e person	s		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	d in sectio	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			2,079.	7	19,672.
Assets	8	Inventories for sale or use				8	
Ϋ́	9				52,262.	9	40,417.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	773,551.			
	b	Less: accumulated depreciation		381,269.	522,013.	10c	392,282.
	11	Investments - publicly traded securities			41,847,498.	11	49,945,333.
	12	Investments - other securities. See Part IV, line 1			1,175,158.	12	2,215,599.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			490,000.	14	511,505.
	15	Other assets. See Part IV, line 11			11,373,039.	15	24,676,092.
	16	Total assets. Add lines 1 through 15 (must equa			67,630,541.	16	87,784,156.
	17	Accounts payable and accrued expenses			2,379,374.	17	3,507,116.
	18	Grants payable				18	
	19	Deferred revenue			3,242,690.	19	5,803,947.
	20					20	
	21	Escrow or custodial account liability. Complete F				21	
ŝ	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
abi		controlled entity or family member of any of thes	e person	s		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pay	yables to	related third			
		parties, and other liabilities not included on lines	17-24). C	Complete Part X			
		of Schedule D			10,000.	25	10,000.
	26	Total liabilities. Add lines 17 through 25			5,632,064.	26	9,321,063.
ß		Organizations that follow FASB ASC 958, che	ck here				
ice:		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			51,747,418.	27	68,411,925.
Ц В К	28	Net assets with donor restrictions			10,251,059.	28	10,051,168.
un		Organizations that do not follow FASB ASC 9	58, checl	khere 🕨 🛄			
۲ ۲		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq	uipment	fund		30	
ţĂ	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			61,998,477.	32	78,463,093.
	33	Total liabilities and net assets/fund balances			67,630,541.	33	87,784,156.
							Form 990 (2020)

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Form	990 (2020) THE FRED ROGERS COMPANY	25-3	12150	87	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,			
3	Revenue less expenses. Subtract line 2 from line 1	3				16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,			
5	Net unrealized gains (losses) on investments	5	7,	570),0	00.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				_	
	column (B))	10	78,	463	8,0	93.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	Act and OMB Circular A-133?		····	3a	Х	L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2020)

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SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

	2020
	Open to Public Inspection
٩r	identification number

OMB No. 1545-0047

Intern	al Reve	nue Service		Go to w	Inspection							
Nan	e of t	the organizati	on							Employer	identification number	
			\mathbf{THE}	FRED	ROGER	S COMPANY				2	5-1215087	
Pa	rt I	Reason	for Public (Charity	Status.	(All organizations must	complete t	his part.) S	See instructio	ns.		
The	organ	nization is not a	a private found	lation beca	ause it is:	(For lines 1 through 12,	check only	one box.)				
1		A church, co	nvention of ch	urches, or	r associati	on of churches describe	ed in sectio	on 170(b)(1)(A)(i).			
2		A school des	cribed in sect i	ion 170(b))(1)(A)(ii).	Attach Schedule E (For	m 990 or 9	90-EZ).)				
3		A hospital or	a cooperative	hospital s	service org	anization described in s	ection 170)(b)(1)(A)(i	ii).			
4		A medical res	search organiz	ation oper	rated in co	njunction with a hospita	al describe	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and stat	e:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	te, or local gov	vernment	or governr	mental unit described in	section 1	70(b)(1)(A)	(v).			
7	Х	An organizati	on that norma	Illy receive	es a substa	antial part of its support	from a gov	/ernmental	l unit or from	the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete P	Part II.)							
8		A community	trust describe	ed in secti	ion 170(b)	(1)(A)(vi). (Complete Pa	rt II.)					
9		An agricultur	al research org	ganization	described	l in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college	
		or university	or a non-land-g	grant colle	ge of agric	culture (see instructions). Enter the	name, cit	y, and state o	f the colleg	e or	
		university:										
10		An organizati	on that norma	lly receive	es (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from	
		activities rela	ted to its exen	npt functio	ons, subje	ct to certain exceptions	; and (2) nc	o more tha	n 33 1/3% of	its support	from gross investment	
		income and ι	unrelated busir	ness taxab	ble income	e (less section 511 tax) f	rom busine	esses acqu	uired by the o	rganization	after June 30, 1975.	
		See section	509(a)(2). (Cor	mplete Pa	rt III.)							
11		An organizati	on organized a	and opera	ted exclus	sively to test for public s	afety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and opera	ited exclus	sively for the benefit of,	to perform	the function	ons of, or to c	arry out the	e purposes of one or	
		more publicly	supported or	ganization	ns describe	ed in section 509(a)(1)	or section	509(a)(2).	See section	509(a)(3). (Check the box in	
		_lines 12a thro	ough 12d that	describes	the type o	of supporting organization	on and con	nplete line	s 12e, 12f, an	d 12g.		
а		Type I. A s	upporting orga	anization o	operated, s	supervised, or controlled	d by its sup	ported or	ganization(s),	typically by	' giving	
		the suppor	ted organizatio	on(s) the p	power to re	egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting	
		organizatio	n. You must c	omplete	Part IV, S	ections A and B.						
b		Type II. A s	supporting org	anization	supervised	d or controlled in conne	ction with i	ts support	ed organizati	on(s), by ha	iving	
		control or r	nanagement o	of the supp	porting org	anization vested in the	same perso	ons that co	ontrol or mana	age the sup	ported	
		organizatio	n(s). You mus	t complet	te Part IV,	Sections A and C.						
с		Type III fui	nctionally inte	grated. A	supportin	g organization operated	l in connec	tion with,	and functiona	ally integrate	ed with,	
		_ its support	ed organizatio	n(s) (see ir	nstruction	s). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III no	n-functionally	y integrate	ed. A supp	porting organization ope	rated in co	nnection v	with its suppo	rted organi	zation(s)	
		that is not	functionally int	egrated. 7	The organi	zation generally must sa	atisfy a dist	ribution re	quirement an	d an attent	iveness	
		requiremer	it (see instruct	ions). You	ı must coı	mplete Part IV, Section	s A and D	, and Part	۷.			
е		Check this	box if the orga	anization r	received a	written determination fr	om the IRS	S that it is a	а Туре I, Туре	e II, Type III		
		functionally	integrated, or	r Type III r	non-functio	onally integrated suppor	ting organi	zation.				
f	Ente	er the number	of supported o	organizatio	ons							
g						ed organization(s).						
	((i) Name of supp		(ii)	EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your govern	anization listed ing document?	(v) Amount o	,	(vi) Amount of other	
		organizatior	1			above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)	

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

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Schedule A (Form 990 or 990 EZ) 2020 THE FRED ROGERS COMPANY

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,171,376.	7,730,587.	1,294,906.	1,097,476.	1,244,722.	20,539,067.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9,171,376.	7,730,587.	1,294,906.	1,097,476.	1,244,722.	20,539,067.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						13,029,457.
6	Public support. Subtract line 5 from line 4.						7,509,610.
	ction B. Total Support			I		·	, ,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	9,171,376.	7,730,587.	1,294,906.	1,097,476.	1,244,722.	20,539,067.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	379,754.	709,755.	1,115,768.	1,235,075.	1,183,606.	4,623,958.
9	Net income from unrelated business		,	, ,	, ,	, ,	, ,
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				14,332.	24,345.	38,677.
11	Total support. Add lines 7 through 10				,		25,201,702.
	Gross receipts from related activities,	etc. (see instructio	ons)			12 115	,180,368.
	First 5 years. If the Form 990 is for th		,				
	organization, check this box and stop			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publ						
14	Public support percentage for 2020 (I	line 6, column (f), d	livided by line 11, o	column (f))		14	29.80 %
	Public support percentage from 2019					15	34.05 %
	33 1/3% support test - 2020. If the c					nore, check this ba	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	3	
b	10% -facts-and-circumstances tes	-			•		
~	more, and if the organization meets th	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organizatio		•				s b
				, , ,		dulo A (Earm 000	

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 THE FRED ROGERS COMPANY

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e	e) 2020	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
_	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and				1			
	3 received from disgualified persons							
h	Amounts included on lines 2 and 3 received				†			
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e	e) 2020	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
h	Unrelated business taxable income							
L.	(less section 511 taxes) from businesses							
	acquired offer June 20, 1075							
	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	regularly carried on Other income. Do not include gain							
	or loss from the sale of capital							
10	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the check this box and stop here	ie organization's f						ion,
Sec	ction C. Computation of Publ	ic Support Pe						
	Public support percentage for 2020 (I			column (f))		15		Q
16	Public support percentage from 2019	Schedule A, Par	III, line 15			16		Q
	ction D. Computation of Invest							
	Investment income percentage for 20					17		ģ
18	Investment income percentage from 2					18		
	33 1/3% support tests - 2020. If the						6 and line 1	
195								
	more than 33 1/3%, check this box a						- 00 1/00/	
b	33 1/3% support tests - 2019. If the	-						
	line 18 is not more than 33 1/3%, che							
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t				
320	23 01-25-21			16	Sch	edule /	4 (Form 990) or 990-EZ) 202
.81)316 798870 4581A	20	20.05091		ROGERS CO	M D D N	IV	4581A 1
	,	20					s	

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

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1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
-1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, for trustees were allocated among the
-	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Typ	e II Supporting	Organizations

Part IV Supporting Organizations (continued)

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section	D. All	Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a	governmental entity	. Describe in Part VI how	you supported a governmen	tal entity (see instructions).
---	--	------------------------------	---------------------	---------------------------	---------------------------	--------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

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No

Yes

2a

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2020 THE FRED ROGERS COMPANY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6				

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 THE FRED ROGERS COMPANY

Par	t V Type III Non-Functionally Integrated 509	(a)(s) supporting Orga	anizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, SECTION B, LINE 10:

THESE RECEIPTS ARE RELATED TO OTHER MISCELLANEOUS INCOME

SCHEDULE A, PART II, SECTION B, LINE 12:

THESE ARE PRIMARILY RELATED TO RECEIPTS AND ROYALTIES FOR THE

BROADCASTING OF ODD SQUAD, PEG + CAT, DANIEL TIGER'S NEIGHBORHOOD,

DONKEY HODIE, AND THROUGH THE WOODS AS WELL AS RECEIPTS FROM VARIOUS

PROGRAM SERVICES RELATED TO THE IMPROVEMENT OF SOCIAL, EMOTIONAL, AND

INTELLECTUAL DEVELOPMENT OF CHILDREN.

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

THE FRED ROGERS COMPANY	
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

THE FRED ROGERS COMPANY

Name of organization

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Employer identification number

25-1215087

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 26,250. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Х Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 600,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 134,409. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 23

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THE FRED ROGERS COMPANY

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 Х Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 24

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Name of organization

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THE FRED ROGERS COMPANY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-25-20	25	- Schedule B (Form	990, 990-EZ, or 990-PF

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	ED ROGERS COMPANY			25-1215087
art III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line e charitable, etc., contributions of \$1,000 c	ntry For organization	\$
	Use duplicate copies of Part III if additional	space is needed.		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g		
	Transferee's name, address, a			p of transferor to transferee
F	,,,			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	ift	
_	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee
a) No. from	() D			
Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
—				
		ift		
-	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee

SCHEDULE D

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

s Mai	ntaining	Donor Ad	lvised Funds o	r Other Similar	Funds or A	ccounts. Complete if the
THE	FRED	ROGERS	COMPANY			25-121508

Employer identification number 25-1215087

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Acc	ounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	пе 6.		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
		······		YesNo
Pa	t II Conservation Easements. Complete if the or			
1	Purpose(s) of conservation easements held by the organizat	-	,	
-	Preservation of land for public use (for example, recrea		f a historica	ally important land area
	Protection of natural habitat			historic structure
	Preservation of open space		a continea	
2		ified concentration contribution in the form	of a conce	protion accoment on the last
2	Complete lines 2a through 2d if the organization held a quali			Held at the End of the Tax Year
-	day of the tax year.			
a	Total number of conservation easements			
a				
с	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			.
-	listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organiza [.]	tion during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing con	servation e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easer	nents during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abo			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statemer	t and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents that o	describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement	and baland	e sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtherance	of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iter	ms.	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and	balance sl	neet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
				► \$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A		J, p.0	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			◆ \$
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020
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		D ROGERS C						25-12			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histori	cal Tre	asures, c	or Oth	er Simi	lar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check an	y of the f	ollowing tha	t make :	significan	t use of its			
	collection items (check all that apply):										
а	Public exhibition	d			ange progra						
b	Scholarly research	e	Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how they t	further th	e organizatio	on's exe	empt purp	oose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, histor	ical treas	ures, or othe	er simila	r assets		-		_
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the org	anization	answered "	'Yes" or	n Form 99	90, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		-						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	э:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
t	Ending balance										
	Did the organization include an amount on F							L	Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete										
1 0								voare back		rvoare	back
10	Designing of year balance	(a) Current year	(b) Prior	year	(c) Two year	S DACK	(a) 1111ee	years Dack	(e) Fou	i years	DACK
la k	Beginning of year balance										
U C	Contributions										
d d	Net investment earnings, gains, and losses Grants or scholarships										
	Other expenditures for facilities										
e	-										
f	and programsAdministrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1 a c	lumn (a)) held as:						
- a	Board designated or quasi-endowment	-	%	olamir (a)) 11010 00.						
b	Permanent endowment	%									
		%									
-	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	-	ation that ar	e held an	d administe	red for t	he oraan	ization			
	by:	5					0			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lin	e 11a. Se	ee Form 990), Part X	, line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost o basis (o		. ,	ccumulat preciatio		(d) Boo	k valu	е
19	Land	· · ·	,		,						
	Buildings										
	Leasehold improvements										
	Equipment			722	2,428.		352,1	.05.	37	0,3	23.
	Other				L,123.		29,1			1,9	
	Add lines 1a through 1e. (Column (d) must e		X. column (l							2,2	
			, (1	,,	- 7				D (Farm		

Schedule D (Form 990) 2020

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Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

(H)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FILM COSTS	24,602,817.
(2) ACCRUED INVESTMENT INCOME	73,275.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	24,676,092.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	·-
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO FELINE FEATURES	10,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 THE FRED ROGERS COMPANY			25-	1215087 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	34,820,155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	7,570,000.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	7,570,000.
3	Subtract line 2e from line 1			3	27,250,155.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	189,005.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	189,005.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				27,439,160.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses per	Retu	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	18,355,539.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	18,355,539.
-	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	18,355,539.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	18,355,539.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	18,355,539.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		1	
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		1 2e	0.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d			
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d			0.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a			0.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a			0. 18,355,539.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	189,005.	2e 3 4c	0. 18,355,539. 189,005.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	189,005.	2e 3	0. 18,355,539.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FASB ASC ON INCOME TAXES CLARIFIES RECOGNITION, MEASUREMENT,

PRESENTATION, AND DISCLOSURE RELATING TO UNCERTAIN TAX POSITIONS.

MANAGEMENT IS NOT AWARE OF MATTERS THAT PRESENT UNCERTAINTY TO FRC

RELATIVE TO INCOME TAXES; HOWEVER, WERE SUCH MATTERS TO ARISE, THEY WOULD

BE EVALUATED IN ACCORDANCE WITH EXISTING ACCOUNTING PRINCIPLES AND

ACCRUALS AND DISCLOSURES WOULD BE MADE AS REQUIRED.

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Schedule D (Form 990) 2020

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SCHEDULE F	:	Stateme	nt of Act	ivities Outside the U	nited Sta	ates	ОМ	B No. 1545-0047
(Form 990)				n answered "Yes" on Form 990, Par			2	<u>2020</u>
Department of the Treasury				Attach to Form 990.				to Public
Internal Revenue Service		Go to	www.irs.gov/Fo	orm990 for instructions and the lates	st information.	1	Inspec	
Name of the organiza	ation					Employer	identific	cation number
THE FRED RO						25-12		
			Activities Ou	tside the United States. Compl	ete if the orgar	nization answ	vered "Ye	es" on
		/, line 14b.	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance		
•		•		the selection criteria used to award th				Yes 🗌 No
2 For grantmake United States.	ers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of i	ts grants and o	ther assista	nce outsi	ide the
3 Activities per R	legion. (Tl	he following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)			
(a) Region		(b) Number of	(c) Number of	.,		vity listed in		(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service		expenditures for and
		in the region	independent	gram services, investments, grants to		e specific typ		investments
			contractors in the region	recipients located in the region)	of service	e(s) in the reg	gion	in the region
				PROGRAM SERIVICES	ANIMATION,	ROYALTIES	5	
NORTH AMERICA		0	0		LEGAL		,	196,634
					EDUCATIONAL	L MATERIAI	5	
					DEVELOPMEN	r, service	2	
EUROPE		0	0	PROGRAM SERIVICES	CONTRACT, 1	LEGAL		73,927
3 a Subtotal		0						270,561
b Total from cont			, Yang Yang Yang Yang Yang Yang Yang Yang					2,0,001
sheets to Part I		0	(0
c Totals (add line and 3b)	es 3a	0) (270,561

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Schedule F (Form 990) 2020

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Page 2		(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2020
	990, Part IV, line 15, for	(h) Description of noncash assistance						Sched
25-1215087	l "Yes" on Form ((g) Amount of noncash assistance						
25-12	ganization answered	(f) Manner of cash disbursement					recognized as a tax uivalency letter	
	omplete if the orç eded.	(e) Amount of cash grant					foreign country, ction 501(c)(3) equ	
COMPANY	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
FRED ROGERS CC	anizations or Entities O 00. Part II can be duplic	(c) Region					s listed above that are re r for which the grantee o	entities
THE	er Assistance to Org ; seived more than \$5,0	(b) IRS code section and EIN (if applicable)					recipient organization inization by the IRS, o	other organizations or
Schedule F (Form 990) 2020	Part II Grants and Othe recipient who rec	1 (a) Name of organization					2 Enter total number of exempt 501(c)(3) orga	3 Enter total number of other organizations or entities

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2020
	IV, line 16.	(g) Description of noncash assistance					Schedt
25-1215087	on Form 990, Part	(f) Amount of noncash assistance					
25	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(e) Manner of cash disbursement					
ЛУ	ites. Complete if	(d) Amount of cash grant					
RS COMPANY	le the United Sta d.	c) Number of recipients					
THE FRED ROGERS	:e to Individuals Outsic dditional space is neede	(b) Region					
Schedule F (Form 990) 2020 ${f T}$	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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			FRED	ROGERS	COMPANY
Part IV	Foreign Form	S			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see <i>Instructions for Form 8621</i>)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

THE COMPANY DOES NOT MAINTAIN ANY EMPLOYEES OR OFFICES LOCATED OUTSIDE

OF THE UNITED STATES. THE TOTAL EXPENDITURES REPORTED ON LINE 3, COLUMN

F, ARE REPORTED UNDER THE ACCRUAL METHOD OF ACCOUNTING. THE TOTAL

EXPENDITURES CONSIST OF TRAVEL EXPENSES TO MEET WITH INDEPENDENT

CONTRACTORS REGARDING THE PRODUCTION OF VARIOUS TELEVISION PROGRAMS.

THE REQUIRED INDEPENDENT CONTRACTORS ARE INCLUDED ON FORM 990, PART

VII, SECTION B.

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Schedule F (Form 990) 2020

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SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
•	,	Compensated Employees		20	ZU	1
Deres		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organizatio		Employer ider	ntificati	on nu	mber
		THE FRED ROGERS COMPANY	25-12	1508	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or d	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions	sidence			
	Tax indemnific	cation and gross-up payments Health or social club dues or initiation fee	5			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	3			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	ce payment or change-of-control payment?		4a		X
b	Participate in or rec	ceive payment from a supplemental nonqualified retirement plan?		4b		Х
с	Participate in or rec	ceive payment from an equity-based compensation arrangement?		4c		Х
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?		5b		X
	If "Yes" on line 5a	or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?		6b		X
	If "Yes" on line 6a	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he			
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.	0 - 1 1 - 1 -	J (Forr	n 990)	2020

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Schedule J (Form 990) 2020 THE F	FRED	ROGERS	COMPANY		25-1215087	087		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	Emplo	oyees, and Highest (Compensated Emp	loyees. Use duplica	te copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	: be re Form (sported on Schedule 990, Part VII.	J, report compensa	ion from the organi	zation on row (i) and fro	m related organization	ns, described in the ins	structions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ted in	dividual must equal t	he total amount of F	orm 990, Part VII, S	section A, line 1a, applic	able column (D) and (E) amounts for that inc	dividual.
		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(n)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) PAUL SIEFKEN	Ξ	254,130.	.0	.0	25,546.	17,301.	296,977.	0
PRESIDENT/CEO	Ē	• 0	•0	.0	•	•0	• 0	
(2) LISA MOSS	Ξ	156,106.	• 0		15,54	2,084.	173,736.	
TREASURER / CFO	(ii)		• 0	.0				
(3) CHRISTOPHER ARNOLD	Ē	215,711.	0.	•0	16,728.	13,731.	246,170.	• 0
SECRETARY/COO	(ii)		0.	0.		0.		
(4) ELLEN DOHERTY	(i)	187,627.	0.	0	11,	7,856.	206,781.	
EMPLOYEE	(ii)		0.	0.				.0
(5) MATTHEW SHIELS	Ξ	190,089.	• 0	• 0	18,991.	1,531.	210,611.	• 0
EMPLOYEE	(ii)		• 0	.0				•0
(6) SUZANNE MASRI	Ξ	133,655.	• 0	.0	13,366.	8,701.	155,722.	• 0
EMPLOYEE	(ii)	• 0	0.	.0	• 0	.0	• 0	.0
	(i)							
	(ii							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
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032112 12-07-20				37			Schedu	Schedule J (Form 990) 2020

032113 12-07-20

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ

Go to www.irs.gov/Form990 for the latest information.

20 Open to Public Inspection Employer identification number

25-1215087

OMB No 1545-0047

THE FRED ROGERS COMPANY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND CAREGIVERS CAN TRUST TO ENTERTAIN AND ENGAGE THEIR CHILDREN AND

INSPIRE AN ENTHUSIASM FOR LEARNING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH SIX SERIES REGULARLY BROADCASTED. ITS SIGNATURE PROPERTY, DANIEL

TIGER'S NEIGHBORHOOD, SUPPORTS HEALTHY EMOTIONAL, SOCIAL, AND

INTELLECTUAL GROWTH FOR THE VERY YOUNGEST VIEWERS, AND EMBODIES THE

PHILOSOPHY AND VALUES OF FRED RODGERS. THE FRED ROGERS COMPANY WORKS IN TWO BROAD AREAS:

1. CREATING ENGAGING, EDUCATIONAL CONTENT FOR YOUNG CHILDREN IN

BROADCAST AND DIGITAL MEDIA, INCLUDING TELEVISION, WEBSITES, AND APPS.

EXTENDING THE IMPACT OF THIS CONTENT BY PARTNERING WITH OTHERS,

INCLUDING NONPROFITS, REASEARCH ORGANIZATIONS, AND PBS MEMBER STATIONS,

TO PROVIDE RESOURCES TO ACCOMPANY ITS PROGRAMS FOR PARENTS, TEACHERS,

AND OTHER PEOPLE WHO WORK WITH CHILDREN.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DONKEY HODIE AND THROUGH THE WOODS ARE NEW PROGRAMS THIS YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PEG + CAT IS AN ANIMATED MATH-BASED SERIES FOR CHILDREN 3-5 YEARS OLD,

WHICH PREMIERED IN THE FALL OF 2013. EACH EPISODE FOLLOWS THE ADORABLE,

SPIRITED PEG AND HER SIDEKICK CAT AS THEY EMBARK ON ADVENTURES, SOLVE

PROBLEMS TOGETHER, AND LEARN FOUNDATIONAL MATH CONCEPTS AND SKILLS. PEG

CAT INSPIRES PRESCHOOLERS' NATURAL CURIOSITY ABOUT MATH AND HELPS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20 39

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2020.05091 THE FRED ROGERS COMPANY 4581A 1

Name of the organization	Employer identification number
THE FRED ROGERS COMPANY	25-1215087
THEM DEVELOP NEW SKILLS AND STRATEGIES FOR SOLVING PROBLE	MS CREATIVELY
IN THEIR DAILY LIVES. THROUGH ENGAGING CHARACTERS, WHIMSI	CAL STORIES
AND SONGS, THE SHOW CELEBRATES THE WAYS IN WHICH MATH PLA	YS A ROLE IN
THEIR WORLD.	
IIIEIR WORLD.	
	* •
EXPENSES \$ 247,470. INCLUDING GRANTS OF \$ 0. REVENUE	Ş U.

THROUGH THE WOODS IS AN EMMY AWARD WINNING ANIMATED PRESCHOOL SERIES THAT FOLLOWS RIDER AND HIS DOG WOLFIE AS THEY EXPLORE THE "NEARBY NATURE" THAT MANY PRESCHOOLERS CAN RELATE TO. IN EACH 3-MINUTE STORY, RIDER WONDERS ABOUT SOMETHING HE SAW OR HEARD IN THE SMALL WOODS BEHIND HIS HOUSE, OBSERVES AN ANIMAL OR PLANT TO LEARN MORE AND THEN SHARES HIS DISCOVERIES WITH HIS GRAMMIE.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAM SERVICES INCLUDE SUPPORTING OUR BROADCAST SERIES BY PROVIDING RESOURCES FOR PBS MEMBER STATIONS, PARTNERING WITH ORGANIZATIONS CONDUCTING RESEARCH INTO CHILDREN'S EDUCATIONAL MEDIA, AND PROVIDING EXTRA CONTENT FOR PARENTS AND TEACHERS AT PBSKIDS.ORG. WE ALSO MAINTAIN OUR OWN WEBSITE, WWW.FREDROGERS.ORG, WHICH PROVIDES A RICH RESOURCE ON PARENTING AND OFFERS SEPARATE NEWSLETTERS DESIGNED BOTH FOR PARENTS AND PROFESSIONALS. IN CONJUNCTION WITH THE WEBSITE, THE COMPANY OFFERS EDUCATIONAL TRAINING MANUALS, BOOKS, DVD'S, VIDEOS, AND OTHER LICENSED PRODUCTS.

EXPENSES \$ 368,115. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,523,403.

	FOF	RM 990), P2	ART	VI, SEG	CTION B	, LI	NE 11	в:								
	FOI	TOWIN	IG T	не рі	REPARA	FION OF	тне	990	BY	тне	EXTI	ERNAL	CPA	FTRM	тне	RETTIR	N
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	IS	GIVEN	г то	THE	CHIEF	FINANC	IAL	OFFIC	ER	FOR	REV:	IEW B	Y THE	E GOVE	RNING	BODY	
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									4	L0							
16	480	316 7	9887	0 45	81A		2020	.05091	L TH	IE F	RED	ROGEF	as co	MPANY		4581A_	1

FORM 990, PART VI, SE	CTION B, LINE 15:
THE BOARD OR ITS DESIG	GNATED COMPENSATION COMMITTEE MUST VOTE AND APPROVE
ALL CHANGES TO COMPEN	SATION RELATED TO THE OFFICERS AND TOP MANAGEMENT
OFFICIALS. NORMAL STAN	FF RAISES ARE BASED ON PERFORMANCE AND APPROVED BY
THE CHIEF OPERATING O	FFICER AND PRESIDENT.
FORM 990, PART VI, SE	CTION C, LINE 19:
AVAILABLE UPON REQUES	Γ
PART XII, LINE 2C	
CONSISTENT WITH PRIOR	YEARS, THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE
SELECTION OF THE ORGA	NIZATION'S AUDITORS AS WELL AS THE FINAL REVIEW
AND APPROVAL OF THE F	INANCIAL STATEMENTS AND AUDIT REPORT.

FORM 990, PART VI, SECTION B, LINE 12C:

BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

Employer identification number

25-1215087

Page **2**

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

THE FRED ROGERS COMPANY

SCHEDULE R (Form 990) Department of the Treasury	Comp	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.	ions and Unrelated Pa ered "Yes" on Form 990, Part IV, I Attach to Form 990.	tnerships ine 33, 34, 35b, 36	3, or 37.		OMB No. 1545-0047 2020 Open to Public
Internal Revenue Service	u	Go to www.irs.gov/Form990 for instructions and the latest information.	r instructions and the lates	it information.		Employer iden	Inspection ification number
,	THE FRED ROGERS	S COMPANY				25-121	25-1215087
Part I Identification	in of Disregarded Entities. Comple	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	on Form 990, Part IV, line 33	·			
Name, addre of di	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	ne End-of-year assets		(f) Direct controlling entity
STRIPED TIGER, LLC - 2100 WHARTON STREET, PITTSBURGH PA 15203	LC - 25-1215087 EET, SUITE 700 15203	INTELLECTUAL PROPERTY	PENNSYLVANIA			0. THE FRED	THE FRED ROGERS COMPANY
ONS, N STF PA	LLC - 25-1215087 LEET, SUITE 700 15203		PENNSYLVANIA		.0		THE FRED ROGERS COMPANY
Part II organization	Identification of Related Tax-Exempt Organizations. Complete if organizations the tax year.	ations. Complete if the organization a	the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34, b	ecause it had one	or more related tax-	stempt
Name	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
For Paperwork Reduct	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule	Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020 THE FRED ROGERS COMPANY Identification of Related Organizations Taxable as a Partnershi organizations treated as a partnership during the tax usar	FRED ROGERS ganizations Taxable a	COMPANY as a Partnershi	ANY ership. Complete if	the organiza	 25-1215087 Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related 	res" on Form 9	90, Part IV, line	: 34, becaus	25-12 se it had one or m	21508 more relat	<mark>7 Page 2</mark> ted	
(a) (a) Name, address, and EIN of related organization	Primary activity	Legal Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excertance 510, 510, 140,		(f) Share of total income	(g) Share of end-of-year assets		(i) Code V-UBI amount in box 20 of Schedule	(j) General or F managing partner?	(k) r Percentage ownership	
FELINE FEATURES LLC - 46-3862089, 2100 WHARTON STREET, SUITE 700, PITTSBURGH, PA 15203 B	INTELLECTUAL PROPERTY	D E country)	THE FRED ROGERS COMPANY	RELATED	(+) 0	64,066.	10,000.	X X		X	50.00%	1
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" organizations treated as a corporation or trust during the tax year.	ganizations Taxable	as a Corp ng the tax	oration or Trust. Co year.	omplete if the	e organization ans	swered "Yes" (on Form 990, P.	art IV, line 3	on Form 990, Part IV, line 34, because it had one or more related	d one or r	nore related	
(a) Name, address, and EIN of related organization	Ze	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, (C corp, S corp, or trust)	(f) Share of total orp, income		(g) Share of P end-of-year c assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No	
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COMPANY	
ROGERS	
FRED	
THE	
Schedule R (Form 990) 2020	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	٩
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	l in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1 a	×	
b Gift, grant, or capital contribution to related organization(s)				đ		×
c Gift. grant. or capital contribution from related organization(s)				ا د		×
Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				1 e	×	
f Dividends from related organization(s)				4		×
g Sale of assets to related organization(s)				1 g		X
Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				÷		×
~				-		×
k Lease of facilities. equipment. or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for	related organization(s)			=		×
	related organization(s)			1		×
	tion(s)			÷		×
o Sharing of paid employees with related organization(s)				9		×
 Daimhursamant naid to ralated organization(c) for evolution 				ţ		×
				2 2		×
r Other transfer of cash or property to related organization(s)				+	X	
s Other transfer of cash or property from related organization(s)				- 1 s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
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Part VII	Supplemental Information
Fart VII	Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.