#### EXTENDED TO MAY 15, 2019

Form **990** 

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

and ending JUN 30, 2018 A For the 2017 calendar year, or tax year beginning  $\overline{JUL}$  1, 2017 D Employer identification number Check if applicable: C Name of organization ROSIE'S HOUSE: A MUSIC ACADEMY FOR CHILDREN, INC. Name Ichange 86-0650451 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 602-252-8475 PO BOX 13446 736,358. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amendec return PHOENIX, AZ 85002 H(a) Is this a group return F Name and address of principal officer: BECKY BELL BALLARD for subordinates? Yes P.O. BOX 13446, PHOENIX, AZ H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) L 4947(a)(1) or 527 If "No." attach a list, (see instructions) J Website: ➤ WWW.ROSIESHOUSE.ORG H(c) Group exemption number K Form of organization: X Corporation Trust L Year of formation: 1995 M State of legal domicile: AZ Association Other > Part I | Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO ELIMINATE Activities & Governance BARRIERS TO HIGH-QUALITY MUSIC EDUCATION. if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 🕨 L 13 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) <u>13</u> 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 500 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 729.930. 734,704. 8 Contributions and grants (Part VIII, line 1h) Revenue Ō. 0. Program service revenue (Part VIII, line 2g) 912. 1,392. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -5,646. -8,488. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 725,196. 727,608. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 348,070. 429,168. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... b Total fundraising expenses (Part IX, column (D), line 25) 225,028. 267,484. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 573,098. 696,652. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 152,098. 30,956. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 513,402. 547,153. 20 Total assets (Part X. line 16) 2,640.0. 21 Total liabilities (Part X, line 26) 513,402. 544,513. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign BECKY BELL BALLARD, CHIEF EXECUTIVE OFFICER Here Type or print name and title Check Print/Type preparer's name YJJJJJJ<u>Z</u>X P01882954 Paid JENNIFER L. SHIELDS, CPA self-employed Firm's name HEINFELD, MEECH, & CO, P.C. Preparer Firm's EIN Firm's address 3033 N. CENTRAL AVE. STE. 300 Use Only PHOENIX, AZ 85012 Phone no. 6022779449 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2017)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION IS TO ELIMINATE BARRIERS TO HIGH-QUALITY MUSIC EDUCATION.
	THROUGH MUSIC, WE SUPPORT YOUTH AS THEY DEVELOP THEIR FULL CREATIVE
	AND PERSONAL POTENTIAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) 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.
4a	(Code: ) (Expenses \$ 421,056 • including grants of \$ ) (Revenue \$
	ROSIE'S HOUSE IS TRANSFORMING THE FUTURE OF OUR COMMUNITY BY PROVIDING
	STUDENTS WHO ARE ECONOMICALLY DISADVANTAGED WITH OPPORTUNITY AND ACCESS
	THROUGH MUSIC EDUCATION. OUR PROGRAM PROMOTES GOAL-SETTING AND DEVELOPS
	OUR STUDENTS' COMMITMENT TO SECONDARY EDUCATION AND COMMUNITY SERVICE.
	ONE OF THE LARGEST FREE AFTERSCHOOL MUSIC PROGRAMS NATIONWIDE, WE SERVE
	YOUTH AGES 5-18. DURING THE 2017-18 PROGRAM YEAR, ROSIE'S HOUSE
	PROVIDED 450 YOUTH WITH OVER 18,000 FREE MUSIC LESSONS, LOANED 300 FREE
	MUSICAL INSTRUMENTS, AND PERFORMED OVER 60 CONCERTS TO 12,000 AUDIENCE
	MEMBERS. OUR MUSIC PROGRAM INCLUDES LESSONS IN PIANO, STRINGS, WINDS,
	MARIACHI AND CHOIR. WE ARE IMPROVING OUR STUDENT'S QUALITY OF LIFE BY
	GIVING THEM ACCESS TO OPPORTUNITIES THAT WILL HELP BREAK THE CYCLE OF
	POVERTY AND PROVIDE TOOLS FOR LONG-TERM SUCCESS.
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 421,056.

Form 990 (2017) CHILDREN, INC.
Part IV Checklist of Required Schedules

1 Is the organization described in section 5016(s)(s) or Ad47(s(1)) other than a private foundation?  1				Yes	No
2 Is the organization required to complete Schedule <i>B</i> , Schedule of Contributors 3 Did the organization engage in direct on indirect political campaign activities on behalf of or in opposition to candidates for public direct **P** 'Ves, **complete Schedule <i>C</i> , **Part **  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 **P** 'Ves** complete Schedule <i>C</i> , **Part **  5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership clues, assessments, or similar annumbs as defined in Revenue Procedules 9.79 of **P** (somplete Schedule <i>C</i> , **Part **)  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide activities on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide activities on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide activate on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide activities of hold a conservation easement, including assements to presence open space, the environment, instinct large in the such activities of work of a conservation assement in conservation asserts of the environment, instinctive and the such activities of the provided account liability, serve as a custodian for amounts or tilested in Part X is or provide consistent of the such activities and the such activities of the such activities and the such activities and activities of the such activities and act	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? (**Yes,** complete Schedule C, **Part /**  Section 501((5)) organizations. Did the organization engage in loobying activities, or have a section 501(h) election in effect during the fax year? **Yes,** complete Schedule C, **Part //**  1 Sis the organization assection 501((6)), 501		If "Yes," complete Schedule A	1		
public office? If "Yes," complete Schedule C, Part I  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  Is the organization a section 501(c)(4), 501(c)(5), 610(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  bid 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 III  bid the organization maintain collections of works of art, instorical tressures, or other smilar assets? If "Yes," complete Schedule D, Part III  bid the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts and tisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  bid the organization, directly or through a related organization, hold assets in temporarity restricted endowments, permanent and owners, or quasi-andowments? If "Yes," complete Schedule D, Part V  if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V  bid the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIV  bid the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XIV  bid the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XIV  bid the organization report an amount for other assets in Part X, line 10? If Yes," complete Schedule D, Part X III  bid the organization report an amount for investment	2		2	X	
4 Section 501(c)(3) organizations. Did the organization engage in bobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule (P. Part III 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 Bevenue Procedure 99-19? If "Yes," complete Schedule (P. Part III is 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 (III is the complete Schedule C, Part III is the environment, historic land areas, or historic structures? If "Yes," complete Schedule C, Part III is environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III is environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III is the organization report an amount in IP art X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit conseling, debt imagement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part X, line 107 III "Yes," complete Schedule D, Part	3		3		Х
during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 50(c)(a), 501(c)(b), or 501(c)(b) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88.19? If "Yes," complete Schedule C, Part III  Old 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 III  Old the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historical areas, or historical structures III "Yes," complete Schedule D, Part III  Old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Old 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  Old the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If it the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VV  If III If the organization report an amount for investments - tother securities in Part X, line 102 if Yes, "complete Schedule D, Part VVII  Old the organization report an amount for investments - tother securities in Part X, line 102 if Yes, "complete Schedule D, Part X VIII III III III III III III III III	4				
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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 V  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part SVI, VIII, VIII, IX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII  2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes,' complete Schedule D, Part VIII  3 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes,' complete Schedule D, Part VIII  4 Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes,' complete Schedule D, Part XII  4 Did the organization separate, independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  5 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  5 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,"	8	October 15 D. Dock III	8		Х
10   Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V   11b   X	9				
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts Vi, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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 Part X, line 16? If "Yes," complete Schedule D, Part X VIII Line 16? If "Yes," complete Schedule D, Part X, line 18? If "Yes," complete Schedule D, Part X, line 18? If "Yes," complete Schedule D, Part X, line 18? If "Yes," complete Schedule D, Part X VIII Line 18? If "Yes," complete Schedule D, Part X VIII Line 18? If "Yes," complete Schedule D, Part X VIII Line 18? If "Yes," complete Schedule D, Part X VIII Line 18? If "Yes," complete Schedule D, Part X VIII Line VIII Line Organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII Line VIII Line Organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII Line VIIII Line	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
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complete Schedule G, Part III	19				<b>.</b>
		complete Schedule G, Part III	19		X

Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 Χ 22 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 Х 23 Schedule J 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 X Schedule K. If "No", go to line 25a 24a b 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 any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director. trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Χ contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Χ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Page 5

Form 990 (2017) CHILDREN, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	. ,				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	reporta	able gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		- Control of the Cont			
	filed for the calendar year ending with or within the year covered by this return	2a	55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х	İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			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 A	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transit			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas red	quired			
	to file Form 8282?			7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	ADDRESS OF THE PROPERTY OF THE			
е	The second secon	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		ĺ
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:		Į.			
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:	1	i			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against		-			
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<b> </b>	
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	•			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		1 24		37
14a			***************************************	14a	<b> </b>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O 🙏		14b		

Form 990 (2017) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	,		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
~	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<del>-</del>		<del></del>
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<del></del>		X
6	Did the organization have members or stockholders?	6		<u>^</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		X
	more members of the governing body?	7a		A
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
	persons other than the governing body?	7b		<u>  ^</u> _
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
17/10/2	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	and the same of th		l
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	O Calabra (Marie		
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	o a superior de la constante d		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BECKY BELL BALLARD - 602-252-8475			
	P.O. BOX 13446, PHOENIX, AZ 85002	-		

CHILDREN, INC.

Form 990 (2017)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

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.

86-0650451

Page 7

- 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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THERESA ESPARZA	5.00								0	_
MEMBER		X			<u> </u>	<u> </u>		0.	0.	0.
(2) BARB BERASTEGUI	5.00	37						0.	0.	0.
MEMBER	5.00	X			-	-		U •	U.	V .
(3) TIM FONTES	5.00	Х						0.	0.	0.
MEMBER	5.00	Δ.	-		<del> </del>	-		U.	<u> </u>	U •
(4) ALBERT LEFFLER MEMBER	3.00	Х						0.	0.	0.
(5) KATHRYN LEONARD	5.00	Δ.				-	-	U •	U •	· ·
MEMBER	3.00	Х						0.	0.	0.
(6) DERREN THOMPSON	5.00	Λ	-		-	-		<b>U</b> •	0.6	U *
MEMBER THOMPSON	3.00	Х						0.	0.	0.
(7) DAVID WEINGLASS	5.00	21	-		$\vdash$			J .	0.	
MEMBER	3.00	х						0.	0.	0.
(8) LISA PAINE	5.00		$\vdash$		$\vdash$	<del> </del>	<del> </del>			
MEMBER		Х						0.	0.	0.
(9) GRETCHEN JEWELL	5.00									
MEMBER		Х						0.	0.	0.
(10) NICK KIRBY	5.00									
SECRETARY		Х						0.	0.	0.
(11) DR. KIMBERLY MARSHALL	5.00									_
MEMBER		Х						0.	0.	0.
(12) SARAH WEISS	5.00									
PRESIDENT				Х				0.	0.	0.
(13) CHRISTINA NORDVALL	5.00							_		
TREASURER				X	<u> </u>	<u> </u>		0.	0.	0.
(14) BECKY BELL BALLARD	40.00							60 564	•	
CHIEF EXECUTIVE OFFICER				X	_	<u> </u>		62,564.	0.	0.
						-		Service Constitution Constituti		
					-	<del>                                     </del>				
								-Filesophia-days		

Par	TVII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)	1		(F)	
	Name and title	Average	(dc		Pos heck			one	Reportable	Reportable		Est	imated	Ė
		hours per	box	. unle	ess pe	rson	is bot	h an	compensation	compensation			ount o	f
		week	-	cer ar	lu a u	mecu	JI/ 18 13 15	iee,	from	from related	1		other	
		(list any hours for	recto						the	organizations	;		ensat	
		related	or d	aa			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	,U)		om the inizatio	
		organizations	rustee	Itrus		99	nedu		(44-2/1099-141130)			-	relate	
		below	fual t	tiona		yoldı	stcor						nizatio	
		line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
			-	<del>                                     </del>		1		1						
					9774									
			1		T	Т								
			1	-	Over the second	na inches								
							П							
								<u> </u>						
				-		and the same of th								
			┞	-	<u> </u>	_	-	<del> </del>						
			1			-								
				-	-	_	╫				-			
				<u> </u>			<u> </u>							
						Property Control								
			<u> </u>		<del> </del>	-	-	-					·····	
			-											
	Cub tatal			<u> </u>	<u> </u>	<u> </u>	<u></u>		62,564.		0.			0.
	Sub-total  Tetal from continuation about to Bart V								0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								62,564.		0.			0.
2	Total number of individuals (including but r									0.000 of reportable				
_	compensation from the organization						٠,			.,	_			0
and the second second	and the second s		***************************************										Yes	No
3	Did the organization list any former officer,	, director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		SAULUNDAD		
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the si									the organization		·		
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services		-	.	v
	rendered to the organization? If "Yes," con	nplete Schedui	e J	for s	uch	per:	son				لخنننا	5		X
1	tion B. Independent Contractors  Complete this table for your five highest co	mnencated in	den	and.	ant o	·on+	ranta	ore 4	that received more than	\$100,000 of com	nene	ation f	nm.	
1	the organization. Report compensation for	•									PC113		J111	
	(A)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0					(B)			(C	)	
	Name and business	address	N	INC	E				Description of s	services	C	omper	sation	
										emouspoor				
								_		30				
										mangumaa				
***************************************										Populari de la companya de la compan				
										Annuagement				
										***				
2	Total number of independent contractors (	_	ot li	mite	d to		se li: O	stec	d above) who received n	nore than				
2000/06/04/00/00	\$100,000 of compensation from the organ	zation 📂										_	000 (a	

Form 990 (2017) CHILDRE

		Check if Schedule O contains a	a response or note to any lin	e in this Part VIII		********	
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1ft Total. Add lines 1a-1f	1b 1c 101,970. 1d 1e 1f 632,734. \$ 47,635.	734,704.		·	
Program Service Revenue	2 a b c d e f						
	g 3 4	Total. Add lines 2a-2f Investment income (including divid other similar amounts) Income from investment of tax-exe	ends, interest, and	1,392.	1,392.		
	5 6 a b	Royalties	(i) Real (ii) Personal		er Landstein Landstein		
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	Securities (ii) Other				
Other Revenue	8 a	Gross income from fundraising ever including \$ 101,970 contributions reported on line 1c).  Part IV, line 18  Less: direct expenses  Net income or (loss) from fundraising ever income or (loss)	ents (not • of See a 0 • b 8,750 •	-8,750 <b>.</b>			-8,750.
	Ь	Gross income from gaming activities Part IV, line 19 Less: direct expenses Net income or (loss) from gaming a	а b				
	10 a b	Gross sales of inventory, less retur and allowances Less: cost of goods sold Net income or (loss) from sales of i	ns a b				
	11 a	Miscellaneous Revenue	Business Code				
		All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.		262. 262. 727,608.	262.	0.	-8,750.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) (D) (A) (B) Do not include amounts reported on lines 6b. Total expenses Management and Program service Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 276,080. 35,417. 67,912. 379,409. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,319. 4,199. 18,561. 11,043. Other employee benefits 9 4,957. 31,198. 21,253. 4,988. Payroli taxes 10 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 22,818. 19,026. 60,218. 18,374. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 42,921. 28,966. 7,628. 6,327. 13 Office expenses Information technology 14 15 Royalties 26,202. 15,721. 10.481. 16 Occupancy 98. 621. 429. 94. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,718. 2,006. 1.108. 604. Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 32,373. 6,943. 39,316. Depreciation, depletion, and amortization ..... 11,966. 7,419. 2,393. 2,154. 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 29,688. MARKETING AND PUBLIC RE 41,428. 4,296. 7,444. b C d 3,096. 1,070. 36,928. 41,094. All other expenses 104,583. 171,013. 421,056. Total functional expenses. Add lines 1 through 24e 696,652. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

86-0650451 Page 11 Form 990 (2017) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 228,268. 208,022. 1 Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 3,659. 5,633. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 456,869. basis. Complete Part VI of Schedule D 10a 271,651. 174,651. 10c 185,218. b Less: accumulated depreciation 10b Investments - publicly traded securities 11 11 127,070. 128,034. 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 513,402. 547,153. Total assets. Add lines 1 through 15 (must equal line 34) . 16 16 2,640. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 2,640. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 420,402. 487,513. 27 27 Unrestricted net assets 93,000. 57,000. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund

> 547,153. Form 990 (2017)

544,513.

32

33

513,402.

513,402.

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		and a second	7 2	<del>,</del> ,	Λ O
7	Total revenue (must equal Part VIII, column (A), line 12)	_1		<u>7,6</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		0,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>51</u>	3,4	
5	Net unrealized gains (losses) on investments	5		1	55.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	Para San			
	column (B))	10	54	4,5	<u> 13.</u>
Pai	t 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	O.	-		
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
- Cu	Act and OMB Circular A-133?	S	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
J	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
POTENTIAL PROPERTY.	or additio, explain this at confedence of and decombe day deeper tander to distance go death addition		Form	990	(2017)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

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

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

	CHIL	DREN, INC.					8	6-0650	J451	
Part I	Reason for Public	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.			Kasaacaaaaaaaaaaaaaaaa	
The organ	ization is not a private found	lation because it is: (	For lines 1 through 12. c	heck only	one box.)					
1	A church, convention of ch		·	-						
2	A school described in <b>sect</b>					.70 .70.7				
3	A hospital or a cooperative		·			ii)				
	· ·	, -				-	ii) Entor	the beenit	alic pamo	
*	A medical research organiz	alion operated in co	njunction with a nospital	described	J III Sectio	ni 170(D)( I)(A)(ii	nj. Linter	ше поври	ars name,	
	city, and state:									
5	An organization operated for		illege or university owner	d or opera	ted by a g	overnmentai un	it describ	oea in		
·	section 170(b)(1)(A)(iv). (C									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X	An organization that norma	Illy receives a substa	intial part of its support f	rom a gov	ernmental	unit or from the	general	public des	cribed in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8 🔛	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a la	nd-grant	college		
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the	ne colleg	je or		
	university:									
10	An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membershi	p fees, a	and gross re	eceipts from	
	activities related to its exen	•	•							
	income and unrelated busin	•	·					_		
	See section 509(a)(2). (Con		(,			,			,	
11	An organization organized		ively to test for public sa	ifety See:	section 50	09(a)(4).				
12	An organization organized	·	•	•			v out the	nurnoses	of one or	
	more publicly supported or	•	•	•						
	lines 12a through 12d that	-						MOOK the L	70X 311	
_	7				•			, giving		
a ∟_	☐ Type I. A supporting orga	•	•							
	the supported organization			я тајотку	or the dire	Clors or trustees	s or trie s	supporting		
	organization. You must o						/-\			
b L		,				=	· · · · ·			
	control or management o			ame perso	ons that co	ontrol or manage	e the sup	portea		
	organization(s). <b>You mus</b>	-								
c		= ::					integrate	ed with,		
	its supported organizatio		•							
d L	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supporte	ed organi	ization(s)		
	that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and a	an attent	iveness		
	requirement (see instruct	ions). <b>You must co</b> n	nplete Part IV, Sections	A and D	, and Part	V.				
e	∴ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II,	, Type III			
	functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.					
f Ente	er the number of supported o	organizations								
	ride the following information							<del></del>		
(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your govern	ng document?	(v) Amount of m	1	1 '	unt of other	
	organization		above (see instructions))	Yes	No	support (see inst	.uctions)	support (se	e instructions)	
							l	2010		
								1		

Schedule A (Form 990 or 990-EZ) 2017 CHILDREN, INC.

| 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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and		and a second						
	membership fees received. (Do not		200						
	include any "unusual grants.")	468,020.	501,499.	422,384.	723,630.	725,954.	2841487.		
2	Tax revenues levied for the organ-		Andelson						
	ization's benefit and either paid to		and the same of th						
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to		77						
	the organization without charge		and a second						
4	Total. Add lines 1 through 3	468,020.	501,499.	422,384.	723,630.	725,954.	2841487.		
	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the		e di lata						
	amount shown on line 11,								
	column (f)				197				
6	Public support. Subtract line 5 from line 4.						2841487.		
And in con-	ction B. Total Support	<u> </u>	<u></u>			<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 4	468,020.	501,499.	422,384.	723,630.	725,954.	2841487.		
8	Gross income from interest.								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	1,979.	947.	301.	912.	1,392.	5,531.		
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.)								
11	Total support. Add lines 7 through 10						2847018.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
	First five years. If the Form 990 is for					n 501(c)(3)			
	organization, check this box and stor	here					<b>&gt;</b>		
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2017 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	99.81 %		
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.76 %		
16a	33 1/3% support test - 2017. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and		
	stop here. The organization qualifies						- T.T.		
b	33 1/3% support test - 2016. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization qual								
17a	17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances"						. ! !		
t	b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
<u>1</u> 8	Private foundation. If the organization						s		
						dula A (Earm 990			

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# Schedule A (Form 990 or 990-EZ) 2017 CHILDREN, INC. | 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 📂	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				suprarries of	a. December 1	***
	include any "unusual grants.")				areasoni.	and the second	
2	Gross receipts from admissions,						
	merchandise sold or services per-	I			Parameter State St		
	formed, or facilities furnished in	1		STATE OF THE PROPERTY OF THE P	***************************************	To a second seco	
	any activity that is related to the organization's tax-exempt purpose	İ		T-LANGE CONTRACTOR CON		TI.	
3							
Ü	are not an unrelated trade or bus-			MILES AND AND AND AND AND AND AND AND AND AND			
	iness under section 513			C) - C) - C) - C) - C) - C) - C) - C) -			
4	Tax revenues levied for the organ-			SAN DESCRIPTION OF THE PROPERTY OF THE PROPERT			
	ization's benefit and either paid to						
	or expended on its behalf					<b>_</b>	
5	The value of services or facilities			No. of the Control of			
	furnished by a governmental unit to			na-constanting			
	the organization without charge						
6	Total. Add lines 1 through 5						
7	a Amounts included on lines 1, 2, and			The second secon			
	3 received from disqualified persons						
Ē	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			rua a constante de la constant		William Control of the Control of th	
	amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(-)					
	Gross income from interest,						
	dividends, payments received on			- September 1			
	securities loans, rents, royalties, and income from similar sources			CARD CARD CARD CARD CARD CARD CARD CARD			
	Unrelated business taxable income						
,	(less section 511 taxes) from businesses			and and and and and and and and and and		74. · · · · · · · · · · · · · · · · · · ·	
				egge company			
			<del> </del>	<u> </u>			
	Add lines 10a and 10b  Net income from unrelated business	<u></u>		<u> </u>			
1 1	activities not included in line 10b.			The state of the s			
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)			ļ		<b></b>	
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	the organization	's first, second, thi	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						<u>▶</u>
	ction C. Computation of Publ					<del></del>	
15	Public support percentage for 2017 (I	ine 8, column (f) o	divided by line 13,	column (f))	***************************************	15	%
-	Public support percentage from 2016				<u> </u>	16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19	33 1/3% support tests - 2017. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as						. 1 - 1
	33 1/3% support tests - 2016. If the	•		•			
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio			•		=	▶□

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
   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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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 (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 disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part | 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 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.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	70		
	4b		
	4c		
	5a		
	<b>5</b> b		
	5c		
	6		
	7		
	8		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	9a		
	9b		
	9c	-	
			11.7 110.7
	10a		
	10b		
9	90 or 99	90-EZ	2017

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Pai	t IV   Supporting Organizations (continued)		,	
			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 (b) and (c)			
	below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described in (a) above?	11b	ļ	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		L
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		NOALI	
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported	THE PERSON NAMED IN COLUMN 1		
	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.	2	ــــــــــــــــــــــــــــــــــــــ	<u> </u>
Sec	tion C. Type II Supporting Organizations		TV	B.1.
			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	1		
	the supported organization(s). tion D. All Type III Supporting Organizations			
360	tion b. All Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
1	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	and the same of th		Average and a second
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		- Company of the Comp
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1	
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			G. Carlos Constitution of the Constitution of
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		CA CARREST CONTRACTOR
3	By reason of the relationship described in (2), 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	opus de la company		A STATE OF THE STA
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- California de la Cali		
	supported organizations played in this regard.	3		
Sec	tion 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 instruction	s).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a	ļ	
ь	Did the activities described in (a) 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			epis de la composition della c
	reasons for the organization's position that its supported organization(s) would have engaged in these			and constitution of the co
	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	en character and a		- Helphotosophia
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		- Barrett	(mail:
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<b></b>	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	No.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	Special	

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Pai	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income	in and delicated	(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			The second
	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		
c	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 1-1/2% 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 .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 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.	,		
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			·
С	From 2014			1000
d	From 2015	:		
e	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$	And the great state of		
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	in the second		
7	Excess distributions carryover to 2018. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			e programme de la companya de la companya de la companya de la companya de la companya de la companya de la co
	Excess from 2017			
		<b></b>	L	<u> </u>

Schedule A (Form 990 or 990-EZ) 2017

# ROSIE'S HOUSE: A MUSIC ACADEMY FOR CHILDREN, INC.

Schedule A	(Form 990 or 990-EZ) 2017 CHILDREN, INC.	86-0650451 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 IV, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part IV, line 1c, 2a, 2b, 3a, 2b, 3a, 2b, 3a, 2b, 3a, 2b, 3a, 3b, 3a, 3b, 3b, 3b, 3b, 3b, 3b, 3b, 3b, 3b, 3b	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, 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 additi (See instructions.)	onal information.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### 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

2017

Employer identification number

ROSIE'S HOUSE: A MUSIC ACADEMY FOR 86-0650451 CHILDREN, INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 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, II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ 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-FF),

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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).

Name of organization

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Employer identification number

86-0650451

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

CHILD	REN, INC.	86	-0650451
Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAREN AND DAVID DIVINE  STREET  PHOENIX, AZ 85001	 \$62,600. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PIPER FOUNDATION  STREET  PHOENIX, AZ 85001	\$57,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STEELE FOUNDATION  STREET  PHOENIX, AZ 85001	s20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TWIFORD FOUNDATION  STREET  PHOENIX, AZ 85001	ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ARIZONA COMMISSION ON THE ARTS  STREET  PHOENIX, AZ 85001	s18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CITY OF PHOENIX  STREET  PHOENIX, AZ 85001	\$16,014.	Person X Payroll
		Cohedule B /Form	000 000-F7 or 000-PF) /2017

Name of organization

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

86-0650451

Employer identification number

CHILDREN, INC. 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
		\$	
(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
		   \$	990, 990-EZ, or 990-PF) (201

Name of organization

Employer identification number

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

CHT	LDR	EN.	INC.

86-0650451

Part III	the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 o	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations ress for the year. (Enter his into. once.)
	Use duplicate copies of Part III if additiona	al 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 git	ft
and continued to the co	Transferee's name, address, an	nd ZIP + 4	Relationship 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 gi	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
PARTITION DATE OF THE PARTITION OF THE P		(e) Transfer of gi	ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
abelia de la companya		(e) Transfer of gi	Ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
wayed (C) resided consumerables			

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHILDREN, INC.

Employer identification number 86-0650451

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		IS OF ACCOUNTS. Complete if the
	organization answered 165 on Form 990, Fait IV, line	(a) Donor advised funds	(b) Funds 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 w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's ex	=	
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	ne organization during the tax
	year 🟲		
4	Number of states where property subject to conservation ease	ement is located 🕨	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
15-	conservation easements.	Art Historical Transumas or 6	Other Similar Accets
Pai	rt III Organizations Maintaining Collections of		Julier Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhibitions and the similar assets held for public exhibitions.		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		at and halance shoot works of art. biotorical
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		<b>8</b>
	(i) Revenue included on Form 990, Part VIII, line 1		
		nurse or other similar accepts for finance	
2	If the organization received or held works of art, historical treas		iai gairi, provide
_	the following amounts required to be reported under SFAS 116		<b>*</b>
а	Revenue included on Form 990, Part VIII, line 1		

CHILDREN, INC.

Sche	dule D (Form 990) 2017 CHILDRE	N, INC.				8	6-06	50451	Page 2
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tro	easures, or C	ther	Simila	r Asse	<b>ts</b> (continu	jed)
3	Using the organization's acquisition, accessi								
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's	exemp	t purpos	e in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other si	milar as	ssets		_	
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No_								
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes	" on Fo	rm 990,	Part IV,	line 9, or	
Koomunires	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribution	s or other assets	not inc	cluded			
	on Form 990, Part X?						🗀	Yes	No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe					?		Yes	No.
	if "Yes," explain the arrangement in Part XIII.				-				
Par									
1		(a) Current year	(b) Prior year	(c) Two years ba	ck (d)	Three year	ars back	(e) Four	years back
1a	Beginning of year balance	11,659.	10,725.	11,62	26.	1	1,356.		10,061.
	Contributions								
	Net investment earnings, gains, and losses	155.	934.	-9(	1.	-	270.		1,295.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	11,816.	11,659.	10,72	25.	1	1,626.		11,356.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	ı)) held as:					
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	<del></del>							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	·	ation that are held a	nd administered	for the	organiza	ition		
	by:	_							Yes No
	(i) unrelated organizations							3a(i)	X
	the state of the s							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.						
Pai	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Pa	rt X, lin	e 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (	c) Accı	umulated		(d) Book	value
		basis (investn	nent) basis	(other)	depre	ciation			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		45	6,869.	27	1,65	1.	185	,218.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)				185	,218.

86-0650451 Page 3

Schedule D (Form 990) 2017

(2) Closely-held equity interests  (3) Other  (A) ARIZONA COMMUNITY  (B) FOUNDATION  (C) TIME DEPOSITS  (D)  (E)  (F)  (G)  (H)  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 X, col. (1)  (2)  (3)	(c) Method of valuation: Cost or end-of-year market value  ,816. END-OF-YEAR MARKET VALUE ,218. END-OF-YEAR MARKET VALUE  ,034.  art IV, line 11c. See Form 990, Part X, line 13.
(B) FOUNDATION 11, (C) TIME DEPOSITS 116, (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 128,  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part X, col. (a) Description of investment (b) Book variation (c) (1) (2) (3)	, 218. END-OF-YEAR MARKET VALUE , 034.  art IV, line 11c. See Form 990, Part X, line 13.
(2) Closely-held equity interests  (3) Other  (A) ARIZONA COMMUNITY  (B) FOUNDATION  (C) TIME DEPOSITS  (D)  (E)  (F)  (G)  (H)  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 X, col. (1)  (a) Description of investment  (b) Book value (1)  (2)  (3)	, 218. END-OF-YEAR MARKET VALUE , 034.  art IV, line 11c. See Form 990, Part X, line 13.
(3) Other  (A) ARIZONA COMMUNITY  (B) FOUNDATION  (C) TIME DEPOSITS  (D)  (E)  (F)  (G)  (H)  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 X, col. (B) line 12.) ▶  (a) Description of investment  (b) Book variation (c)  (1)  (2)  (3)	, 218. END-OF-YEAR MARKET VALUE , 034.  art IV, line 11c. See Form 990, Part X, line 13.
(A) ARIZONA COMMUNITY  (B) FOUNDATION 11,  (C) TIME DEPOSITS 116,  (D)  (E)  (F)  (G)  (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 128,  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part X, col. (1)  (2)  (3)	, 218. END-OF-YEAR MARKET VALUE , 034.  art IV, line 11c. See Form 990, Part X, line 13.
(C) TIME DEPOSITS 116,  (D)  (E)  (F)  (G)  (H)  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 X, col. (a) Description of investment (b) Book variation (col. (b) Book variation (col. (col. (col. (d) must equal Form 990, Part X, col. (d) Exercise (col. (d) Exercise (col. (d) Book variation (col.	, 218. END-OF-YEAR MARKET VALUE , 034.  art IV, line 11c. See Form 990, Part X, line 13.
(D) (E) (F) (G) (H)  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 X, col. (a) Description of investment (b) Book variation (b) Book variation (c) (1) (2) (3)	, 034. art IV, line 11c. See Form 990, Part X, line 13.
(E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 128,  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part X, col. (a) Description of investment (b) Book variation (c) (b) Book variation (c) (d) (e) (e) (f)	art IV, line 11c. See Form 990, Part X, line 13.
(F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 128 ,  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part X, col. (b) Book variation (b) Book variation (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	art IV, line 11c. See Form 990, Part X, line 13.
(G) (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 128 ,  Part VIII investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part (a) Description of investment (b) Book variation (c)  (1) (2) (3)	art IV, line 11c. See Form 990, Part X, line 13.
(H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 128,  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part (a) Description of investment (b) Book variation (c) (2) (3)	art IV, line 11c. See Form 990, Part X, line 13.
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 128,  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part (a) Description of investment (b) Book variety  (1) (2) (3)	art IV, line 11c. See Form 990, Part X, line 13.
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part (a) Description of investment (b) Book variation (c) (2) (3)	art IV, line 11c. See Form 990, Part X, line 13.
Complete if the organization answered "Yes" on Form 990, Par (a) Description of investment (b) Book va (1) (2) (3)	art IV, line 11c. See Form 990, Part X, line 13. alue (c) Method of valuation: Cost or end-of-year market value
(a) Description of investment (b) Book va (1) (2) (3)	art IV, line 11c. See Form 990, Part X, line 13. alue (c) Method of valuation: Cost or end-of-year market value
(1) (2) (3)	alue (c) Method of valuation: Cost or end-of-year market value
(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.	
Complete if the organization answered "Yes" on Form 990, Par	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X, line 25.  (b) Book value
1. (a) Description of liability	(b) DOOK value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
<ol><li>Liability for uncertain tax positions. In Part XIII, provide the text of the for organization's liability for uncertain tax positions under FIN 48 (ASC 740).</li></ol>	T

RUSIE 5 HOUSE: A MUSIC ACADEMY
Schedule D (Form 990) 2017 CHILDREN, INC.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 767,763. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 40,000. 2b b Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 40,155. 2e e Add lines 2a through 2d 727,608. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 727,608. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 736,652. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 40,000. a Donated services and use of facilities 2a 2b b Prior year adjustments 2c c Other losses 2d d Other (Describe in Part XIII.) 40,000. e Add lines 2a through 2d 696,652. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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.

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#### SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

OMB No. 1545-0047

Inspection

Employer identification number

Open to Public

86-0650451 CHILDREN, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants e L Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or □No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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

Schedule G (Form 990 or 990-EZ) 2017

or licensing.

Schedule G (Form 990 or 990-EZ) 2017 CHILDREN, INC.

86-0650451 Page 2

| Part | | Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

	16 4 6	of fundraising event contributions and gr				
***************************************		or land ability of our contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
n)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	101,970.			101,970.
	2	Less: Contributions	101,970.			101,970.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
υņ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages	8,750.			8,750.
	8	Entertainment Other direct expenses				
	10				<b>&gt;</b>	8,750.
***************************************		Net income summary. Subtract line 10 from I	line 3, column (d)	N. 100 C.	<b>&gt;</b>	-8,750.
٢	m	Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
	_	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Jue	edulari a Cresiona		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	-				4	
<u> </u>	1	Gross revenue				
			Andrew Control of the	NA SIGNERAL CORPA		-c
nses	2	Cash prizes				A CONTRACTOR OF THE CONTRACTOR
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
Distributions	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		<b>&gt;</b>	
ŧ	ls '	Iter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses r 'Yes," explain:				Yes No
•	, 11	гоо, одржит				

0 - 1-	redule G (Form 990 or 990-EZ) 2017 CHILDREN, INC. 86-	-0650451 F	Page 3
			_ No
	Does the organization conduct gaming activities with nonmembers?	165	140
	to administer charitable gaming?	Yes	□ No
	Indicate the percentage of gaming activity conducted in:	1 1	
8	a The organization's facility	. 13a	%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name Name	and the second s	
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	olf "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name Name		· · · · · · · · · · · · · · · · · · ·
	Gaming manager compensation ▶ \$		
	Description of services provided >		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•	retain the state gaming license?	Yes	□ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	l, lines 9, 9b, 10b,	15b,
<u> </u>	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-F7)	CHILDREN,	INC.		86-0650451	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Infor</b>	mation (continued)				MANAGEMENT OF THE PROPERTY OF
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#### SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2017

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.Go to www.irs.gov/Form990 for the latest information.

ROSIE'S HOUSE: A MUSIC ACADEMY FOR CHILDREN, INC.

Employer identification number 86-0650451

Pa	rt I Types of Property				and the second s			Control Control
<del></del>		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	etermir	_	ts
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	<u></u>						
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -		1					
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MUSICAL INSTR)	X	94	47,635.	FMV			
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organ		·	1 1				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			,	т
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat		al contribution, and	d which isn't required to be u	sed for	and the same of th		37
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.					Overestando	7.7	
31	Does the organization have a gift acceptance					31	X	ļ
32a	Does the organization hire or use third parties	or related or	rganizations to sol	icit, process, or sell noncash		December		7.7
	contributions?					32a		X
b	If "Yes," describe in Part II.							-
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y for which column (a) is che	cked,			
	describe in Part II					1 -		í

Schedule M	(Form 990) 2017 CHILDREN,	INC.		86-0650451	Page 2
Part II	Supplemental Information. Pris reporting in Part I, column (b), the right this part for any additional information	rovide the information requirumber of contributions, the n.	red by Part I, lines 30b, 32b, and 33 number of items received, or a com	, and whether the organiza bination of both. Also com	ition plete
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#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

# 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.

OMB No. 1545-0047

2017

Open to Public

Internal Revenue Service

Name of the organization RO

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

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Inspection

Employer identification number

CHILDREN, INC. 86-0650451 FORM 990, PART VI, SECTION B, LINE 11B: REVIEWED BY TREASURER AND CEO FORM 990, PART VI, SECTION B, LINE 12C: REVIEWED BY BOARD ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: SET BY BOARD ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST FORM 990, PART XII, LINE 2C: REVIEWED BY BOARD ANNUALLY.