** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury

▶ 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.

2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number ROSIE'S HOUSE: A MUSIC ACADEMY FOR Address change CHILDREN, INC. Name change 86-0650451 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 13446 (602) 252-8475 4,005,688. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 85002 PHOENIX, AZ H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BECKY BELL BALLARD for subordinates? Yes X No P.O BOX 13446, PHOENIX, AZ 85002 H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.ROSIESHOUSE.ORG **H(c)** Group exemption number ▶ **K** Form of organization: \overline{X} Corporation Association Other > L Year of formation: 1995 M State of legal domicile: AZ Trust 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. Number of voting members of the governing body (Part VI, line 1a) 11 3 $\overline{11}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 51 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 1,041,476. 3,997,837. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 4.169. 3,264. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 199. 4,587. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,005,688. 1,045,844. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 571,815. 503,544. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 312,018. 531,809. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 883,833. 1,035,353. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 162,011. 2,970,335. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 28 930,009. 3,904,329. 20 Total assets (Part X, line 16) 12,109.16,094. 21 Total liabilities (Part X, line 26) 917,900. 三年 3,888,235 22 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. Packaction of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Nov 24, 2021 Becky Bell Ballard (Nov 24, 2021 13:33 MST) Signature of officer Date Sign BECKY BELL BALLARD, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Nov 24, 2021 P01966200 EUGENE PARK, CPA Paid self-employed Firm's EIN ▶ 86-0558065 Firm's name | HEINFELD MEECH & CO PC Preparer Firm's address 1365 N. SCOTTSDALE RD., SUITE 300 Use Only Phone no. 602-277-9449 SCOTTSDALE, AZ 85257 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form	1990 (2020) CHILDREN, INC. 86-0650451	Page 2
Pai	rt 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.	
	AND I BROOMAL TOTANTIAL.	
2	Did the organization undertake any significant program services during the year which were not listed on the	₹
	prior Form 990 or 990-EZ?	Δ No
	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 \$629, 367 •including grants of \$) (Revenue \$	
	ROSIE'S HOUSE IS TRANSFORMING THE FUTURE OF OUR COMMUNITY BY PROVIDING	-
	STUDENTS WHO ARE ECONOMICALLY DISADVANTAGED WITH OPPORTUNITY AND ACCES	
	THROUGH MUSIC EDUCATION. OUR PROGRAM PROMOTES GOAL-SETTING AND DEVELOR	
	OUR STUDENTS' COMMITMENT TO SECONDARY EDUCATION AND COMMUNITY SERVICE	
	ONE OF THE LARGEST FREE AFTERSCHOOL MUSIC PROGRAMS NATIONWIDE, WE SERV	V E
	YOUTH AGES 5-18. DURING THE 2020-21 PROGRAM YEAR, ROSIE'S HOUSE	
	PROVIDED 500 YOUTH WITH OVER 14,000 FREE MUSIC LESSONS AND LOANED 400	
	FREE MUSICAL INSTRUMENTS. OUR MUSIC PROGRAM INCLUDES LESSONS IN PIANO	,
	STRINGS, WINDS, MARIACHI AND CHOIR. WE ARE IMPROVING OUR STUDENTS'	
	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 \$	
TU	(Code	
_		
4c	(Code:) (Expenses \$	
	·	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 629,367.	

ROSIE'S HOUSE: A MUSIC ACADEMY FOR CHILDREN, INC. 86-0650451 Page 3 Form 990 (2020) Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 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 Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 Х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20b

Form 990 (2020) CHILDREN, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₩
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		X
00	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1 20		x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1 00		X
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 50		
	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	1		
b		5		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
			000	

Form 990 (2020) CHILDREN, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 51					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Advanced in the Financi	counts (FBAR).					
5а	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 transaction		5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	_		,,		
			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution						
_	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).				Х		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a				
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	o roquirod	7b				
C	to file Form 8282?	·	7c		x		
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		<u> </u>		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
8							
	sponsoring organization have excess business holdings at any time during the year?						
9							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	l 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					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	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.		120				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the						
b	organization is licensed to issue qualified health plans	13b					
C	Enter the amount of reserves on hand	13c					
		100	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?		15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х		
	If "Yes," complete Form 4720, Schedule O.						

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Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u> </u>							X		
Sec	tion A. Governing Body and Management								
		1.		111		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent			11					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	ny other						
	officer, director, trustee, or key employee?				2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct	supervision						
	of officers, directors, trustees, or key employees to a management company or other person?				3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was	filed?		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X		
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	one or						
more members of the governing body?							Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockhol	ders, or						
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?		-		8a	Х			
b	Each committee with authority to act on behalf of the governing body?				8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code)						
	(HIII COUNTY DE PROPERTIE LE PR	0101140				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of								
					10b				
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	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	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	Х			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If								
	in Schedule O how this was done	,			12c	Х			
13	Did the organization have a written whistleblower policy?			[13	Х			
14	Did the organization have a written document retention and destruction policy?			[14	Х			
15	Did the process for determining compensation of the following persons include a review and approv								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•						
а	The organization's CEO, Executive Director, or top management official				15a	Х			
	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 arrange	ment wi	th 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								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization	'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 (1024 or 1024-A, if applicable), 990, a	and 990	T (Section 501	(c)(3)s	only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (expla	in on Sc	hedule O)						
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance of the conflict of interest policy, and finance of the conflict of interest policy.									
	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								

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

CHILDREN. INC.

86-0650451 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	1
Check if Schedule O Contains a response of hote to any line in this Fart vii	1

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza		orga	niza			nper	sate			
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	rson i irecto	is both or/trus	n an tee)	compensation	compensation	amount of
	week) (i)			T u.o	100)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC)	(88-271099-181130)	organization
	organizations	ruste	ll trus		/ee	mpen		(** 27 1033 141100)		and related
	below	Individual trustee or director	ntio na	_	oldm	st co				organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) BECKY BELL BALLARD	40.00									
CHIEF EXECUTIVE OFFICER				Х				85,000.	0.	0.
(2) BARB BERASTEGUI	5.00									
MEMBER		X						0.	0.	0.
(3) CHRISTINA CHAMBERS	5.00									
MEMBER		Х						0.	0.	0.
(4) TIM FONTES	5.00									
MEMBER		Х				_		0.	0.	0.
(5) CHRISTINA HOWARD	5.00									
VICE CHAIR				Х		_		0.	0.	0.
(6) GRETCHEN JEWELL	5.00			l						•
SECRETARY				Х		<u> </u>		0.	0.	0.
(7) NICK KIRBY	5.00								•	•
MEMBER	F 00	Х				<u> </u>		0.	0.	0.
(8) ALBERT LEFFLER	5.00	7,7							0	0
MEMBER	5.00	Х				\vdash		0.	0.	0.
(9) DR. KIMBERLY MARSHALL BOARD CHAIR	3.00			х				0.	0.	0.
(10) CHRISTINA NORDVALL	5.00			^		┢		0.	0.	0.
TREASURER	3.00			Х				0.	0.	0.
(11) MELISSA SOLIZ	5.00					\vdash			•	
MEMBER		Х						0.	0.	0.
(12) PATRICK STEVENS	5.00									
MEMBER		Х						0.	0.	0.
						_				
			L	l		1		<u> </u>		

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ROSIE'S HOUSE: A MUSIC ACADEMY FOR CHILDREN, INC. 86-0650451 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the lighest compensated related nstitutional trustee (W-2/1099-MISC) organization organizations ey employee and related below organizations line) 85,000. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 85,000. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) Description of services Name and business address NONE Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 of compensation from the organization

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Form 990 (2020) CHILDRE
Part VIII Statement of Revenue

			Check if Schedule O c	conta	ains a	response	or note to any lir	ne in this Par	t VIII			
								(A) Total rev	enue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ တ	1	а	Federated campaigns			1a						
ant	•		Membership dues			1b						
اع ق			Fundraising events			1c	2,500.	-				
ifts						1d						
nija,			Government grants (contri			1e	92,018.					
Sir			All other contributions, gifts,				,					
her it		-	similar amounts not included	-		1f 3,	903,319.					
호		g	Noncash contributions included in I			1g \$	101,541.					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					3,997,	837.			
							Business Code					
gy.	2	a										
Š		b										
Se		С										
am		d										
Program Service Revenue		е	-									
ᇫ		f	All other program service	reve	nue							
		g	Total. Add lines 2a-2f				>					
	3	}	Investment income (includ	_			•					
			other similar amounts) $_{\dots \dots}$					3,	264.	3,264.		
	4	ŀ	Income from investment of tax-exempt bond pr			proceeds						
	5	•	Royalties									
			_		(1)) Real	(ii) Personal	_				
	6		Gross rents	6a				-				
			Less: rental expenses	6b				-				
		C	Rental income or (loss)	6c	<u> </u>							
	,	d	Net rental income or (loss) Gross amount from sales of	<u>' </u>	(i) S	ecurities	(ii) Other					
	′	а	assets other than inventory	7a	<u> </u>	ccurrics	(ii) Other	-				
		h	Less: cost or other basis	1a				-				
ø		b		7b								
ther Revenue		c	Gain or (loss)					-				
3eV			Net gain or (loss)				•					
er	8		Gross income from fundraisir									
듐	_		including \$2	-								
			contributions reported on			- I						
			Part IV, line 18		•		0.					
		b	Less: direct expenses				0.					
		С	Net income or (loss) from t	fund	Iraising	g event <u>s</u>			0.			
	9	a	Gross income from gaming									
			Part IV, line 19			9a						
		b	Less: direct expenses			9b						
			Net income or (loss) from				.					
	10	а	Gross sales of inventory, le									
		_	and allowances									
			Less: cost of goods sold				<u> </u>					
		С	Net income or (loss) from s	sales	s of inv	ventory .	Business Code					
sn	44	_					Dualileas Code					
neo uue	''	a b	-									
ella		C										
Miscellaneous Revenue			All other revenue				900099	4.	587.	4,587.		
Σ			Total. Add lines 11a-11d						587.	,		
	12		Total revenue. See instruction					4,005,		7,851.	0.	0.
	_											

Form 990 (2020) CHILDREN, INC. Part IX Statement of Functional Expenses

Secti	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 respon	se or note to any line in			X					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		•		•					
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	85,000.	42,500.	17,000.	25,500.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	347,283.	273,181.	28,813.	45,289.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	35,965.	27,914.	2,765.	5,286. 5,443.					
10	Payroll taxes	35,296.	25,639.	4,214.	5,443.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal	2 22 1								
С	Accounting	8,634.		8,634.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	,	142 006	2 617	1 102	120 176					
	column (A) amount, list line 11g expenses on Sch O.)	142,896.	2,617.	1,103.	139,176.					
12	Advertising and promotion	97,326.	80,781.	4,636.	11,909.					
13	Office expenses	91,320.	00,701.	4,030.	11,909.					
14	Information technology									
15 16	Royalties	121,962.	68,486.	43,651.	9,825.					
17	Occupancy Travel	121,502.	00,400.	43,031.	3,023.					
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	502.	66.	429.	7.					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	36,789.	35,031.	1,758.						
23	Insurance	11,288.	7,901.	2,258.	1,129.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а	MARKETING AND PUBLIC RE	76,824.	34,342.	8,626.	33,856.					
b										
С										
d										
е	All other expenses	35,588.	30,909.	2,995.	1,684.					
25	Total functional expenses. Add lines 1 through 24e	1,035,353.	629,367.	126,882.	279,104.					
26	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)				5 000 (0000)					

Form 990 (2020)
Part X Balance Sheet

CHILDREN, INC.

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ı aı	• • •	Data loc officet					
		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			593,370.	1	1,363,220.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	1,674,805.
	4	Accounts receivable, net		4	5,792.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	se persons	s		5	
	6	Loans and other receivables from other disquali	fied perso	ns (as defined			
		under section 4958(f)(1)), and persons described		6			
Ø	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9				12,445.	9	37,486.
	10a						
		basis. Complete Part VI of Schedule D	10a	540,061.			
	b	Less: accumulated depreciation	10b	540,061. 303,726.	191,884.	10c	236,335.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	130,790.	12	383,841.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,520.	15	202,850.		
	16	Total assets. Add lines 1 through 15 (must equ			930,009.	16	3,904,329.
	17	Accounts payable and accrued expenses			2,119.	17	2,915.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
ipi		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	=				
		parties, and other liabilities not included on lines	•				
		of Schedule D	•		9,990.	25	13,179.
	26	Total liabilities. Add lines 17 through 25			12,109.	26	16,094.
		Organizations that follow FASB ASC 958, che	ck here	▶ X	·		
es		and complete lines 27, 28, 32, and 33.		· —			
anc	27				702,100.	27	740,764.
Bala	28				215,800.	28	3,147,471.
ρl		Organizations that do not follow FASB ASC 9	•		, ,		
Fu		and complete lines 29 through 33.					
ģ	29	Capital stock or trust principal, or current funds		29			
ets	30	Paid-in or capital surplus, or land, building, or ed		30			
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			917,900.	32	3,888,235.
2	33				930,009.	33	3,904,329.
					,		Form 990 (2020)

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Form 990 (2020) CHILDREN, INC. 86-0650451 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,03		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,97		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91	7,9	<u>00.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,88	8,2	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Employer identification number

CHILDREN 86-0650451 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	723,630.	725,954.	972,121.	1041476.	3971837.	7435018.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	723,630.	725,954.	972,121.	1041476.	3971837.	7435018.
5	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						
	amount shown on line 11,						
	column (f)						991,096.
	Public support. Subtract line 5 from line 4.						6443922.
Sec	ction B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	723,630.	725,954.	972,121.	1041476.	3971837.	7435018.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	912.	1,392.	2,538.	4,169.	3,264.	12,275.
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						7447293.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-		•			
0-	organization, check this box and stor						>
	ction C. Computation of Publi			. (6)		ГТ	06 52
	Public support percentage for 2020 (li					14	86.53 %
	Public support percentage from 2019					15	95.41 %
16a	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts		•	-	•	vi now the organiz	ation
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets the		•		•		. —
	organization meets the facts-and-circu						>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· • L

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	quality under the tests listed be ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						>
	ction C. Computation of Public					Т Т	
	Public support percentage for 2020 (lin			column (f))		15	%
						16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2020. If the						/ is not
ŀ	more than 33 1/3%, check this box and 33 1/3% support tests - 2019. If the	=	-	•			▶ ☐ I
•	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2020 CHILDREN, Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Voc	No
		Yes	140
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	9с		
	10a		
_	10b		
n 9	90 or 99	0-EZ)	2020

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	illy member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	super	vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		·		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
		ſ		Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	,	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 governmental entity (see ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
L		hese activities constituted substantially all of its activities.	2a		
υ		ne activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in If the reasons for the organization's position that its supported organization(s) would have engaged in			
			2b		
3		activities but for the organization's involvement. It of Supported Organizations. Answer lines 3a and 3b below.	_W		
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Schedule A (Form 990 or 990-EZ) 2020 CHILDREN, INC.

86-0650451 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
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-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

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

Schedule A (Form 990 or 990-EZ) 2020

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

86-065<u>0451 Page 8</u> Schedule A (Form 990 or 990-EZ) 2020 CHILDREN, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
VIRGINIA G. PIPER FOUNDATION	195,000.	46,054.
KAREN AND DAVID DIVINE	428,014.	279,068.
BHHS LEGACY FOUNDATION	380,000.	231,054.
STEELE FOUNDATION	300,000.	151,054.
D'ADDARIO FOUNDATION	205,000.	56,054.
SARA AND CURT GLASER	174,650.	25,704.
MARY EHRET	250,000.	101,054.
MARK PETERSON	250,000.	101,054.
Total Excess Contributions to Schedule A, Part II, Line 5		991,096.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

Name of the organization

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

CHILDREN, INC.

Employer identification number

86-0650451

Organization type (check one):			
Filers of	:	Section:	
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	, ,	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
General	Rule		
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special	Rules		
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.	
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.	
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year	
but it mu	: An organization thaust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

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

Employer identification number

86-0650451

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c) Total contributions	(d)		
	Name, address, and ZIP + 4	\$ 100,000.	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		
2		\$ 100,000.	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		\$ 250,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$ 315,000.	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_		\$ <u>200,000</u> .	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		
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

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

Employer identification number

86-0650451

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$\$\$	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
9		\$163,250 .	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
10		\$\$	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
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

CHILDREN, INC.

Employer identification number

86-0650451

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 14 X Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

CHILDREN, INC.

Employer identification number

86-0650451

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		
		- - - - \$			

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** ROSIE'S HOUSE: A MUSIC ACADEMY FOR CHILDREN, INC. 86-0650451 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROSIE'S HOUSE: A MUSIC ACADEMY FOR CHILDREN,

Employer identification number 86-0650451

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	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 wi	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	an be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a conservation easement on the last
	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 aff	ter 7/25/06, and not on a historic s	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated b	by the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handlir	ng of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing con	servation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	pense statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.		
Par			or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or researcl	h in furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these	e items.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement	and balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	n furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m)		. .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for fin	ancial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assats included in Form 900 Part V		

86-06<u>50451</u> Page **2**

Par	rt III Organizations Maintaining	g Collections of Art	, Historical Tre	asures, or Othe	er Similar	Assets	(continued	1)
3	Using the organization's acquisition, acce						•	,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exch	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization'	s collections and explain	how they further the	e organization's exe	empt purpos	e in Part X	III.	
5	During the year, did the organization solid							
	to be sold to raise funds rather than to be	e maintained as part of th	ne organization's col	lection?			Yes	No
Par	rt IV Escrow and Custodial Arr						e 9, or	
	reported an amount on Form 990,							
1a	Is the organization an agent, trustee, cus	todian or other intermedi	ary for contributions	or other assets no	t included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part							
						,	Amount	
С	Beginning balance				1c			
d	Additions during the year							
е	· · · · · · · · · · · · · · · · · ·							
f					1f			
2a	Did the organization include an amount o				ility?		Yes	No
	If "Yes," explain the arrangement in Part				•		[
Par	ert V Endowment Funds. Comple	ete if the organization ans	swered "Yes" on For	rm 990, Part IV, line	10.			
	•	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four yea	rs back
1a	Beginning of year balance	10,472.	11,353.	11,816.		1,659.		0,725.
b								
С	: Net investment earnings, gains, and losse		-881.	-463.		155.		1,825.
d	Grants or scholarships							
е	0.1							
	and programs							
f								
g		10 550	10,472.	11,353.	1	1,816.	1:	2,550.
2	Provide the estimated percentage of the	•	(line 1g. column (a)	held as:	•			
а		•	%					
b								
С		 *						
	The percentages on lines 2a, 2b, and 2c	 should equal 100%.						
За	Are there endowment funds not in the po	•	tion that are held an	d administered for	the organizat	ion		
	by:	· ·			ū		Ye	s No
	(i) Unrelated organizations						3a(i) X	
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related orga						3b	
4	Describe in Part XIII the intended uses of	the organization's endov	vment funds.					
Pai	rt VI Land, Buildings, and Equi	pment.						
	Complete if the organization answ	ered "Yes" on Form 990	, Part IV, line 11a. Se	ee Form 990, Part >	(, line 10.			
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumulated	d (d) Book va	lue
		basis (investm	nent) basis (other) d	epreciation			
1a	Land							
b								
С								
d			54	0,061.	303,72	6.	236,	335.
е	Other							
	al. Add lines 1a through 1e. (Column (d) mu	•	K. column (B), line 10	Oc.)		•	236,	335.

Schedule D (Form 990) 2020 CHILDREN, II	NC.	86	-0650451 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ARIZONA COMMUNITY			
(B) FOUNDATION	12,550.	END-OF-YEAR MARKET	VALUE
(C) TIME DEPOSITS	371,291.	END-OF-YEAR MARKET	VALUE
(D)	,		
(E)			
(F)			
(G)			
• •			
(H)	202 041		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	383,841.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
	on Form OOO Dort IV line 1	1d Coo Form 000 Dort V line 15	
Complete if the organization answered "Yes" (Description	Td. See Form 990, Part X, line 15.	(b) Book value
	Description		
(1) SECURITY DEPOSIT			202,850.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•	202,850.
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , ,	10 01 1111 000 1 0111 000, 1 4117, 1110 20	(b) Book value
			(b) Dook take
(1) Federal income taxes (2) ACCRUED PAYROLL AND BENEFI	.m.c		12 170
	. 10		13,179.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

13,179.

	dule D (Form 990) 2020 CHILDREN, INC.)650451 _{Page}
Pai	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,005,688
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	4,005,688
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,005,688
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expe	enses per Returr) .
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	1,035,353
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1			1,035,353
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	1,035,353
Pa	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, line 2; Part XI,
PAI	RT X, LINE 2:			
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INC	COME TAX UND	ER SECTION	501(C)(3)
OF	THE INTERNAL REVENUE CODE AND SIMILAR ST	TATE OF ARIZ	ONA TAX PRO	OVISIONS.
THE	ORGANIZATION'S FORM 990, RETURN OF ORGA	NIZATION EX	EMPT FROM 1	NCOME
TAX	ES, IS GENERALLY SUBJECT TO EXAMINATION	BY THE INTE	ERNAL REVENU	JE SERVICE
FOI	THREE YEARS AFTER THE DATE FILED.			

IF ANY, ON ITS EXEMPT ORGANIZATION FILINGS, AND THE LIKELIHOOD THAT UPON EXAMINATION THOSE POSITIONS WOULD BE SUSTAINED. BASED ON THE RESULTS OF THIS EVALUATION, MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS.

MANAGEMENT HAS EVALUATED THE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN,

ROSIE'S HOUSE: A MUSIC ACADEMY FOR Schedule D (Form 990) 2020 CHILDREN, IN Part XIII Supplemental Information (continued) 86-0650451 Page 5 CHILDREN, INC.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 instructions and the latest information.

QUQU Open to Public

OMB No. 1545-0047

Open to Publi

Name of the organization

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

Employer identification number 86-0650451

Part I Fundraising Activities. required to complete this par	 Complete if the organization answett. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e X Solicitar f X Solicitar g Special or oral agreement with any individual lart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	troi ot	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CHRIS EWING - 4225 NORTH 21ST STREET UNIT 5, PHOENIX, AZ	COUNSEL	Yes	No X	1,496,653.	122,250.	1,374,403.
Total			<u> </u>	1,496,653.	122,250.	1,374,403.
List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

86-	06	55(451	Page
-----	----	-----	-----	------

	וונו	of fundraising event contributions and gro	-			
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts				
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
₫		Catadalaman				
	8	Entertainment Other direct expenses				
	l -	Direct expense summary. Add lines 4 through			•	
	11	Net income summary. Subtract line 10 from li				
Pa	art I	Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
ine			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				3 1 3 3		(-) 3 (-)
æ	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	٦	The direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
					_	
	8	Net gaming income summary. Subtract line 7	nomine i, column (a)		······	I
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
a		the organization licensed to conduct gaming ac	_	states?		Yes No
k	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	/ear?	Yes No
t) If "	Yes," explain:				
	_					

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Does the organization conduct gaming activities with nonmembers?Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	☐ No						
to administer charitable gaming?								
·-· -·	Yes	No						
13 Indicate the percentage of gaming activity conducted in:								
a The organization's facility	13a	%						
b 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								
Address								
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No						
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$								
c If "Yes," enter name and address of the third party:								
Name ▶								
Address >								
16 Gaming manager information:								
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						
b 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 > \$								
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	III, lines 9,	9b, 10b,						
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	1							
/T) NAME OF FINDDATCED. CUDIC FWINC								
(I) NAME OF FUNDRAISER: CHRIS EWING								
(I) ADDRESS OF FUNDRAISER:								
4225 NORTH 21ST STREET UNIT 5, PHOENIX, AZ 85016								

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Schedule 6	G (Form 990 or 990-EZ)	CHILDREN,	INC.	86-0650451	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(continued)			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

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

Employer identification number 86-0650451

Par	tl Types	of Property	'								
	·			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	(d) Method of de noncash contribu	etermin	•	
1	Art - Works of a	art									
2		treasures									
3		interests									
4		olications									
5		ousehold goods									
6		vehicles									
7		nes									
8		perty									
9		olicly traded									
10		sely held stock									
11		tnership, LLC, c									
	trust interests										
12	Securities - Mis	scellaneous									
13		ervation contribu									
	Historic structu	ıres									
14	Qualified conse	ervation contribu									
15		esidential									
16		ommercial									
17		ther									
18											
19											
20		dical supplies									
21											
22		icts									
23		imens									
24		artifacts									
25	Other \blacktriangleright (MUSICAL		X	64		,541.				
26	Other \blacktriangleright (ROOFING	SUPPL)	X	1	24	,000.	FMV			
27	Other \blacktriangleright (·)								
28	Other 🕨 ()								
29	Number of For	ms 8283 receive	ed by the organ	ization during	the tax year for c	ontributions					
	for which the o	rganization com	npleted Form 82	283, Part V, D	onee Acknowledg	ement	29				
										Yes	No
30a	During the yea	r, did the organi	zation receive b	y contributio	n any property rep	orted in Part I, line	es 1 throug	h 28, that it			
	must hold for a	it least three yea	ars from the dat	te of the initia	l contribution, and	which isn't require	ed to be us	sed for			
	exempt purpos	ses for the entire	e holding period	l?					30a		_X_
b	•	be the arrangen									
31	Does the organ	nization have a g	gift acceptance	policy that re	equires the review	of any nonstandard	d contribut	ions?	31	Х	
32a	Does the organ	nization hire or u	use third parties	or related or	ganizations to soli	cit, process, or sell	l noncash				
	contributions?								32a		<u>X</u>
b	If "Yes," descri										
33	-	-	t an amount in	column (c) fo	r a type of property	for which column	(a) is ched	cked,			
	describe in Par	t II.									

Schedule M (Form 990) 2020

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Schedule M	(Form 990) 2020 CHILDREN, INC. 86-0650451 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
_	

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service ROSIE'S HOUSE: A MUSIC ACADEMY FOR Name of the organization

CHILDREN, INC.

Employer identification number 86-0650451

CHILDREN, INC.	00-0030431
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 IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	2,617.
MANAGEMENT AND GENERAL EXPENSES	1,103.
FUNDRAISING EXPENSES	5,176.
TOTAL EXPENSES	8,896.
CAPITAL CAMPAIGN MANAGEMENT SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	134,000.
TOTAL EXPENSES	134,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	142,896.