### \*\* 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)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the	$\pm$ 2021 calendar year, or tax year beginning $\pm$ UL $\pm$ , $\pm$ 2021 and $\pm$	ending J	UN 30, 2022	2									
В	Check if applicable	C Name of organization  ROSIE'S HOUSE: A MUSIC ACADEMY FOR		D Employer identif	fication number									
Г	Addre	**												
Ē	Name			86-06504	151									
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er									
	return. termin ated			G Gross receipts \$	3,508,967.									
	Amen			H(a) Is this a group										
Ē	Applic			for subordinate										
	pendi	PO BOX 13446, PHOENIX, AZ 85002		H(b) Are all subordinates										
$\overline{}$	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	or 527	1	a list. See instructions									
		e: WWW.ROSIESHOUSE.ORG	) <u> </u>	H(c) Group exempti										
		organization; X Corporation Trust Association Other	I Vear		M State of legal domicile: AZ									
	art I	Summary	III I CAI	or formation. ±333	W State of legal domicile, 112									
Sec. 200	***************************************	Briefly describe the organization's mission or most significant activities: OUR	ITSSTO	N TS TO ELT	MTNATE:									
ခ်င		BARRIERS TO HIGH-QUALITY MUSIC EDUCATION.		IN ID IO DEI										
Governance	2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets.													
Ver	3			3	12									
ဇ္ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12									
ళ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			41									
ţį	6	Total number of volunteers (estimate if necessary)			375									
Activities &	7 2	Total unrelated business revenue from Part VIII, column (C), line 12		7a										
¥	h	Net unrelated business taxable income from Form 990-T, Part I, line 11												
		Not difficulted bedfiness taxable moonle fight offit oso 1,1 art i, iiie 11		Prior Year	Current Year									
	8	Contributions and grants (Part VIII, line 1h)		3,997,837.										
Revenue	9	(5.1)(11.1)		0.										
Ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,264.										
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,587.										
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,005,688.										
	<del>1                                    </del>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.									
		Describe a side and successful and the successful a		0.										
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		503,544.	-1									
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.									
Sen	h	Fotal fundraising expenses (Part IX, column (D), line 25)	3	<u> </u>	U.									
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		531,809.	773,570.									
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,035,353.	1,468,216.									
		Revenue less expenses. Subtract line 18 from line 12	·····-	2,970,335.	1,977,586.									
	10	tevende reas expenses, oubtract line to from line 12												
ets (	20	Fotal assets (Part X, line 16)	Del	ginning of Current Year 3,904,329.	End of Year 5,925,868.									
ASSI	21	Total liabilities (Part X, line 26)		16,094.	60,047.									
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		3,888,235.	5,865,821.									
	art II	Signature Block		3,000,233.	3,003,021.									
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statemer	nts, and to the best of m	v knowledge and belief it is									
		, and complete. Declaration of preparer (other than officer) is based on all information of which			,,									
		Ber Bell Ballery		11.2	1.22									
Sigi	n	Signature of officer		Date										
Her	- 1	BECKY BELL BALLARD, CHIEF EXECUTIVE OFF	FICER											
		Type or print name and title												
		Print/Type preparer's name Preparer's signature		ate Check	PTIN									
Paid		BRITTNEY WILLIAMS, CPA, C Brothey William	ms	11.21.22   if   self-emplo	P01613163									
	arer	Firm's name HEINFELD, MEECH, & CO, F.C.		Join ompio	86-0558065									
-	Only	Firm's address 1365 N. SCOTTSDALE RD., SUITE 300	0	T.T. O CITY										
		SCOTTSDALE, AZ 85257		Phone no. 6 0	2-277-9449									
Маν	the IR	S discuss this return with the preparer shown above? See instructions		1	X Yes No									

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION IS TO ELIMINATE BARRIERS TO HIGH-QUALITY MUSIC EDUCATION.
	THROUGH MUSIC, WE SUPPORT YOUTH AS THEY DEVELOP THEIR FULL CREATIVE
	AND PERSONAL POTENTIAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 964,377. including grants of \$) (Revenue \$)
	ROSIE'S HOUSE IS TRANSFORMING THE FUTURE OF OUR COMMUNITY BY PROVIDING
	STUDENTS WHO ARE ECONOMICALLY DISADVANTAGED WITH OPPORTUNITY AND ACCESS
	THROUGH MUSIC EDUCATION. OUR PROGRAM PROMOTES GOAL-SETTING AND DEVELOPS
	OUR STUDENTS' COMMITMENT TO SECONDARY EDUCATION AND COMMUNITY SERVICE.
	ONE OF THE LARGEST FREE AFTERSCHOOL MUSIC PROGRAMS NATIONWIDE, WE SERVE
	PROVIDED 406 YOUTH NITH OVER 20 000 FREE MIGIC LEGGONG AND LOANED OVER
	PROVIDED 496 YOUTH WITH OVER 20,000 FREE MUSIC LESSONS AND LOANED OVER 300 FREE MUSICAL INSTRUMENTS. 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.
	CICLE OF FOVERIT AND FROVIDE TOOLS FOR LONG-TERM SUCCESS:
4b	(Code:) (Expenses \$
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{(Revenue \$}}\)
4e	Total program service expenses ▶ 964,377.
	Form <b>990</b> (2021)

	t IV Checklist of Required Schedules	-JT	P	age •
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		х
4	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	3		
4		4		х
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 22
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ŭ	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	- 1.5		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2021) 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	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			v
20	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 on Schedule O for Part VI, lines 11b and 19?	20	Х	
Par	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. ui	Check if Schoolula O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	INO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	, O J - F			

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Form 990 (2021) 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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
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 O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
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		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	_		v			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		$\vdash$			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<b>-</b>		X			
	to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year  7d	7c		_^			
	,	7e		х			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>6</del>		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h					
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
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?  Note: See the instructions for additional information the organization must report on Schedule O.	13a					
h	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						
c	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see the 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.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

ROSIE'S HOUSE: A MUSIC ACADEMY FOR 86-0650451 Page 6 Form 990 (2021) CHILDREN, INC. Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
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 assets?	5		X
6	Did the appropriation have provided the Identity	6		X
7a				
<i>,</i> a	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra		
b	and the state of t	7b		Х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
а		8a	Х	
_		8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	21	
9		9		Х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		1 Ia		
12a		12a	Х	
b		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	125		
·	on Schedule O how this was done	12c	Х	
13	Billion and the state of the st	13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
	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 on Schedule O. See instructions.	.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·Ju	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	.54		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availat	ole
-	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
·	statements available to the public during the tax year.	11		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KEVIN GORMAN - 602-252-8475			

PO BOX 13446, PHOENIX, AZ 85002

cords	▶.		

Form **990** (2021)

CHILDREN. INC.

86-0650451

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#### Form 990 (2021) 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

#### 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)	organization compensated (C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	<b>)</b> than c		Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week	_	cer an	a a a	recto	r/trus	iee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 Or C	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)		and related
	below	vidual	tutior	er	Key employee	loyee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) BECKY BELL BALLARD	50.00	1								_
CHIEF EXECUTIVE OFFICER				Х				105,000.	0.	0.
(2) CHRISTINA HOWARD	5.00	1								_
PRESIDENT				Х				0.	0.	0.
(3) GRETCHEN JEWELL	5.00	-								
VICE PRESIDENT				Х				0.	0.	0.
(4) NATALIE JONES	5.00									
TREASURER				X				0.	0.	0.
(5) ELSA LANDEROS	5.00	-								
SECRETARY	F 00			Х				0.	0.	0.
(6) CHRISTINA CHAMBERS	5.00	.,							_	
DIRECTOR	F 00	Х						0.	0.	0.
(7) TIM FONTES	5.00	<b>.</b> ,							_	_
DIRECTOR CARGIN	F 00	Х						0.	0.	0.
(8) ADRIANA GARCIA DIRECTOR	5.00	Х						0.	0.	_
(9) THOMAS GILSON	5.00	Δ						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(10) ALBERT LEFFLER	5.00	Δ						0.	0.	· ·
DIRECTOR	3.00	Х						0.	0.	0.
(11) DR. KIMBERLY MARSHALL	5.00							0.	0.	<u>.</u>
DIRECTOR	3.00	х						0.	0.	0.
(12) IVAN MARTINEZ MORALES	5.00							•	•	•
DIRECTOR	3,00	х						0.	0.	0.
(13) CHRISTINA NORDVALL	5.00							•	•	•
DIRECTOR	3,00	х						0.	0.	0.
(14) BENJAMIN PARK	5.00								0.1	•
DIRECTOR		х						0.	0.	0.
(15) MELISSA SOLIZ	5.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(16) PATRICK STEVENS	5.00									
DIRECTOR		Х						0.	0.	0.
(17) RICHARD UTSONOMIYA	5.00									
DIRECTOR		Х						0.	0.	0.

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Part VII   Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable			stimate	
	hours per week			ss per id a di				compensation	compensation		ar	nount	of
	(list any	_	<u> </u>			Π	T	from the	from related	- 1	000	other	tion
	hours for	Individual trustee or director				_			organizations (W-2/1099-MIS			pensa om th	
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	0'		anizat	
	organizations	truste	Institutional trustee		yee	mper		1099-NEC)	1000 1120)		_ ~	d relat	
	below	idual	ution	<u></u>	Key employee	st co	er	,			orga	anizati	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	- Pa						
(18) MARIO ANILES	5.00												
MEMBER		Х						0.		0.			0.
(19) LARREN WINN	5.00												
MEMBER		Х						0.		0.			0.
		1											
		1											
										$\neg$			
		1											
						$\vdash$				$\dashv$			
		1											
										$\dashv$			
		1											
						$\vdash$				-			
		-											
							Ļ	105 000		$\overline{}$			
1b Subtotal								105,000.		0.			0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	105,000.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													1
										r		Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fr	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0	<b>C</b> )	
Name and business	address	N	ONE	S				Description of s	ervices	С		nsatio	n
Total number of independent contractors (in	ncluding but n	ot lir	nited	d to t	thos	se lis	sted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation 🕨				(	)							

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Form 990 (2021) CHILDREN, INC.

Part VIII Statement of Revenue 86-0650451

ı aı	LVII		or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response	e or note to any iir	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè éxcluded
					function revenue	business revenue	from tax under sections 512 - 514
	_						30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a		-			
Gra		Membership dues 1b	61 000	-			
ts, (		Fundraising events 1c	61,000.	-			
ia iar		Related organizations 1d	05 000	-			
JS,		Government grants (contributions)	85,000.				
ti S	f	All other contributions, gifts, grants, and					
g H		similar amounts not included above 1f 3	,254,412. 29,990.				
dat	g	Noncash contributions included in lines 1a-1f 1g \$	29,990.				
<u>ဒိ မ</u>	h	Total. Add lines 1a-1f	<b>)</b>	3,400,412.			
			Business Code				
ġ.	2 a	i					
ξ	b	·					
Se	С	:					
am	d						
Program Service Revenue	е	,					
Pr	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter					
		other similar amounts)		3,283.	3,283.		
	4	Income from investment of tax-exempt bond		, , , , , ,	.,		
	5	Royalties	-				
	Ū	(i) Real	(ii) Personal				
	6 3		(-)	-			
		Gross rents 6a 6b		1			
	0	Rental income or (loss) 6c		-			
	ن	Not wested by a constant of the control of the co					
		Net rental income or (loss) Gross amount from sales of (i) Securities					
	<i>r</i> a	(7	(ii) Other	-			
		assets other than inventory 7a		-			
	D	Less: cost or other basis					
nu		and sales expenses		-			
Revenue		Gain or (loss)					
		Net gain or (loss)	<b></b>				
ther	8 a	Gross income from fundraising events (not					
₽		including \$ 61,000. of					
		contributions reported on line 1c). See	00 001				
		Part IV, line 188		-			
		Less: direct expenses 8	b 63,165.	24 216			24 216
		Net income or (loss) from fundraising events	<b>_</b>	34,916.			34,916.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19		-			
		Less: direct expenses 9	b				
	С	Net income or (loss) from gaming activities	<b>)</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances10	)a				
	b	Less: cost of goods sold10	b				
	С	Net income or (loss) from sales of inventory	<b></b>				
,			<b>Business Code</b>				
ő ű	11 a	<u> </u>					
Miscellaneous Revenue	b						
eve	С						
disc.	d	All other revenue	900099	7,191.	7,191.		
2		Total. Add lines 11a-11d		7,191.			
	12	Total revenue. See instructions		3,445,802.	10,474.	0.	34,916.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 105,000. 52,500. 21,000. 31,500. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 491,917. 379,043. 54,503. 58,371. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 24,941. 51,078. 21,222. 4,915. Other employee benefits 9 46,651. 34,000. 5,776. 6,875. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 9,175. 9,175. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 139,541. 2,370. 9,192. 151,103. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 195,240. 170,265. 11,184. 13,791. Office expenses 13 Information technology 14 15 Royalties 176,159. 49,140. 249,869. 24,570. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 445. 830. 351. 34. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 38,795. 2,306. 41,101. Depreciation, depletion, and amortization ..... 22 14,307. 10,014. 2,862. 1,431. 23 Other expenses. Itemize expenses not covered 24 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.) 51,205. 32,072. 8,820. 10,313. MARKETING AND PUBLIC RE 43,867. 60,740. 7,731. 9,142. All other expenses 1,468,216. 964,377. 203,356. 300,483. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2021)
Part X Balance Sheet

CHILDREN, INC.

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Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,363,220.	1	2,809,380.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		1,674,805.	3	2,282,129.	
	4	Accounts receivable, net			5,792.	4	6,267.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9				37,486.	9	4,601.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		579,048.			
	b	Less: accumulated depreciation		343,159.	236,335.	10c	235,889.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line	383,841.	12	384,472.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	202,850.	15	203,130.		
	16	Total assets. Add lines 1 through 15 (must ed		3,904,329.	16	5,925,868.	
	17	Accounts payable and accrued expenses			2,915.	17	862.
	18	Grants payable		18			
	19	Deferred revenue			0.	19	26,680.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or for	rmer office	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of th	ese perso	ns		22	
	23	Secured mortgages and notes payable to unre	elated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X	40 470		
		of Schedule D			13,179.		32,505.
	26			. 🕶	16,094.	26	60,047.
"		Organizations that follow FASB ASC 958, cl	neck here	• ► <u>X</u>			
ice		and complete lines 27, 28, 32, and 33.			740 764		751 470
alar	27	Net assets without donor restrictions			740,764.	27	751,470.
Ř	28	Net assets with donor restrictions			3,147,471.	28	5,114,351.
ū		Organizations that do not follow FASB ASC	958, che	ck here 🕨 📖			
F		and complete lines 29 through 33.	_				
ts c	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2 000 125	31	E 06E 001
Š	32	Total net assets or fund balances			3,888,235.	32	5,865,821.
	33	Total liabilities and net assets/fund balances			3,904,329.	33	5,925,868.

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Form 990 (2021) 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		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,445	5,8	02.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,468	3,2	16.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,977	7,5	86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,888	3,2	35.
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	5,865	5,8	21.
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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	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				
	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	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2021)

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

ROSIE'S HOUSE: A MUSIC ACADEMY FOR

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

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).) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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 on 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))

Schedule A (Form 990) 2021

CHILDREN, INC.

86-0650451 Page 2

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

(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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	725,954.	972,121.	1041476.	3971837.	3345511.	10056899.
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		000 101	1011176	2051225	2245544	10056000
	Total. Add lines 1 through 3	725,954.	972,121.	1041476.	3971837.	3345511.	10056899.
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,						0000007
	column (f)						2209337.
	Public support. Subtract line 5 from line 4.						7847562.
		( ) 0047	(1) 0040	( ) 0040	( 1) 0000	( ) 0004	
	ndar year (or fiscal year beginning in)	(a) 2017 725, 954.	(b) 2018 972,121.	(c) 2019 1041476.	(d) 2020 3971837.	(e) 2021	(f) Total 10056899.
	Amounts from line 4	123,334.	912,121.	1041470.	39/103/.	2242211.	10030033.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1,392.	2,538.	4,169.	3,264.	3,283.	14,646.
•	and income from similar sources  Net income from unrelated business	1,392.	2,330.	4,109.	3,204.	3,203.	14,040.
9							
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						10071545.
12	Gross receipts from related activities,	etc. (see instruction	nns)			12	
	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stor			•			
Sec	ction C. Computation of Publi						<u>, — </u>
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	77.92 %
15						15	86.53 %
16a	33 1/3% support test - 2021. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶□

Schedule A (Form 990) 2021

#### Schedule A (Form 990) 2021 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

Se	ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	: Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) etion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on 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 5	501(c)(3) organization	on,
	check this box and stop here						<b>.</b>
	ction C. Computation of Public					Т	
	Public support percentage for 2021 (lin			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2021. If the						/ is not
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the						▶ L
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

#### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	Λh		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		000
ule	A (Forn	n 990)	2021

	rt IV Supporting Organizations (continued)			age <b>o</b>
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	, , , , , , , , , , , , , , , , , , ,			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction		N <sub>2</sub>
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part \	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete S	Sections A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
<b>2</b> Re	ecoveries of prior-year distributions	2		
<b>3</b> Ot	ther gross income (see instructions)	3		
<b>4</b> Ac	dd lines 1 through 3.	4		
<b>5</b> De	epreciation and depletion	5		
<b>6</b> Pc	ortion of operating expenses paid or incurred for production or			
co	ollection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
<b>7</b> Ot	ther expenses (see instructions)	7		
8 Ac	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ag	ggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	verage monthly value of securities	1a		
<b>b</b> Av	verage monthly cash balances	1b		
<b>c</b> Fa	ir market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other factors			
(ex	xplain in detail in <b>Part VI</b> ):			
<b>2</b> Ac	equisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> St	ubtract line 2 from line 1d.	3		
4 Ca	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	e instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	ultiply line 5 by 0.035.	6		
<b>7</b> Re	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
<b>1</b> Ac	djusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> Er	nter 0.85 of line 1.	2		
<b>3</b> Mi	inimum asset amount for prior year (from Section B, line 8, column A)	3		
<b>4</b> Er	nter greater of line 2 or line 3.	4		
<b>5</b> Inc	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
Section	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
	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 <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	-	(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	LAGGGG II OHI LUL I				

Schedule A (Form 990) 2021

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

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
KAREN AND DAVID DIVINE	889,147.	687,716.
BHHS LEGACY FOUNDATION	430,000.	228,569.
STEELE FOUNDATION	270,000.	68,569.
D'ADDARIO FOUNDATION	205,000.	3,569.
MARY EHRET	250,000.	48,569.
MARK PETERSON	250,000.	48,569.
VIRGINIA G. PIPER FOUNDATION	919,500.	718,069.
DAVID REESE	210,000.	8,569.
THE BOB AND RENEE PARSONS FOUNDATION	300,000.	98,569.
THE BURTON FAMILY FOUNDATION	500,000.	298,569.
Total Excess Contributions to Schedule A, Part II, Line 5		2,209,337.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990 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 <b>not</b> 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					
Note: Or	nly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 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	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Name of organization ROSIE'S HOUSE: A MUSIC ACADEMY FOR **Employer identification number** 

86-0650451

CHILDREN, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person **Payroll** 210,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person **Payroll** 461,133. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 300,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person **Payroll** 400,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person **Payroll** 802,500. Noncash (Complete Part II for

Name of organization Employer identification number

ROSIE'S HOUSE: A MUSIC ACADEMY FOR CHILDREN, INC. 86-0650451

Part II	<b>Noncash Property</b> (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	FMV (or estimate) (See instructions.)    S	
		_	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	FMV (or estimate)	
		_	
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	FMV (or estimate)	
		_	
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	FMV (or estimate)	
		—   <sub>\$</sub>	

Name of organization **Employer identification number** ROSIE'S HOUSE: A MUSIC ACADEMY FOR 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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

Inspection

ROSIE'S HOUSE: A MUSIC ACADEMY FOR Name of the organization

CHILDREN, INC. **Employer identification number** 86-0650451

		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		neld in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for a	ny other purpose	conferring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Y	es" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	of a historically important land area
	Protection of natural habitat		Preservation o	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contri	bution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Y
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not o	n a historic struct	ure
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspe	ction, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conserva	ation easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	's financial statem	nents that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		easures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its re	venue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educatio	n, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that de	scribes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reveni	ue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furt	herance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assats included in Form 000 Part V			

86-0650451 Page **2** 

Par	rt III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	er Simil	ar Asset	s (contii	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		0 1 0					
С									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or	· ·	•	-					
	to be sold to raise funds rather than to be mai		•	*			Yes		No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Part		3			,	,		
1a	Is the organization an agent, trustee, custodia	ın or other intermedi	ary for contributions	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a						_		
	3		3				Amoun	t	
С	Beginning balance				1c				
	Additions during the year								
е	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo					·	Yes		No
	If "Yes," explain the arrangement in Part XIII.				•				ĺ
	rt V Endowment Funds. Complete if								
	·	(a) Current year	(b) Prior year	(c) Two years back	_	e years back	(e) Fou	r years	back
1a	Beginning of year balance	12,550.	10,472.		+	11,816.			659.
b	Contributions	,	•						
c	Net investment earnings, gains, and losses	-1,548.	2,078.	-881.		-463.			155.
d	Grants or scholarships	,	,						
e	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
a	End of year balance	11,002.	12,550.	10,472.		11,353.		11.	816.
2	Provide the estimated percentage of the curre		•	,	ı	,	ı		
a	Board designated or quasi-endowment	•	%	, riora ao.					
b	Permanent endowment	%							
·	The percentages on lines 2a, 2b, and 2c shou	-							
За	Are there endowment funds not in the possess	•	tion that are held ar	nd administered for t	the organ	zation			
	by:				e ergan			Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat								
4	Describe in Part XIII the intended uses of the								
Par	rt VI Land, Buildings, and Equipme								
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumula	ated	(d) Boo	k valu	خ 
	bescription of property	basis (investr	` '		epreciatio		( <b>u</b> ) 200	it valu	•
	Land	<del>-   · · · · · · · · · · · · · · · · · · </del>	,	. ,					
b	Buildings	<b>I</b>							
	Leasehold improvements								
d	Equipment	I	57	9,048.	343,	159.	23	5,88	39.
	Other			-,	/			<u> </u>	
	Add lines 1a through 1e (Column (d) must on		V column (D) line 1	00.)			23	5.88	39.

	NC BE: W MOSIC WC		5-0650 <b>4</b> 51 Page <b>3</b>
Schedule D (Form 990) 2021 CHILDREN, I	NC •	86	5-0050451 Page <b>3</b>
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
	(b) Book value	(c) Method of Valdation. Cost of en	u-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) ARIZONA COMMUNITY			
	11,002.	END-OF-YEAR MARKET	1 773 T TTE
TIVE DEPOSITES	373,470.	END-OF-YEAR MARKET	
	3/3,4/0.	END-OF-TEAK MARKET	VALUE
(D)			
(E)			
(F)			
(G)			
(H)	384,472.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	304,472.		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	(b) DOOK value	(c) Wethod of Valuation. Cost of en	u-or-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.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
-	Description	Ta. coc roini coc, rait x, iiic ro.	(b) Book value
	Bookipalon		(b) Book value
(1)			
(2)			
(3)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15\		
Part X Other Liabilities.	; 10.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability	,	, ,	(b) Book value
(1) Federal income taxes			(, = = =
(2) ACCRUED PAYROLL AND BENEII	FTS		32,505.
(3)	· - <del></del>		32,303.
(4)			
(5)			
(6)			
(7)			
(8)			
107			

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

32,505.

(9)

		Reconciliation of Revenue per Audited Financial Statement	s With	Revenue per Ret	turn.	rage
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r				1	3,508,967.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а		realized gains (losses) on investments	2a			
b		ed services and use of facilities	2b			
С		eries of prior year grants	2c			
d		(Describe in Part XIII.)	2d	63,165.		
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	63,165.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	3,445,802.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total r	evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)			5	3,445,802.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	ts With	Expenses per R	eturr	١.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	1,531,381.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior y	ear adjustments	2b			
С		osses	2c			
d	Other	(Describe in Part XIII.)	2d	63,165.		
е	Add lir	nes 2a through 2d			2e	63,165.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	1,468,216.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	1,468,216.
Pa	rt XIII	Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			; Part X	í, line 2; Part XI,

#### PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND SIMILAR STATE OF ARIZONA TAX PROVISIONS.

THE ORGANIZATION'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME

TAXES, IS GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE

FOR THREE YEARS AFTER THE DATE FILED.

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

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.

#### ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Schedule D (Form 990) 2021 CHILDREN, INC.	86-0650451 Page 5
Schedule D (Form 990) 2021 CHILDREN, INC.  Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT DIRECT DONOR BENEFITS	63,165.
	•
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT DIRECT DONOR BENEFITS	63,165.

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

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

 $\begin{array}{l} \textbf{Employer identification number} \\ 86-0650451 \end{array}$ 

Part I Fundraising Activities required to complete this pa	• Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rate</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, I b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the</li> </ul>	e X Solicita  f X Solicita  g Special  or oral agreement with any individual  Part VII) or entity in connection with p  lividuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding 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	have o	Did raiser ustody itrol of utions?	(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	1,185,000.	130,000.	1,055,000.
Total  3 List all states in which the organizati or licensing.	ion is registered or licensed to solicit	contrib	utions	1,185,000. or has been notified	130,000. it is exempt from re	

CHILDREN, INC.

86-0650451 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through OVATION GALA col. (c)) (event type) (event type) (total number) 159,081. 159,081. Gross receipts 61,000. 2 Less: Contributions 61,000. 3 Gross income (line 1 minus line 2) 98,081. 98,081. 1,000. 1,000. 4 Cash prizes 5 Noncash prizes Direct Expenses 29,064. 29,064. 6 Rent/facility costs 33,101. 33,101. 7 Food and beverages 8 Entertainment Other direct expenses 63,165. 10 Direct expense summary. Add lines 4 through 9 in column (d) 34,916. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

## ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Sch	nedule G (Form 990) 2021 CHILDREN, INC.	86-0650451	L Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	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
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		,-
•	Zinor and harmo and dadroso of the person who propared the organization organization of garming openia of the books and records		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt	
	of gaming revenue retained by the third party > \$		
	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		
47	Manualatana diatriba di ana		
	Mandatory distributions:		
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license?		∟ No
'	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	tne	
Ds	organization's own exempt activities during the tax year  square IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): a	and Doublil lines O	0h 10h
1 6	The state and explanations required by the state (iii) and (iii) and (iii) and	ind Part III, lines 9,	96, 106,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	SERS:	
_			
(I	) NAME OF FUNDRAISER: CHRIS EWING		
<u> </u>			
<u>(I</u>	ADDRESS OF FUNDRAISER:		
<u>42</u>	25 NORTH 21ST STREET UNIT 5, PHOENIX, AZ 85016		

## ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Schedule C	G (Form 990)  Supplemental Infor	CHILDREN,	INC.	86-0650451	Page 4
Part IV	Supplemental Infor	mation (continued)	1		

#### **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 Employer identification number CHILDREN, INC. 86-0650451

Pai	tl Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d)  Method of donorcash contributes	etermini	_	s
1	Art - Works of a	art			,				
2									
3	Art - Fractional interests								
4		olications							
5		ousehold goods							
6		vehicles							
7		nes							
8		perty							
9		blicly traded							
10		sely held stock							
11		rtnership, LLC, or							
	trust interests								
12		scellaneous							
13		ervation contribution -							
	Historic structu								
14		ervation contribution - Other							
15		esidential							
16		ommercial							
17		ther							
18									
19		/							
20		dical supplies							
21 22									
23		icts							
23 24	Archeological a	imens							
25		MUSICAL INSTR )	X	87	27,990	) FMV			
26	Other •	SUPPLIES	X	1	2,000	), FMV			
27	Other •	)		_					
28	Other (	<u> </u>							
29		ms 8283 received by the organi	zation during	the tax year for c	ontributions	•			
		rganization completed Form 82							
				J				Yes	No
30a	During the yea	r, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 thro	ough 28, that it			
	must hold for a	at least three years from the date	e of the initia	l contribution, and	which isn't required to be	used for			
	exempt purpos	ses for the entire holding period	?				30a		Х
b	If "Yes," descri	be the arrangement in Part II.							
31	Does the organ	nization have a gift acceptance	policy that re	equires the review	of any nonstandard contri	butions?	31	Х	
32a	Does the organ	nization hire or use third parties	or related or	ganizations to soli	cit, process, or sell nonca	sh			
	contributions?						32a		Х
b	If "Yes," descri	be in Part II.							
33	If the organizat	ion didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is c	hecked,			
	describe in Par	t II.							

#### ROSIE'S HOUSE: A MUSIC ACADEMY FOR

Schedule M	l (Form 990) 2021	CHILDREN,	INC.	86-0650451 Page 2
Part II	Supplemental	Information.	Provide the information required by Part I, lines 30b, 32b, and 33 number of contributions, the number of items received, or a comon.	3, and whether the organization
	is reporting in Part this part for any ac	t I, column (b), the r	number of contributions, the number of items received, or a com	bination of both. Also complete
			···	

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

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

**Employer identification number** 86-0650451

CHILDREN, INC.	86-0650451
FORM 990, PART VI, SECTION B, LINE 11B:	
REVIEWED BY TREASURER AND CEO.	
FORM 990, PART VI, SECTION B, LINE 12C:	
REVIEWED BY BOARD ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
SET BY BOARD ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	2,370.
MANAGEMENT AND GENERAL EXPENSES	9,192.
FUNDRAISING EXPENSES	9,541.
TOTAL EXPENSES	21,103.
CAPITAL CAMPAIGN MANAGEMENT SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	130,000.
TOTAL EXPENSES	130,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	151,103.