IRS e-file Signature Authorization for an Exempt Organization

. 2020, and ending	. 20

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning

▶ Do not send to the IRS. Keep for your records.

Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number 04 - 3095890ROSENBERG FUND FOR CHILDREN, INC. Name and title of officer or person subject to tax JENNIFER MEEROPOL PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here \blacktriangleright X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b _____ 801,107. 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b **b** Total tax (Form 1120-POL, line 22) ______ 3b 3a Form 1120-POL check here 4a Form 990-PF check here ► **b Tax based on investment income** (Form 990-PF, Part VI, line 5) 4b b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above organization or 📖 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I múst contact the U.S. Treasury Financial Agent át 1-888-353-4537 no later than 2 business dáys prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | Lauthorize BOISSELLE, MORTON & WOLKOWICZ, LLP to enter my PIN Enter five numbers but ERO firm name do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. \perp As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 04027585890 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date > 10/25/21ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

illing of tr	ils form, visit www.irs.gov/e-me-providers/e-me-for-charr	ues-ariu-r	ion-pronts.			
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts	
must use	Form 7004 to request an extension of time to file incom	e tax retu	rns.			
Type or	Name of exempt organization or other filer, see instru	ctions		Taxpaver	identification numl	per (TIN)
orint	Traine of exempt organization of earlier filer, see motion	otionis.		Γακραγοί	idontinoation nami	301 (1111)
	ROSENBERG FUND FOR CHILDREN	N, IN	C.		04-309589	90
File by the due date for illing your	Number, street, and room or suite no. If a P.O. box, so 116 PLEASANT STREET, NO. 34		tions.			
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a for EASTHAMPTON, MA 01027	oreign add	dress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Applicati	on	Return	Application			Return
s For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	P-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	9-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	O-T (trust other than above) CORPORATION	06	Form 8870			12
Teleph If the o	books are in the care of \blacktriangleright 116 PLEASANT ST none No. \blacktriangleright 413-529 $\overline{-0063}$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Ur Group Exe	Fax No. inited States, check this box	f this is for	r the whole group, o	
oox 🖊	If it is for part of the group, check this box	and atta	ach a list with the names and TINs or	f all memb	ers the extension is	for.
the	quest an automatic 6-month extension of time until $\underline{\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	anization's	s return for:	e the exem	pt organization reti	urn for
	tax year beginning	, an			<u> </u>	
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n	
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less			
any	nonrefundable credits. See instructions.			За	\$	0.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_
est	imated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					_
	ng EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.
Caution: nstructio	If you are going to make an electronic funds withdrawal ns.	(direct de	ebit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO fo	or payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO NOVEMBER 15, 2021

Form **99**0

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2020 calendar year, or tax year beginning and e	ending	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres change	ROSENBERG FUND FOR CHILDREN, INC.			
F	Name change	Doing business as		04-30958	90
F	Initial return		Room/suite	E Telephone number	
	Final return/		348	413-529-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,604,795.
	Amendoreturn	EASTHAMPTON, MA 01027		H(a) Is this a group re	eturn
	Applica tion	F Name and address of principal officer: JENNIFER MEEROPOL		for subordinates	? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions
		e: ▶ WWW.RFC.ORG		H(c) Group exemption	
K	Form of o	organization: X Corporation Trust Association Other	L Year o	of formation: 1990 N	State of legal domicile: MA
P		Summary	OTTER	TOD WITE TO	
9	1 1	Briefly describe the organization's mission or most significant activities: TO PR	COATDE	FOR THE ED	UCATIONAL
Jan	-	AND EMOTIONAL NEEDS OF THE CHILDREN OF TA			
Governance		Check this box Lifthe organization discontinued its operations or dispose		1 1	ssets.
Ĝ					6
დ დ		Number of independent voting members of the governing body (Part VI, line 1b) Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)			$\frac{3}{7}$
ij		otal number of individuals employed in calendar year 2020 (Fart V, line 2a)			6
Activities &		otal number of volunteers (estimate in necessary) otal unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8 (Contributions and grants (Part VIII, line 1h)		637,871.	575,332.
'n		Program service revenue (Part VIII, line 2g)		4,423.	16,366.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		319,742.	209,409.
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		962,036.	801,107.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		337,651.	361,121.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot}$		226,985.	210,947.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Α×	b]	otal fundraising expenses (Part IX, column (D), line 25) 41,78		164,143.	134,071.
Ξ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		728,779.	706,139.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		233,257.	94,968.
T.		Revenue less expenses. Subtract line 16 from line 12	Re	ginning of Current Year	End of Year
ets (20 7	otal assets (Part X, line 16)		6,082,934.	6,947,824.
ASS	21	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		132,531.	187,518.
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line 20		5,950,403.	6,760,306.
	art II	Signature Block			· · ·
Unc	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	ich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	JENNIFER MEEROPOL, PRESIDENT			
		Type or print name and title	i n)ata I I	II DTIN
D-'	, l	Print/Type preparer's name Preparer's signature TOCKEDIA D. MOLKOWICK. CDA TOCKEDIA D. MOLKOWI	l l	Date Check	PTIN
Pai		JOSÉPH P. WOLKOWICZ, CPA JOSÉPH P. WOLKOW Firm's name BOISSELLE, MORTON & WOLKOWICZ, L			P00734754 13-4260189
	· +		ıLP	Firm's EIN	17-4700103
USE	, only	Firm's address 48 BAY ROAD, PO BOX 374 HADLEY, MA 01035		Dhone no /11	3-587-0099
Ma	v the IR	S discuss this return with the preparer shown above? See instructions		LEHOHE HO. 4.1	X Yes No

Page **2**

Pa	Check if Schedule O contains a response or note to any line in this Part III	7
1	Briefly describe the organization's mission: SEE SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	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	0
	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 \$ 591,115 · including grants of \$ 361,121 ·) (Revenue \$ 16,366 ·	١
ra	IN 2020, THE RFC MADE 145 GRANTS TO 96 FAMILIES AND 198 CHILDREN	. '
	TOTALING \$399,450 (INCLUDING 12 FAMILIES AND 28 CHILDREN SERVED BY TWO	
	GROUP GRANTS AND \$45,700 FOR MORE THAN 150 GROCERY GIFT CARDS). 15 NEW	
	FAMILIES JOINED THE RFC COMMUNITY THIS YEAR, RECEIVING \$41,880 IN THE	
	FORM OF ONE TAY GRANT AND 14 REGULAR GRANTS. AGES IN THESE FAMILIES	
	RANGE FROM FOUR-YEARS-OLD TO 24.	
4b	(Code:) (Expenses \$)
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$.)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 591,115.	

Form 990 (2020) ROSENBERG FU. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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 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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	טדו		_ <u>-</u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Dest IV	Charlist of Dogwing Cabadulas	/ !! !!
Partiv	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	Х	
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			l
	Schedule J	23		Х
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	١		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes, " complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		Α.
34	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
· a	Check if Schedule O contains a response or note to any line in this Part V			
	Should be contained a response of note to diff into it that v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		- 55	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

(D20) ROSENBERG FUND FOR CHILDREN, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 7								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	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	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	a 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 A	ccounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e 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 contribut	ions or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).				37					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the five form appear.	•	- -		х					
	to file Form 8282?	ı	7с		Λ					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7-		Х					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.		7f		-22					
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airpla		7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711							
Ū	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Didd		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1								
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c	44		v					
			14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		х					
	excess parachute payment(s) during the year?		15		Δ.					
16	If "Yes," see instructions and file Form 4720, Schedule N.	t incomo?	16		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "You" complete Form 4720. School up O	t income?	16		Λ					
	If "Yes," complete Form 4720, Schedule O.									

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.

	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
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	X	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			77
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		τ,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-25	
С	in Schedule O how this was done	12c	х	
13	Print the state of	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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA, CA, CO, CT, FL, GA, IL, MD, ME	,MI	, NJ	, NM
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 only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CORPORATION - 413-529-0063			
	116 PLEASANT STREET #348. EASTHAMPTON. MA 01027			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizatio	n nor any related	orga	aniza	ation	cor	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week				I)/ (I US		from	from related	other
	(list any hours for	or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099***********************************	organization
	organizations	In divid ual trustee	Institutional trustee		yee	Highest compensated employee		(** 2) 1000 111100)		and related
	below	idual	ution	 	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) JOSE AYERVE	2.00									
DIRECTOR "PAST"		Х						0.	0.	0.
(2) ANDREA AYVAZIAN	2.00									
DIRECTOR "PAST"		Х						0.	0.	0.
(3) MICHAEL D. FORD	2.00									
DIRECTOR		Х						0.	0.	0.
(4) NINA ALANI LESSIN-JOSEPH	2.00									
DIRECTOR		Х						0.	0.	0.
(5) JAVIER LUENGO-GARRIDO	2.00									
DIRECTOR "PAST"		Х						0.	0.	0.
(6) WILLIAM NEWMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) CHRISTINA PLATT	3.00									
DIRECTOR		Х						0.	0.	0.
(8) CLAUDIA QUINTERO	2.00									
DIRECTOR "PAST"		Х						0.	0.	0.
(9) CHIEDZA RODRIGUEZ PABON	2.00									
DIRECTOR "PAST"		Х						0.	0.	0.
(10) BRUCE MILLER	4.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(11) ROBERT MEEROPOL	4.00									
TREASURER & FOUNDER		Х		Х				0.	0.	0.
(12) JENNIFER MEEROPOL	44.00									
EXECUTIVE DIRECTOR & CLERK		Х		Х				70,813.	0.	0.
		1								
			I	ı	I	I	ı	l	I	

032007 12-23-20 Form **990** (2020)

the Subtotal Total (add lines to and to) T		(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable		Est	(F) timate	d
related organizations below line) 1b Subtotal 1c Total from continuation sheets to Part VII, Section A 1d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Implication and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization of iner 1a is the sum of reportable compensation from the organization and related organization? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization of iner 1a is the sum of reportable compensation from any unrelated organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensat the organization. Report compensation from the organization's tax year. (A)		rane and the	hours per week (list any	box offi	, unle	ss pe	rson lirecto	is bot or/trus	h an tee)	compensation from the	compensation from related organizations	3	am com	nount of the control	of ion
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensate the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)	5 Di	d any person listed on line 1a receive or	accrue compe	nsat	ion 1	rom	any	/ uni	elat	ted organization or indiv	idual for services		4		X
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												pens	ation f	rom	
			address	N	INC	3					ervices	C	(C comper		1
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0				ot li	mite	d to		^	stec	d above) who received m	nore than				

04-3095890 ROSENBERG FUND FOR CHILDREN, INC. Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 575,332. 1f g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f . 575,332. **Business Code** 2 a SPEAKER FEES/OTHER INCOME Program Service Revenue 900099 16,366. 16,366. С f All other program service revenue 16,366. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 86,758. 86,758. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,926,339. assets other than inventory **b** Less: cost or other basis Other Revenue 1,803,688. and sales expenses 7b 122,651. c Gain or (loss) ______7c 122,651. 122,651. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a b d All other revenue

801,107.

16,366.

209,409.

e Total. Add lines 11a-11d Total revenue. See instructions

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).

3600	ion 501(c)(3) and 501(c)(4) organizations must com	-		impiete columni (A).						
Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) (B) (C) (D)										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations	40 000	40 000							
	and domestic governments. See Part IV, line 21	12,000.	12,000.							
2	Grants and other assistance to domestic	240 101	240 101							
	individuals. See Part IV, line 22	349,121.	349,121.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	70 012	E 2 401	0 206	0 206					
	trustees, and key employees	70,813.	52,401.	9,206.	9,206.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	105 205	04 000	14 105	6 202					
7	Other salaries and wages	105,295.	84,908.	14,105.	6,282.					
8	Pension plan accruals and contributions (include									
_	section 401(k) and 403(b) employer contributions)	20,563.	16 051	1,806.	1 006					
9	Other employee benefits	14,276.	16,951. 11,130.	1,806.	1,806. 1,256.					
10	Payroll taxes	14,4/0.	11,130.	1,090.	1,230.					
11	Fees for services (nonemployees):									
	Management									
	Legal	7,140.		7,140.						
	Accounting	7,140.		7,140.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17	42,142.	26,793.	15,349.						
f	Investment management fees	42,142.	20,195.	13,349.						
g	Other. (If line 11g amount exceeds 10% of line 25,	6,511.	1,118.	4,291.	1 102					
40	column (A) amount, list line 11g expenses on Sch O.)	1,695.	998.	604.	1,102.					
12	Advertising and promotion	33,271.	14,679.	4,125.	14,467.					
13	Office expenses	4,215.	1,897.	590.	1,728.					
14	Information technology	4,215	1,057.	350.	1,720					
15 16	Royalties	19,044.	12,379.	3,237.	3,428.					
17	Occupancy	870.	696.	174.	3,1201					
18	Payments of travel or entertainment expenses	0700	0501							
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20										
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	1,418.	335.	1,083.						
24	Other expenses. Itemize expenses not covered			,						
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	FEES	4,033.	387.	3,093.	553.					
b	SUPPLIES	3,774.	1,653.	1,578.	543.					
c	TELEPHONE AND INTERNET	3,614.	2,660.	488.	466.					
d	SPECIAL EVENT PROG EXPS	2,485.	157.	2,328.						
е	All other expenses	3,859.	852.	2,154.	853.					
25	Total functional expenses. Add lines 1 through 24e	706,139.	591,115.	73,241.	41,783.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
_	Check here if following SOP 98-2 (ASC 958-720)									
	0. 10.00.00				Form 990 (2020)					

Form 990 (2020) Part X Balance Sheet

Ра	IL A	balance Sneet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			264,296.	1	246,077.
	2	Savings and temporary cash investments			57,959.	2	95,543.
	3				63,027.	3	127,582.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			8,533.	9	11,291.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	22,206.			
	b	Less: accumulated depreciation	10b	22,206.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir	ie 11		5,687,319.	12	6,465,531.
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		1,800.	15	1,800.	
	16	Total assets. Add lines 1 through 15 (must e	qual line :	33)	6,082,934.	16	6,947,824.
	17	Accounts payable and accrued expenses	31,407.	17	28,097.		
	18	Grants payable			101,124.	18	159,421.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer offi	cer, director,			
#		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela		_		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D			122 521	25	187,518.
	26	Total liabilities. Add lines 17 through 25			132,531.	26	107,310.
S		Organizations that follow FASB ASC 958, o	check he	re 🕨 🕰			
ü		and complete lines 27, 28, 32, and 33.			2,203,974.		2,383,903.
sala	27	Net assets without donor restrictions			3,746,429.	27	4,376,403.
Ā	28	Net assets with donor restrictions			3,740,423.	28	4,370,403.
Ξ		Organizations that do not follow FASB ASC	958, cn	eck nere			
٥	00	and complete lines 29 through 33.	-1-			00	
ets	29	Capital stock or trust principal, or current fun				29	
\SS.	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			5,950,403.	31	6,760,306.
Z	32	Total liabilities and not assets /fund balances			6,082,934.	32	6,947,824.
	33	Total liabilities and net assets/fund balances			0,002,934.	33	0,541,044.

Form **990** (2020)

4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 5 714, 6 Donated services and use of facilities 6 7 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					
2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 94, 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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					
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Accounting method used to prepare the Form 990:					
1 Accounting method used to prepare the Form 990:	X				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	No				
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X Separate basis Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
review, or compilation of its financial statements and selection of an independent accountant?					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
Act and OMB Circular A-133?	X				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits					

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ROSENBERG FUND FOR CHILDREN, INC. 04 - 3095890Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and						_	
	membership fees received. (Do not							
	include any "unusual grants.")	720,370.	758,651.	704,058.	637,871.	575,332.	3,396,282.	
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	500 050	FF0 (F4		605 054	555 222		
4	Total. Add lines 1 through 3	720,370.	758,651.	704,058.	637,871.	575,332.	3,396,282.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						3,396,282.	
	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2016 720, 370.	(b) 2017 758,651.	(c) 2018 704, 058.	(d) 2019 637,871.	(e) 2020 575,332.	(f) Total	
	Amounts from line 4	120,370.	750,051.	704,056.	037,071.	3/3,332.	3,396,282.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	82,207.	76,719.	94,230.	106,120.	86,758.	446,034.	
_	and income from similar sources	02,207	70,719.	94,230.	100,120.	00,750.	440,034.	
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	1,678.	2,282.	6,508.	4,423.	16,366.	31,257.	
11		2,0.00	2,2021	0,3001	1,123	20,0001	3,873,573.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	31,257.	
13	First 5 years. If the Form 990 is for the			fourth or fifth tax				
	organization, check this box and stor	- h		,	•	* * * * *		
Sec	ction C. Computation of Publ						······	
	Public support percentage for 2020 (column (f))		14	87.68 %	
15						15	89.30 %	
16a	5 Public support percentage from 2019 Schedule A, Part II, line 14							
	stop here. The organization qualifies as a publicly supported organization ▶ X							
b	33 1/3% support test - 2019. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		▶□	
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the		
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a publicly	y supported organ	ization	▶∐	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□	

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

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

Se	ction A. Public Support	slow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	1	` ` `
	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					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	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					+	
	Total. Add lines 1 through 5			-	-		
/ 6	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
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	501(c)(3) organizat	ion,
_	check this box and stop here						>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves		<u>-</u>				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
•	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organizatio						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
3a		
3b		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		
m 990 or 99	JU-EZ)	2020

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11.5		
·		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
		<i>y</i>		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directo	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		7 Type ii capperang organizatione		Yes	No
1	Word .	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in line 2, above, did the organization's supported organizations have a			
3		cant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
		abstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-		supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

_	dule A (Form 990 or 990 EZ) 2020 ROSENBERG FUN				4-3095890 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(contin}	ued)	
Sect	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 organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio	ns	Distributable
			Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROSENBERG FUND FOR CHILDREN, INC.

Employer identification number 04 - 3095890

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	· ·	•
Pai			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		I
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in t	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 900 Part Y		<u> </u>

Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, d	or Othe	r Similar A	sset	S (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	ıt make si	gnificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d	·	Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exem	npt purpose ir	n Part	XIII.	
5	During the year, did the organization solicit o				•					
D	to be sold to raise funds rather than to be ma								Yes	No_
Pa	reported an amount on Form 990, Par		ete if the	organizatio	on answered '	"Yes" on I	Form 990, Pa	rt IV, li	ne 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?							Ш	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:						
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo						:y?	Ш	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Pa	T V Endowment Funds. Complete in	-			1	1				
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three years	back	(e) Four <u>y</u>	ears back
1a	Beginning of year balance									
b	Ontributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland		g, column (a)) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ssion of the organization	ation tha	at are held a	and administe	ered for th	e organizatior	1	Г.	.
	by:									Yes No
	(i) Unrelated organizations								3a(i)	_
	(ii) Related organizations								3a(ii)	
_	If "Yes" on line 3a(ii), are the related organiza								3b	
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunas.						
ı a	Complete if the organization answered) Dort I\	/ lino 11a 9	Soo Earm 000	Dort V I	ino 10			
					1				/al\ Dools	value
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated reciation	<u> </u>	(d) Book	value
	Land									
	Buildings				F 444		F 144	1		
	Leasehold improvements				5,411.		5,411.			0.
	Equipment			1	.6,795.		16,795.	'		0.
	Other							1		
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10c.)		<u></u>	1		0.

Schedule D (Form 990) 2020 ROSENBERG F	UND FOR CHILD	REN, INC.	04-3095890 Pag
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate	tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) MONEY FUNDS	264,482.	END-OF-YEA	R MARKET VALUE
ACTION A DINID C	F 4 400		D 143 D 17 D D 173 T T T T T T T T T T T T T T T T T T T

MUTUAL FUNDS 54,408. END-OF-YEAR MARKET VALUE **EQUITY STOCKS** 3,873,108. END-OF-YEAR MARKET VALUE CORPORATE BONDS 943,561. END-OF-YEAR MARKET VALUE U.S. TREASURY BONDS 1,329,972. END-OF-YEAR MARKET VALUE (E) (F) (G) (H) 6,465,531. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
L (a) Description of hability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	•

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.

Pai	rt XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•		
1	Total revenue, gains, and other support per audited financial statements			1	1,516,042
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	714,935.		
b					
С					
d					
е	Add lines 2a through 2d			2e	714,935
3	Subtract line 2e from line 1			3	801,107
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			_5_	801,107
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		ı Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			_	706 120
1	Total expenses and losses per audited financial statements			1	706,139
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما			
a	***************************************				
b		_			
C	***************************************				
d	,			20	0
3				2e 3	706,139
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	7007133
a		4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	-		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	706,139
Pa	rt XIII Supplemental Information.				-
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			4; Part	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inforr	nation.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ROSENBERG	FUND FOR	CHILDREN,	INC.				Employer identification number 04-3095890
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?						tion X Yes No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HEARTLAND ALLIANCE MAJORIE KOVLER CENTER - 1331 W. ALBION AVENUE - CHICAGO, IL 60626	36-1877640	501C3	7,000.	0.			GRANT WAS MADE TO HELP SUPPORT THE CONTINUATION OF A MUSIC THERAPY GROUP FOR CHILDREN.
HIGHLANDER RESEARCH AND EDUCATION CENTER - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501C3	5,000.	0.			GRANT MADE TO SUPPORT CHILDREN OF TARGETED STAFF MEMBERS ATTEND THE CHILDREN'S JUSTICE CAMP.
,							
2 Enter total number of section 501(c)(3) a	ina government o	rganizations listed in th	ne iine 1 table				

3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS WERE MADE TO PROVIDE FOR THE EDUCATIONAL					
AND EMOTIONAL NEEDS OF CHILDREN WHOSE PARENTS HAVE					
BEEN HARASSED, INJURED, LOST JOBS, OR DIED IN THE					
COURSE OF THEIR PROGRESSIVE ACTIVITIES AND WHO,	198	349,121.	0.	воок	
Part IV Supplemental Information. Provide the information rec	I Death I	- 0- D-+ III!	//->		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANTS ARE MADE AND THOROUGHLY REVIEWED BY THE ENTIRE BOARD OF

DIRECTORS. APPLICANTS SUBMIT AN APPLICATION FORM, THE ORGANIZATION'S

GRANTMAKING COORDINATOR REVIEWS EACH APPLICATION, AND WORKS WITH THE

APPLICANT AND THE SELECTED PROVIDER TO GIVE THE DIRECTORS THE NECESSARY

INFORMATION. THE GRANTMAKING COORDINATOR ADMINISTERS ALL GRANTS. NO FUNDS

ARE DISPERSED UNTIL THE GRANTMAKING COORDINATOR RECEIVES SIGNED CONTRACTS

OBLIGATING THE PROVIDERS TO USE THE FUNDS IN ACCORDANCE WITH EACH GRANT.

AN INVOICE DETAILING THE TIME PERIOD AND HOW THE FUNDS WILL BE USED IS ALSO

Part IV Supplemental Information
REQUIRED. THE EXECUTIVE DIRECTOR REVIEWS THIS PROCESS AND SIGNS/REQUESTS
ALL THE GRANTING CHECKS.
PART III, COLUMN (A):
(A) TYPE OF GRANT OR ASSISTANCE: GRANTS WERE MADE TO PROVIDE FOR THE
EDUCATIONAL AND EMOTIONAL NEEDS OF CHILDREN WHOSE PARENTS HAVE BEEN
HARASSED, INJURED, LOST JOBS, OR DIED IN THE COURSE OF THEIR PROGRESSIVE
ACTIVITIES AND WHO, ARE NO LONGER ABLE TO PROVIDE FULLY FOR THEIR
CHILDREN. GRANTS WERE ALSO MADE TO YOUNG PEOPLE UP TO AGE 25 WHO WERE
TARGETED FOR THEIR OWN ACTIVISM.

SCHEDULE 0 (Form 990 or 990-EZ)

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

ROSENBERG FUND FOR CHILDREN, INC. **Employer identification number** 04-3095890

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TARGETED ACTIVIST YOUTH IN THE U.S.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ROSENBERG FUND FOR CHILDREN WAS ESTABLISHED TO PROVIDE FOR THE
EDUCATIONAL AND EMOTIONAL NEEDS OF CHILDREN WHOSE PARENTS HAVE BEEN
HARASSED, INJURED, LOST JOBS, OR DIED IN THE COURSE OF THEIR
PROGRESSIVE ACTIVITIES AND WHO, THEREFORE, ARE NO LONGER ABLE TO
PROVIDE FULLY FOR THEIR CHILDREN. THE ORGANIZATION ALSO PROVIDES GRANTS
FOR THE EDUCATIONAL AND EMOTIONAL NEEDS OF TARGETED ACTIVIST YOUTH.
PROFESSIONALS AND INSTITUTIONS WILL BE AWARDED GRANTS TO PROVIDE
SERVICES.
FORM 990, PART VI, SECTION A, LINE 2:
THE EXECUTIVE DIRECTOR IS ALSO THE PRESIDENT OF THE CORPORATION.
THE TREASURER IS THE FATHER OF THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 11B:
THE TREASURER REVIEWS THE FORM 990 BEFORE IT IS FILED AND THE FORM 990 IS
PRESENTED TO THE FULL BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD MEMBERS REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY AT THE

MANAGEMENT REVIEWS ANY CONFLICTS IDENTIFIED.

JANUARY BOARD MEETING.

ROSENBERG FUND FOR CHILDREN, INC.	04-3095890
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS DETERMINED BY REVIEWING THE PAY SCALES OF	COMPARABLY SIZED
ORGANIZATIONS AND RELEVANT REPORTS/SURVEYS, INCLUDING "TH	E THIRD SECTOR NEW
ENGLANDS'S VALUING OUR NONPROFIT WORKFORCE 2017: A COMPEN	SATION AND
BENEFITS SURVEY OF AND FOR NONPROFITS IN MASSACHUSETTS, R	HODE ISLAND AND
ADJOINING COMMUNITIES" AND ANY SUBSEQUENT UPDATES. ON TH	IS BASIS THE
EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES ARE COMPENSATE	D ACCORDING TO
THEIR RESPONSIBILITIES AND YEARS OF EXPERIENCE. THE SALA	RIES ARE REVIEWED
BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND	APPROVED BY THE
FULL BOARD.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
MA, CA, CO, CT, FL, GA, IL, MD, ME, MI, NJ, NM, NY, OH, OR, PA, VA, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S FINANCIAL STATEMENT OVERSIGHT PROCESS	AND SELECTION
OF THE INDEPENDENT ACCOUNTANT PROCESS HAVE NOT CHANGED DU	RING THE YEAR.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
2	COMPUTER	02/24/05	SL	3.00	нү1	.7	1,177.				1,177.	1,177.		0.	1,177.
3	COMPUTER	10/19/05	SL	3.00	ну1	.7	1,671.				1,671.	1,671.		0.	1,671.
4	TELEPHONE	08/05/02	SL	5.00	HY1	.7	2,341.				2,341.	2,341.		0.	2,341.
5	COMPUTER	06/15/03	SL	3.00	ну1	.7	1,225.				1,225.	1,225.		0.	1,225.
6	COPIER	10/22/04	SL	5.00	HY1	.7	5,485.				5,485.	5,485.		0.	5,485.
24	SERVER AND 3 COMPUTERS	01/02/08	SL	3.00	ну1	.7	4,896.				4,896.	4,896.		0.	4,896.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						16,795.				16,795.	16,795.		0.	16,795.
	IMPROVEMENTS														
	OTHER														
1	LEASEHOLD IMPROVEMENTS	08/01/02	SL	3.00	ну1	.7	5,411.				5,411.	5,411.		0.	5,411.
	* 990 PAGE 10 TOTAL OTHER						5,411.				5,411.	5,411.		0.	5,411.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS						5,411.				5,411.	5,411.		0.	5,411.
	* GRAND TOTAL 990 PAGE 10 DEPR						22,206.				22,206.	22,206.		0.	22,206.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

RO	SENBERG FUND FOR CH	ILDREN, I	NC.	FOF	RM 99	90 1	PAGE 10			04-3095890
Pa	rt Election To Expense Certain Prop	erty Under Section 1	79 Note: If yo	ou have any li	sted pro	perty	, complete Par	t V b	efore y	ou complete Part I.
1	Maximum amount (see instructions)								1	1,040,000.
2	Total cost of section 179 property place								2	
3	Threshold cost of section 179 propert	y before reduction	in limitation						3	2,590,000.
4	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ent	er -0					4	
5	Dollar limitation for tax year. Subtract line 4 from lin	ne 1. If zero or less, enter	-0 If married fil	ling separately, se	e instructi	ons			5	
6	(a) Description of p	property		(b) Cost (busin	ness use o	nly)	(c) Elected	cost		
					- 1					
	Listed property. Enter the amount fror					7			1	
	Total elected cost of section 179 prop								8	
	Tentative deduction. Enter the smalle								9	
	Carryover of disallowed deduction from								10	
	Business income limitation. Enter the								11	
	Section 179 expense deduction. Add								12	
	Carryover of disallowed deduction to a e: Don't use Part II or Part III below for					13				
	Irt II Special Depreciation Allow				la listad	propo	orty 1			
	Special depreciation allowance for qui		-	•						
							-		14	
	the tax year Property subject to section 168(f)(1) e								15	
	Other depreciation (including ACRS)								16	
	IT III MACRS Depreciation (Don'								10	
	,	<u> </u>	-	ection A						
17	MACRS deductions for assets placed	in service in tax ve	ears beginnir	na before 202	0				17	
	If you are electing to group any assets placed in se									
	Section B - Assets	s Placed in Servic	e During 20	20 Tax Year	Using t	he Ge	neral Deprec	ation	Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use e instructions)	(d) F	lecovery eriod	(e) Convention	(f) N	lethod	(g) Depreciation deduction
19a	3-year property							1		
b	5-year property									
С										
d	10-year property									
e	15-year property									
f	20-year property									
g	25-year property				25	yrs.		,	S/L	
h	Posidential rental property	/			27.	5 yrs.	MM	,	S/L	
_"	Residential rental property	/			27.	5 yrs.	MM		S/L	
i	Nonresidential real property	/			39	yrs.	MM	:	S/L	
	,	/					MM		S/L	
	Section C - Assets	Placed in Service	During 202	0 Tax Year U	sing th	e Alte	rnative Depre	ciati	on Sys	stem
<u>20a</u>	Class life							-	S/L	
<u>b</u>					+	yrs.		-	S/L	
<u>c</u>	•	/			_	yrs.	MM	+	S/L	
d		/			40	yrs.	MM	,	S/L	
	Summary (See instructions.)									
	Listed property. Enter amount from lin								21	
	Total. Add amounts from line 12, lines									0.
	Enter here and on the appropriate line	•	•	•	tions - s T	see ins	str		22	0.
	For assets shown above and placed in portion of the basis attributable to sec	ŭ	e currerit yea	ai, eiitei tiie		23				

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

_	24b, columns (<u>, </u>	<u>, </u>							limita for	nassan	aor autor	nobiles l		
			on and Other I					\neg	1						—
248	a Do you have evidence to s			iit use ci	aimeur	'''	es L	No	1	'Yes," is t				」Yes ∟	<u> No</u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	e ot	(d) Cost or her basis	(h	e (e) sis for de usiness/in use o	oreciation vestment		y Mo	(g) ethod/ vention	Depre	h) eciation uction	Eleo sectio	(i) cted on 179 ost
25	Special depreciation alle	owance for o	ualified listed p	oroperty	/ placed	in serv	ice duri	ng the	tax year	and					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more that														
		: :	%	ó											
		: :	%	ó											
		: :	%	ó											
27	Property used 50% or le	ess in a qual	ified business (use:											
		1 1	%	ó						S/L -					
		1 1	%	ó						S/L -					
		: :	%	ó						S/L -					
28	Add amounts in column	(h), lines 25	through 27. Er	nter her	e and or	n line 2	I, page	1			. 28				
<u>29</u>	Add amounts in column	ı (i), line 26. E	Enter here and	on line	7, page	1							. 29		
			S	ection l	B - Infor	matior	on Us	e of Ve	hicles						
Со	mplete this section for ve	ehicles used	by a sole prop	rietor, p	artner, c	or other	"more	than 59	6 owner,	or relate	d persoi	n. If you	provided	l vehicles	3
to	your employees, first ans	wer the ques	stions in Sectio	n C to	see if yo	u meet	an exc	eption [.]	to comple	eting this	section 1	for those	vehicles	S.	
				(a)		(b)		(c)		(d)	(4	e)	(f)	
30	Total business/investment	miles driven d	uring the	Vel	nicle	Ve	hicle		Vehicle	Ve	hicle	Vehicle		Veh	icle
	year (don't include commu	ting miles)													
31	Total commuting miles	driven during	the year												
32	Total other personal (no	_	"												
	driven														
33	Total miles driven during														
	Add lines 30 through 32				1		_	_			_				
34	Was the vehicle availab	•	1	Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?		i				-	_	_	_					
35	Was the vehicle used p														
	than 5% owner or relate		i					-		_					
36	Is another vehicle availa	•													
	use?				<u>. </u>		<u> </u>		<u> </u>		<u></u>				
			- Questions fo	-	-					-					
	swer these questions to			ception	1 to com	pleting	Section	1 B for	venicles i	usea by e	mpioyee	es wno a i	ren′t		
	ore than 5% owners or rel			م مانامانام			- f l-:	-1 :						Vac	l Na
31	Do you maintain a writte										g, by you	ır		Yes	No
20	employees? Do you maintain a writte		tomont that are												
30	employees? See the ins		-	-					-		-				
30	Do you treat all use of v													-	
	Do you provide more th														
70	the use of the vehicles,														
41	Do you meet the require														
٠.	Note: If your answer to														
P	art VI Amortization	07,00,00,4	0, 01 41 13 10	3, 4011	Compi		tion b i	or tire t	overed v	Critolog.					
_	(a) Description o			(b)		(c)			(d)		(e)			(f)	
	Description of	f costs	Date a	mortization pegins		Amortiza amour			(d) Code sectio	n l	Amortiza period or pe	ation	Ar fo	(f) nortization r this year	
42	Amortization of costs th	at begins du			ar:					-	20110 a 01 po	g0			
_		<u> </u>	<u> </u>	; ;											
_				: :											
43	Amortization of costs th	at began be	fore your 2020	tax vea	ar					-		43			
	Total. Add amounts in o											44			

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ROSENBERG FUND FOR CHILDREN, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
2	COMPUTER	022405	SL	3.00	17	1,177.			1,177.	1,177.		0.
3	COMPUTER	101905	SL	3.00	17	1,671.			1,671.	1,671.		0.
4	TELEPHONE	080502	SL	5.00	17	2,341.			2,341.	2,341.		0.
5	COMPUTER	061503	SL	3.00	17	1,225.			1,225.	1,225.		0.
	COPIER	102204	SL	5.00	17	5,485.			5,485.	5,485.		0.
		010208	SL	3.00	17	4,896.			4,896.	4,896.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					16,795.		0.	16,795.	16,795.		0.
	IMPROVEMENTS											
	OTHER											
		080102	SL	3.00	17	5,411.			5,411.	5,411.		0.
	* 990 PAGE 10 TOTAL OTHER					5,411.		0.	5,411.	5,411.		0.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS					5,411.		0.	5,411.	5,411.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR					22,206.		0.	22,206.	22,206.		0.

028102 04-01-20

- NEXT YEAR FEDERAL -

ROSENBERG FUND FOR CHILDREN, INC.

Asset No.	Description	Da Acqu		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT									
	COMPUTER	022			3.00	1,177.		1,177.		0.
	COMPUTER	101	9 05	SL	3.00	1,671.		1,671.	1,671.	0.
	TELEPHONE	080			5.00	2,341.		2,341.	2,341.	0.
5	COMPUTER	061			3.00	1,225.		1,225.	1,225.	0.
	COPIER	102			5.00	5,485.		5,485.	5,485.	0.
		010	2 08	SL	3.00	4,896.		4,896.	4,896.	0.
	* 990 PAGE 10 TOTAL MACHINERY &									
	EQUIPMENT					16,795.		16,795.	16,795.	0.
	IMPROVEMENTS									
	OTHER									
1	LEASEHOLD IMPROVEMENTS	080	102	SL	3.00	5,411.		5,411.		0.
	* 990 PAGE 10 TOTAL OTHER					5,411.		5,411.		0.
	* 990 PAGE 10 TOTAL - IMPROVEMENTS					5,411.		5,411.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR					22,206.		22,206.	22,206.	0.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone