EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

A	For the	e 2022 calendar year, or tax year beginning and	enaing		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	ROSENBERG FUND FOR CHILDREN, INC.			
	Name chang	Doing business as		04-30958	90
	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 \$	2,697,022.
	Amend		H(a) Is this a group re	eturn	
	Applic	F Name and address of principal officer: JENNIFER MEEROPOL		for subordinates	
	pendir	g SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3)$ $= 501(c)($) (insert no.) $= 4947(a)(1)$	or 527	7	list. See instructions
J	Websit	e: WWW.RFC.ORG		H(c) Group exemption	n number
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1990 N	State of legal domicile: MA
P	art I	Summary			
Φ.	1	Briefly describe the organization's mission or most significant activities: TO P.	ROVIDE	FOR THE ED	UCATIONAL
Activities & Governance		AND EMOTIONAL NEEDS OF THE CHILDREN OF T	ARGETE	D ACTIVISTS	AND
rna	2	Check this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	7
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	8
Vct i	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		777,380.	860,595.
enr		Program service revenue (Part VIII, line 2g)		994.	878.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		566,138.	154,291.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,344,512.	1,015,764.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		339,420.	377,558.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		202,074.	225,825.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 5 6 , 4		0.	0.
Ϋ́				1.66 240	100 F10
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		166,248.	123,513.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		707,742. 636,770.	726,896.
<u>_ v</u>	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	288,868.
Net Assets or Fund Balances			В	7,743,531.	End of Year 6,855,856.
SSE	20	Total assets (Part X, line 16)		138,089.	225,909.
let A	21	Total liabilities (Part X, line 26)		7,605,442.	6,629,947.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		7,005,442.	0,029,947.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and etatem	ente and to the heet of my	knowledge and helief it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wl			, knowledge and belief, it is
	, 001100	Gains complete. Declaration of property (other than officer) is based on an information of wi	mon proparoi	nas any knowledge.	
Sig	n	Signature of officer		I Date	
He		JENNIFER MEEROPOL, PRESIDENT			
110		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	JOSEPH P. WOLKOWICZ, CPA JOSEPH P. WOLKO	wicz,k		P00734754
	parer	Firm's EIN 1	3-4260189		
	only	Firm's name BOISSELLE, MORTON & WOLKOWICZ, Liftm's address 48 BAY ROAD, PO BOX 374			
	•	HADLEY, MA 01035		Phone no.41	3-587-0099
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No
	,	and LUA For Panarwork Paduation Act Nation and the congrets instruction			Earm 990 (2022)

Page **2**

Pa	Observit Oaksakila Oasakiina			X
_		response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	_
1	Briefly describe the organization's mis SEE SCHEDULE O.	sion:		
	DEE BUIEDONE O:			
2	Did the organization undertake any si	gnificant program services during the year	which were not listed on the	
2				Yes X No
	If "Yes," describe these new services	on Schodulo O		163 22 140
3		on scriedule 0. g, or make significant changes in how it co	anduote any program convince?	Yes X No
3	_	-	oriducts, any program services?	tes 21 No
	If "Yes," describe these changes on S			-1 1
4		service accomplishments for each of its the		
		zations are required to report the amount	of grants and allocations to others, the to	tal expenses, and
	revenue, if any, for each program serv		277 550	878.)
4a	(Code:) (Expenses \$	603,670 including grants of \$ DE 165 GRANTS TO 105	377,558.) (Revenue \$	
		0 (INCLUDING 11 FAMII		
		\$2,500 GRANT FOR A V		
		. 18 NEW FAMILIES JO		
		,900 IN THE FORM OF T		
	GRANTS. AGES IN THE	SE FAMILIES RANGE FRO	M ONE-YEAR-OLD TO 24	•
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(σοσο:) (Εκροίτσος ψ	moduling grants of ϕ) (Nevertice #	,
	-			
	-			
	-			
	-			
4d	Other program services (Describe on	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	603,670.		

Form 990 (2022) 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? See instructions	2	X	
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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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
	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı -r a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 22
	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. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
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		X
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	Х	

Form 990 (2022) ROSENBERG FUND FOR Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			.,
0.4	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res</i> , complete schedule <i>in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		1
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	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?	330		
00	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			N _C
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	

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

				res	NO
2 a	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		37	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	37
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		١.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		
D	If "Yes," enter the name of the foreign country	(FDAD)			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		- 22
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ua			6a		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut		- Oa		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
Ĭ	to file Form 8282?	•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	L., I			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441.			
100	amounts due or received from them.)	11b	400		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
	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				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			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	8								
	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	7								
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		X						
5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		Х						
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		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
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								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on 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, M	E,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))									
	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, a	ınd fina	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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	aniza	ation	COI	mpe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	<u> </u>	T				<u> </u>	from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Par			
(1) JENNIFER MEEROPOL	44.00	ļ		l				E2 000		•
EXECUTIVE DIRECTOR & PRESIDENT	0.00	Х		Х				73,200.	0.	0.
(2) NINA ALANI LESSIN-JOSEPH	2.00	ļ								•
DIRECTOR	4 00	Х						0.	0.	0.
(3) BRUCE MILLER	4.00	١						_		•
DIRECTOR	2 00	Х						0.	0.	0.
(4) WILLIAM NEWMAN	2.00	٠,,						_		0
DIRECTOR	2 00	Х						0.	0.	0.
(5) MICHAEL D. FORD	3.00	₩.		٠.				_		0
CO-CHAIR	3.00	Х		Х				0.	0.	0.
(6) CHRISTINA PLATT CO-CHAIR	3.00	X		x				0.	0.	0.
(7) ROBERT MEEROPOL	6.00	^	-	^		-		0.	0.	0.
TREASURER & FOUNDER	0.00	X		x				0.	0.	0.
(8) ELIZABETH QUILL	2.00	^		^				0.	0.	0.
CLERK	2.00	X		x				0.	0.	0.
CHERR		1		1				· ·		•
		1								
		-								
		1								
		1								
9										
		1								
		1								
		1								
		T								
		1								
		1								
		L	L	L	L	L				

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Part VII Sec	tion A. Officers, Directors, Trus		ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)			•	C)			(D)	(E)		(F)
	Name and title	Average	(do	Position (do not check more than one		one	Reportable	Reportable		Estir	nated		
		hours per	box	box, unless person is both an officer and a director/trustee)		h an	compensation	compensation			unt of		
		week		Cei ai	luau	in ecit	Jiraus	1	from	from related			her
		(list any hours for	irecto						the	organization			ensation
		related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			n the iization
		organizations	ruste	l trus		ee ee	mpen		1099-NEC)	1099-1120)		_	elated
		below	dualt	ıtiona	_	nploy	st col	<u>~</u>	10001420)				izations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	P m e					
•			_	 	Ť	1	T .						
1b Subtotal									73,200.		0.		0.
c Total from	n continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add	d lines 1b and 1c)								73,200.		0.		0.
2 Total num	ber of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le		•
compensa	ation from the organization											1	0
											r	Y	es No
	ganization list any former officer,	•		•		•		_		•			37
	"Yes," complete Schedule J for s											3	X
•	dividual listed on line 1a, is the su	•							•	the organization			77
	ed organizations greater than \$150											4	X
, ,	erson listed on line 1a receive or a	•				,			· ·		'	_	
	to the organization? If "Yes," com	plete Schedul	e J i	or s	uch	pers	son .					5	X
	ependent Contractors		al a :-	1					Haak wa aab wa di waxa wa 41	\$100.000 -f -			
	this table for your five highest co ization. Report compensation for										ipens	ation fro	ш
the organ		the calendar y	ear	enai	ng v	vitri	or w	/Itmir		year.		(0)	
	(A) Name and business	address	NI	INC	7				(B) Description of s	services	C	(C) ompens	ation
			-11	J111				\dashv					
								\dashv					
								\dashv					
2 Total num	ber of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	ster	d above) who received m	nore than			
	of compensation from the organi		"			(0		,			- 01	.

Form 990 (2022) ROSENBE Part VIII Statement of Revenue

		Check if Schedule O	contains	a response	or note to any lir	ne in this Part VIII			
		Check ii Ceriedaie C	COTTLAINE	и гооропоо	or rioto to driy iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
(0 (n)				1.1					30000013 312 314
걸걸		Federated campaigns							
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
A,	С	Fundraising events		1c					
直	d	Related organizations		1d					
E,S	е	Government grants (conti	ributions)	1e					
Sign	f	All other contributions, gifts,	grants, an	ıd					
돌		similar amounts not included	above	1f	860,595.				
ΞÖ	a	Noncash contributions included in			,				
등등	_	Total. Add lines 1a-1f				860,595.			
- 		Total: Add lines la 11			Business Code	,			
	0 -	SPEAKER FEES/OTHER	TNCOME		900099	878.	878.		
<u>ğ</u>	2 a		INCOME		300033	070.	070.		
le Š	b								
en S	С	·							
ĕ ä	d								
Program Service Revenue	е								
₫	f	All other program service	revenue		900099				
	g	Total. Add lines 2a-2f				878.			
	3	Investment income (include							
			other similar amounts)			89,412.			89,412.
	4	Income from investment of				,			•
	5	Royalties		-					
	Ū	noyanes		(i) Real	(ii) Personal				
	6 -	Cross rents		(1) 1.104.	(1) 1 01001141				
		Gross rents	6a						
	D	Less: rental expenses	6b						
	С	Rental income or (loss)	[6c]						
		Net rental income or (loss	` ' 		/m G.:				
	7 a	Gross amount from sales of	1 - ``	Securities	(ii) Other				
		assets other than inventory	7a 1	,746,137.					
	b	Less: cost or other basis							
ige		and sales expenses	7b 1	,681,258.					
ther Revenue	С	Gain or (loss)	7c	64,879.					
Be	d	Net gain or (loss)				64,879.			64,879.
ē		Gross income from fundraisi				,			
₹	•	including \$	J	of					
		contributions reported on	line 1c)	_					
		•							
	L	Part IV, line 18							
		Less: direct expenses			l				
		Net income or (loss) from							
	9 а	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
	С	Net income or (loss) from	gaming a	activities					
	10 a	Gross sales of inventory,	less retui	rns					
		and allowances		10a					
	b	Less: cost of goods sold		10b					
		Net income or (loss) from							
		,			Business Code				
ار ار	11 a								
and and	u								
Miscellaneous Revenue	C								
SS.									
Σ		All other revenue							
		Total. Add lines 11a-11d				1 015 764	878.	0.	154 201
	12	Total revenue. See instruction	פווע			1,015,764.	0/8.	υ.	154,291.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21	7,000.	7,000.		
_	· · · · · · · · · · · · · · · · · · ·	7,000.	7,000.		
2	Grants and other assistance to domestic	370 559	370 550		
_	individuals. See Part IV, line 22	370,558.	370,558.		
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,	50.000	E. 465		0 = 1 =
	trustees, and key employees	73,200.	54,168.	9,516.	9,516.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	112,327.	85,615.	17,485.	9,227.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,462.	1,462.		
9	Other employee benefits	23,862.	18,182.	2,840.	2,840.
10	Payroll taxes	14,974.	11,282.	2,179.	2,840. 1,513.
11	Fees for services (nonemployees):	==,=:==	,	=,=:=	-,
	· · · · · · · · · · · · · · · · · · ·				
	Management				
b	Legal	6,900.		6,900.	
	Accounting	0,900.		0,900•	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	00 054	10 200	4 504	0 070
	column (A), amount, list line 11g expenses on Sch O.)	23,854.	10,300.	4,584.	8,970.
12	Advertising and promotion		24 222	44 512	4.6.5.1
13	Office expenses	50,555.	21,922.	11,742.	16,891.
14	Information technology	7,289.	3,278.	1,021.	2,990.
15	Royalties				
16	Occupancy	20,840.	13,943.	3,350.	3,547.
17	Travel				
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1,573.		1,573.	
23	Other expenses. Itemize expenses not covered	1,5,5		1,575	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	5,205.	1,492.	3,713.	
a	FEES		2,022.		400
b	SUPPLIES THE PROPERTY OF THE P	3,993.	-	1,491.	480.
С	TELEPHONE AND INTERNET	3,304.	2,446.	429.	429.
d					
е	All other expenses				
25	Total functional expenses . Add lines 1 through 24e	726,896.	603,670.	66,823.	56,403.
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)				
00001	0 12-13-22				Form 990 (2022)

Form 990 (2022) Part X Balance Sheet

	LA	Dalance Grieet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	185,595.	1	240,871.		
	2	Savings and temporary cash investments			130,695.	2	59,084.
	3	Pledges and grants receivable, net	108,483.	3	315,175.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub-	stantial (contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ction 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			5,530.	9	5,120.
	10a	Land, buildings, and equipment: cost or other					
		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, line		7,311,428.	12	6,193,678.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,800.	15	41,928.		
	16	Total assets. Add lines 1 through 15 (must eq	7,743,531.	16	6,855,856.		
	17	Accounts payable and accrued expenses		30,237.	17	39,845.	
	18	Grants payable		107,852.	18	144,800.	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	mer offic	cer, director,			
Ħ		trustee, key employee, creator or founder, sub-	stantial (contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	lated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24	. Complete Part X	0		41 064
		of Schedule D			0.	25	41,264.
	26	Total liabilities. Add lines 17 through 25			138,089.	26	225,909.
Ø		Organizations that follow FASB ASC 958, ch	eck her	e X			
nce		and complete lines 27, 28, 32, and 33.			0 000 110		2 555 224
ala	27				2,820,119.	27	2,555,224.
d B	28				4,785,323.	28	4,074,723.
جَ		Organizations that do not follow FASB ASC	958, ch	eck here			
P.		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			7 605 440	31	6 600 047
ž	32	Total net assets or fund balances			7,605,442.	32	6,629,947.
	33	Total liabilities and net assets/fund balances			7,743,531.	33	6,855,856.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 3	L,01	5,7	64.
2	Total expenses (must equal Part IX, column (A), line 25)	2			96.
3	Revenue less expenses. Subtract line 2 from line 1	3			68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		7,60		
5	Net unrealized gains (losses) on investments	5 -2	L,21	7,1	99.
6	Donated services and use of facilities	6			
7	Investment expenses	7	-4	7,1	64.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,62	9,9	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ROSENBERG FUND FOR CHILDREN, INC.

Employer identification number 0.4 - 3.095890

Pa	rt I	Reason for Public ((All organizations must o		nis part.) S	See instructions.	1 3033030
1116	ligai	anization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
	H	•	•)(a)011 11	I)(A)(I).	
2	\vdash	A school described in sect						
3	Н	A hospital or a cooperative						
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	⁷ 0(b)(1)(A)	(v).	
7	X	An organization that norma	ılly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	•	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	unction with a land-grant	college
		or university or a non-land-g				-		*
		university:					,,	, 0 0.
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	nort from (contributio	ons membershin fees a	nd aross receints from
		activities related to its exen						
				•	` '		• •	ū
		income and unrelated busin		(less section of reax) in	om busine	sses acqu	illed by the organization	arter June 30, 1973.
		See section 509(a)(2). (Con	• •		.fat Caa.		20(-)(4)	
11	\Box	An organization organized	-	*	-			
12		An organization organized	·	•	•		•	
		more publicly supported or						neck the box on
		lines 12a through 12d that				•		
а	ı							
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. You must c						
b)		anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
C	: L		egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
c	ı 🗀	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organi	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.	
e		Check this box if the orga	-	-				
		functionally integrated, or					31 / 31 / 31	
f	Ent	er the number of supported o	• •	, , , , , , , , , , , , , , , , , , , ,	0 0			
c		vide the following information		ed organization(s).				•
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
_								
Tot	al						I	

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	704,058.	637,871.	575,332.	777,380.	860,595.	3,555,236.
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	504 050	605 054			060 505	
4	Total. Add lines 1 through 3	704,058.	637,871.	575,332.	777,380.	860,595.	3,555,236.
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.						3,555,236.
	ction B. Total Support	ı			г	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 637,871.	(c) 2020 575, 332.	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	704,058.	63/,8/1.	5/5,332.	777,380.	860,595.	3,555,236.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	04 220	106 100	06 750	77 720	00 410	454 050
	and income from similar sources	94,230.	106,120.	86,758.	77,738.	89,412.	454,258.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	6 500	4 422	16,366.	994.	878.	20 160
	assets (Explain in Part VI.)	6,508.	4,423.	10,300.	994.	0/0.	29,169.
11			`			40	4,038,663. 29,169.
12	Gross receipts from related activities,	•		6		12	29,109.
13	First 5 years. If the Form 990 is for the	- 1			_		
500	organization, check this box and stopetion C. Computation of Publ		rcentage				L
	Public support percentage for 2022 (l			column (f))		14	88.03 %
15	Public support percentage from 2021					15	87.97 %
	33 1/3% support test - 2022. If the o						
102	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
.,,	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		•	•	·	vi now the organiz	
h	10% -facts-and-circumstances tes	•	•	• • • •	•		
	more, and if the organization meets the	_					.5,0 01
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization						

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.)

Sec	etion A. Public Support	ciow, picade com	piete i dit ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,		, ,			, , , , , , , , , , , , , , , , , , ,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	iness under section 513				+		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5						
	3 received from disqualified persons						
b	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ie 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						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box at	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	organization did ı	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20	Private foundation. If the organization			•		ū	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
_		
3с		
4a		
4 a		
41		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations		1	·
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	_ 1		<u> </u>
000	tion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	6.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
L)	DIG THE OFGENERATION EXCLUSE A SUBSTAINAL GRAPE OF UNEQUOIDOVER THE DOLICIES, DIOGRAMS, SHO SCHVINES OF EACH			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2022 ROSENBERG FUND FOR CHII	DREN	, INC.	04-3095890 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	te 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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

__ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2022

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(contini}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

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 organization answered "Yes" on Form 990, Part IV, lin-		Is or Accounts. Complete if the
	organization answered Tee en Term eee, Farthy, in	(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 v	writing that the assets held in donor adv	ised 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 o		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) 🔲 Preservation c	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing consequ	ration agreements during the year
•	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and emorcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	C	
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, 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	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financi	ial gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		16,795.	16,795.	0.
e Other		5,411.	5,411.	0.
Total Add lines 1a through 1e (Column (d) must equi:	al Form 990 Part X colu	mn (R) line 10c)		0.

Schedule D (Form 990) 2022

Part VII	Investments -	Other Securities	_

Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MONEY FUNDS	344,811.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	140,454.	END-OF-YEAR MARKET VALUE
(C) EQUITY STOCKS	3,153,594.	END-OF-YEAR MARKET VALUE
(D) CORPORATE BONDS	1,123,799.	END-OF-YEAR MARKET VALUE
(E) U.S. TREASURY BONDS	743,218.	END-OF-YEAR MARKET VALUE
(F) AGENCY SECURITIES	687,802.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,193,678.	
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)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(5) (6) (7) (8) (9)

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
(1) Federal income taxes	
(2) LEASE LIABILITY	41,264.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	41,264.

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

4c

Sche	edule D (Form 990) 2022	ROSENBERG	FUND	FOR	CHILDREN,	INC.	04-	3095890	Page
Par	t XI Reconciliation	of Revenue per A	Audited	Financ	cial Statements	With Revenue per F	Retur	n.	
	Complete if the orga	nization answered "Ye	es" on For	m 990, F	Part IV, line 12a.				
1	Total revenue, gains, and ot	ther support per audit	ed financia	al staten	nents		1	971,	, 585

1	Total revenue, gains, and other support per audited financial statements			1	971,585
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	971,585
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	47,164.		
b	Other (Describe in Part XIII.)	4b	-2,985.		
С	Add lines 4a and 4b			4c	44,179
_	Total revenue Add lines 2 and 4. (This must equal Form 000, Port I line 12)			_	1 015 764

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,947,080. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 1,220,184. d Other (Describe in Part XIII.) 1,220,184. e Add lines 2a through 2d 2e 726,896. Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b

Part XIII Supplemental Information.

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

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

PART X, LINE 2:

THE ORGANIZATION IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. THE ORGANIZATION IS ALSO SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSES. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REALIZED LOSS ON INVESTMENTS

-2,985.

726,896.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

ROSENBERG	FUND FOR	R CHILDREN,	INC.				04-3095890
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organ	izations and Domest	tic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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.
entence, 12 00020	30 1077040		7,000.				TON CHIEDNEN.
 Enter total number of section 501(c)(3) a Enter total number of other organization 							

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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,	201	370,558.	0.	воок	
Part IV Supplemental Information. Provide the information red	uired in Part L lin	ne 2: Part III. column	(b): and any other a	dditional 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 O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

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 JANUARY BOARD MEETING. MANAGEMENT REVIEWS ANY CONFLICTS IDENTIFIED.

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 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 "THE THIRD SECTOR NEW ENGLANDS'S VALUING OUR NONPROFIT WORKFORCE 2017: A COMPENSATION AND BENEFITS SURVEY OF AND FOR NONPROFITS IN MASSACHUSETTS, RHODE ISLAND AND ADJOINING COMMUNITIES" AND ANY SUBSEQUENT UPDATES. ON THIS BASIS THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES ARE COMPENSATED ACCORDING TO THEIR RESPONSIBILITIES AND YEARS OF EXPERIENCE. THE SALARIES 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 DURING THE YEAR.