Form	990	

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
					UN 30, 2021	· · · · · · · · · · · · · · · · · · ·
B	heck if	C Name o	forganization		D Employer identification	tion number
	Addre	ROSI	E'S PLACE, INC.			
	Name		usiness as	04-258218	7	
	Initial	v	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
		889	HARRISON AVENUE		617-442-93	322
	termi	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	21,414,654.
	Amer returr		ON, MA 02118		H(a) Is this a group retu	rn
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: LEEMARIE MOSCA		for subordinates?	
	pend	<sup>ng</sup> 889 H	ARRISON AVENUE, BOSTON, MA 02118		H(b) Are all subordinates inclu	Ided? Yes No
		empt status:		or 📃 527	If "No," attach a lis	t. See instructions
			ROSIESPLACE.ORG		H(c) Group exemption r	
	_		X Corporation Trust Association Other ►	L Year	of formation: 1975 M S	state of legal domicile: MA
Pa	art I	Summary				
ė	1	Briefly describ	e the organization's mission or most significant activities: ROSI	E'S PL	ACE PROVIDES	A SAFE
Governance			TURING ENVIRONMENT FOR POOR AND H			
ērn	2		x 🕨 🛄 if the organization discontinued its operations or dispo	sed of more		
õ	3					14
<del>م</del>	4		lependent voting members of the governing body (Part VI, line 1b)			13
ties	5		of individuals employed in calendar year 2020 (Part V, line 2a)			102 554
Activities &	6		of volunteers (estimate if necessary)			0.
Ac			d business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	Current Year
	8	Contributions	and grants (Dart )/III line 1b)		15,355,044.	16,109,389.
anı	9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		27,561.	7,603.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		523,486.	1,151,036.
ž			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-251,905.	-139,915.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,654,186.	17,128,113.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	-	r compensation, employee benefits (Part IX, column (A), lines 5-10)		6,262,462.	6,426,360.
nse					204,789.	0.
Expenses	Ь	Total fundrais	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)   447, 1	85.		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		5,240,186.	6,463,057.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,707,437.	12,889,417.
	19	Revenue less	expenses. Subtract line 18 from line 12		3,946,749.	4,238,696.
Fund Balances				Be	ginning of Current Year	End of Year
sets alan	20	Total assets (I	Part X, line 16)		31,690,431.	38,049,480.
t As Id B	21	Total liabilities	(Part X, line 26)		804,633.	1,088,096.
Pur	22		fund balances. Subtract line 21 from line 20		30,885,798.	36,961,384.
Pa	art II	-				
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my k	nowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LEEMARIE MOSCA, PRESID Type or print name and title	ENT/CEO			Date		
Paid	Print/Type preparer's name CHARLES J. WEBB, CPA	Preparer's signature	WEBB,	Date CPA11/01	/21 Check	PTIN P01584539	
Preparer	Firm's name 🕨 AAFCPAS, INC.	I			Firm's EIN 🕨 04	-2571780	
Use Only	Firm's address 50 WASHINGTON ST	REET					
	WESTBOROUGH, MA 01581 Phone no.508-366-9100						
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🛄 No						
	32001       12-23-20       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2020)						
~							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2020) ROSIE'S PLACE, INC.	04-2582187 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE 990, PART I, LINE I	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, an $2 \cos(1/2) \cos(1/2)$ and $5 \cos(1/2) \cos(1/2)$ and $5 \cos(1/2) \cos(1/2)$	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	lers, the total expenses, and
4a	(Code: ) (Expenses \$ 4,987,428 · including grants of \$ ) (Rever	nue \$ 7,603.)
τu	ADVOCACY - SOME OF THE MOST IMPORTANT SERVICES WE OFFER	,
	THROUGH OUR ADVOCACY PROGRAMS. THE ADVOCACY PROGRAMS PR	
	AND COMPASSIONATE SUPPORT TO ALL GUESTS WHO TURN TO US	
	REMOTE CENTER WAS ESTABLISHED ALLOWING GUESTS TO SEEK H	
	WHEREVER THEY ARE. ADVOCATES ASSIST GUESTS WITH HOUSING	
	PREVENTION, HEALTH AND WELLNESS CARE, EDUCATIONAL AND E	
	OPPORTUNITIES AND EMERGENCY FUNDS FOR EVICTION PREVENTI	
	ARREARAGES. WE PROVIDE SPECIALISTS WHO CAN ASSIST WOMEN	WITH MORE
	SPECIFIC ISSUES RELATED TO MENTAL HEALTH, SUBSTANCE ABU	
	HOUSING. OUR LEGAL ADVOCATES HELP GUESTS OVERCOME OBSTA	CLES TO
	INTERACTING WITH THE LEGAL SYSTEM, LIKE ACCESS TO TECHN	OLOGY OR
	SERVICES IN THEIR PREFERRED LANGUAGE. THE STABILIZATION	ADVOCATES
4b	(Code:) (Expenses \$ 3,385,624 · including grants of \$ ) (Rever	
	FOOD PROGRAM: THE DINING ROOM IS THE HEART OF ROSIE'S P	-
	WOMEN COME FOR NOURISHMENT, FRIENDSHIP AND COMMUNITY. T	
	PREPARES WHOLESOME, NUTRITIOUS AND CULTURALLY INCLUSIVE	
	A YEAR, SERVED IN A CHEERFUL ENVIRONMENT. THE DINING RO	
		THIS ALLOWS THE
	KITCHEN TO SERVE MORE WOMEN AND CHILDREN WHILE PROVIDIN	
	SOCIAL DISTANCING. ALL MEALS ARE OFFERED TO-GO FOR GUES	
	OR NEED, TO TAKE IT WITH THEM. THE FOOD PANTRY PROVIDES WITH FREE, NUTRITIOUS GROCERIES ONCE A WEEK. GROCERIES	TNOLUDE VADIENY
	ARE CULTURALLY INCLUSIVE AND MEET DIETARY NEEDS AND PRE	
	ARE CONTORADDI INCHOSIVE AND MEET DIETARI NEEDS AND FRE	I EKENCES.
4c	(Code:) (Expenses \$ 1,048,853. including grants of \$) (Rever	)
	OVERNIGHT EXTENDED STAY - THE OVERNIGHT PROGRAM AT ROSI	
	PROVIDES SAFE, DIGNIFIED, ON-SITE EMERGENCY SHELTER FOR	
	MANY OF THE GUESTS IN THIS PROGRAM COME DIRECTLY FROM S	
	STREETS, OTHERS ARE ESCAPING AN ABUSIVE RELATIONSHIP OR	HAVE BEEN NEWLY
	EVICTED. FOR WOMEN READY TO TAKE SIGNIFICANT STEPS TO C	HANGE THEIR
	LIVES, OUR OVERNIGHT PROGRAM SERVES AS THE BRIDGE BETWE	EN HOUSING AND
	HOMELESSNESS.	
A!	Other pression convince (Describe on Selectule C)	
40	Other program services (Describe on Schedule O.)         (Expenses \$ 1,382,911. including grants of \$ ) (Revenue \$	١
4e	(Expenses \$ 1,302,911 · including grants of \$ ) (Revenue \$         Total program service expenses ▶ 10,804,816 ·	)
		Form <b>990</b> (2020)
032002	SEE SCHEDULE O FOR CONTINUATION (	

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 Form 990 (2020)
 ROSIE'S PLACE, INC.

 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	X	
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			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	1		
8	-	8		x
9	Schedule D, Part III	0		- 23
9	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10	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, VII, 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,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		x
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i>	40		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	demode geveniment entration, counting y, inter the ready complete contradict, rate rand in			

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 ROSIE'S PLACE, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	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			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	~		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 23
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	/		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	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?/f			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           rt V         Statements Regarding Other IRS Filings and Tax Compliance	38	17	
. a	Check if Schedule O contains a response or note to any line in this Part V			
	טוויטא א טטוויטעוב ט טטווגמוויז מ ובסטטוזכ טו ווטנב נט מוזץ וווזכ ווו נווזג דמוג ע		Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7		169	
b				
c	Sec			
	(gambling) winnings to prize winners?	1c	Х	

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 102			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 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.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a h	Gross income from members or shareholders <b>11a</b>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
100	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	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	If "Yes," complete Form 4720, Schedule O.			

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ROSIE'S PLACE, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 1a 14			
	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 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
5	of officers, directors, trustees, or key employees to a management company or other person?	3		x
		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	0		- 23
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-	v	
	The governing body?	8a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		v
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and 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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and 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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{MA}$			
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	lable
	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, an	d finaı	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			
	LEEMARIE MOSCA, PRESIDENT/CEO - (617) 442-9322			
	889 HARRISON AVE., BOSTON, MA 02118			

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Compensate	d
	Employees, and Independe	ent 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 organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not o	Pos	ition	than (	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	id a d I	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee.	suadu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		volqu	st con yee	_			organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) LEEMARIE MOSCA	40.00	-		0	×	шa	Ľ.			
PRESIDENT/CEO		x	-	X				223,667.	0.	43,839.
(2) LIZ CHAVES	40.00									
CHIEF FINANCE AND ADMIN OFFICER				х				143,125.	0.	18,529.
(3) SANDRA MARIANO	40.00								_	
CHIEF PROGRAM OFFICER						Х		136,394.	0.	36,845.
(4) ERIN MILLER	40.00									
CSO						Х		118,375.	0.	35,682.
(5) MICHAEL OLIVER	40.00									
DIRECTOR OF DEVELOPMENT					r	х		106,809.	0.	21,534.
(6) MICHELE MAY	1.00									
TREASURER		Х		X				0.	0.	0.
(7) MARI PEREZ ALERS	1.00									•
CO-VICE PRESIDENT	1 00	X		X				0.	0.	0.
(8) JACQUIE ANDERSON	1.00									•
PRESIDENT	1 00	X		X				0.	0.	0.
(9) JOSEPH KRINGDON	1.00								0	0
CLERK	1 00	X		X				0.	0.	0.
(10) DEBORAH PASCULANO	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(11) CHRISTINA GORDON	1.00								0	0
BOARD MEMBER (LEFT DECEMBER 2020)	1 00	X						0.	0.	0.
(12) NANCY LEAMING	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(13) ANN MILNER	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(14) ISABELLE STILLGER	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(15) LYNN KAPLAN	1.00							0.	0.	0
BOARD MEMBER	1.00	X						0.	0.	0.
(16) KELLY RACE	1.00	x						0.	0.	0.
BOARD MEMBER (17) JENARO CARDONA-FOX	1.00	<u>^</u>						0.	0.	0.
(17) JENARO CARDONA-FOX BOARD MEMBER	<b>1.00</b>	x						0.	0.	0.
DUARU MEMBER		<u> </u>						0.	0.	U .

Form 990 (2020) ROSIE'S	PLACE, ]	INC	2.						04-25	5821	187	Page	∍ <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	box	not c , unle	ss per d a di	nore more rson i irecto	Highest compensated signal with the set of t	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS	in I S	Estir amo ot compe fror organ and r	F) nated unt of her ensatio n the iization elated zations	ı
(19) CHERISE BRANSFIELD	1.00	<u>n</u>	lns	0f	Ke	Hi err	ß			-+			
CO-VICE PRESIDENT		Х		Х				0.		0.		(	).
(20) TRACY BROWN	1.00												_
BOARD MEMBER X 0. C							0.		(	).			
								728,370.		0.	156	120	<u>-</u>
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A					 		728,370. 728,370.		0.	. 0.		
2 Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed at	oove	e) wh	io r	eceived more than \$100	,000 of reportabl	е			5
										-	Y	es N	lo
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>		,			,	<i>,</i>	C	ghest compensated emp	,		3	2	x
4 For any individual listed on line 1a, is the su			-					-	-				
and related organizations greater than \$15											4	x	_
5 Did any person listed on line 1a receive or a	-				-			-			-	3	x
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiele Schedul	eJI	or si	icn p	oers	SON .					5	2	
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>	=	-								ipensa	ation fro	m	
(A)	ine calendar y	care	enui	ng w				(B)	year.		(C)		
Name and business	address							Description of s	ervices	Co	ompens	ation	
NEWPORT CREATIVE								DIRECT MAIL					
33 RAILROAD AVENUE, DUXB	URY, MA	02	233	32				CONSULTANTS			294	,520	).
HOME START, INC. 105 CHAUNCY STREET, BOST	ON, MA (	)21	L18	3			1	HOUSING CONS	ULTANTS		173	,915	5.
GREATER BOSTON LEGAL SER 197 FRIEND STREET,, BOST		)21	L14	1				LEGAL CONSUL FOR GUESTS	TANTS		149	,200	).
RIAN IMMIGRANT CENTER, O SUITE 800, BOSTON, MA 02		3 3	STF	REE	ΞT ,	,		LEGAL CONSUL FOR GUESTS	TANTS		103	,000	).

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 ▶ 4

			SIE'S PLAC	E, INC.			04-2582	187 Page 9
	rt VII	Statement of Re						
		Check if Schedule O	contains a respons	e or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			1b		]			
ts, C	с	Fundraising events	1c	1,115,391.				
Gifi İlar	d	Related organizations	1d					
ns, Simi	е	Government grants (contr						
utio er \$	f	All other contributions, gifts,						
Oth		similar amounts not included		14,993,998.	-			
put		Noncash contributions included in		2,452,245.				
a C	h	Total. Add lines 1a-1f			16,109,389.			
	0.0	WOMEN'S CRAFT COOPE	DATTVE GALES	Business Code 900099	7,603.	7,603.		
Program Service Revenue	2 a b		KAIIVE SALES	300033	7,005.	7,003.		
Ser	b c			·		4		
am	d			·				
ogra Re	e			•				
Pre	f		revenue	900099				
	g				7,603.			
	3	Investment income (inclue	ding dividends, inte	erest, and				
		other similar amounts)		►	274,645.			274,645
	4	Income from investment of	of tax-exempt bond	l proceeds		-		
	5	Royalties						
		_	(i) Real	(ii) Personal				
	6 a		6a					
	b	1	6b					
	C d	Rental income or (loss) Net rental income or (loss)	6c					
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>1</i> a	assets other than inventory	7a 4,984,168					
	b	Less: cost or other basis						
en		and sales expenses	7b 4,107,777	7.				
evenue	с	Gain or (loss)	7c 876,391	1.				
	d	Net gain or (loss)		<b>&gt;</b>	876,391.			876,391
Other R	8 a	Gross income from fundraisi	ng events (not					
ō			115,391. of					
		contributions reported on						
		Part IV, line 18						
		Less: direct expenses Net income or (loss) from	····· L2		-139,915.			-139,915
		Gross income from gamin		►	135,513.			135,515
	54	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from	· · · · · · · · · · · · · · · · · · ·					
		Gross sales of inventory,						
		and allowances		Da				
	b	Less: cost of goods sold	10	Ър				
	с	Net income or (loss) from	sales of inventory					
sn				Business Code				
ne ne	11 a			.				
Miscellaneous Revenue	b			-				
Re	C d			-				
Σ		All other revenue Total. Add lines 11a-11d						
	12				17,128,113.	7,603.	0.	1,011,121

ROSIE'S PLACE, INC.

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Page **9** 

	990 (2020) ROSIE'S PLA			04-2	582187 Page <b>10</b>
	ion 501(c)(3) and 501(c)(4) organizations must com		per organizations must a	mplete column (A)	
Secu		-	-		X
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX	(C)	<u>A</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
0					
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	404,079.	330,739.	32,610.	40,730.
~	trustees, and key employees	404,079.	550,759.	52,010.	40,730.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	4,595,768.	3,810,516.	695,669.	00 502
7	Other salaries and wages	4,393,/00.	3,810,310.	095,009.	89,583.
8	Pension plan accruals and contributions (include	275 000	224 204		1 1 7 1
	section 401(k) and 403(b) employer contributions)	275,800.	234,284.	37,085.	4,431.
9	Other employee benefits	767,200.	650,376.	100,839.	15,985.
10	Payroll taxes	383,513.	324,648.	49,600.	9,265.
11	Fees for services (nonemployees):				
	Management			•	
	Legal				
	Accounting	34,765.		34,765.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<b>FO</b> 000		<b>FO</b> 000	
f	Investment management fees	50,000.		50,000.	
g	Other. (If line 11g amount exceeds 10% of line 25,		1 11 54 6		00 654
	column (A) amount, list line 11g expenses on Sch 0.)	2,161,597.	1,914,712.	226,231.	20,654.
12	Advertising and promotion	844,252.	802,039.	42,213.	440.000
13	Office expenses	1,089,473.	710,552.	236,699.	142,222.
14	Information technology				
15	Royalties				
16	Occupancy	485,131.	365,194.	65,771.	54,166.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				· _ · · -
22	Depreciation, depletion, and amortization	472,578.	390,113.	35,450.	47,015.
23	Insurance	80,761.	61,583.	10,517.	8,661.
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	DONATED FOOD	1,112,429.	1,112,429.		
b	RECRUITING & PUBLIC REL	111,035.	83,520.	15,089.	12,426.
c	OTHER	21,036.	14,111.	4,878.	2,047.
d		,	,	,	, <u>-</u>
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,889,417.	10,804,816.	1,637,416.	447,185.
26	Joint costs. Complete this line only if the organization	, ,	· , · · = , · = · ·	, ,	,

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)

	04-
	04-

(A)

1,903,971.

1

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(B)

End of year

1,147,459.

ROSIE'S PLACE, INC. Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year

Cash - non-interest-bearing

	1	Cash - non-interest-bearing			1,903,971.	1	1,14/,459.
	2	Savings and temporary cash investments			8,259,533.	2	2,583,735.
	3	Pledges and grants receivable, net		[	1,285,234.	3	1,525,429.
	4	Accounts receivable, net		E Contraction of the second	46,167.	4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disguali		1		-	
	Ŭ	under section 4958(f)(1)), and persons described				6	
	7					7	
Assets		Notes and loans receivable, net		E Contraction of the second		8	
Ass	8	Inventories for sale or use			112,102.	-	108,625.
	9	Prepaid expenses and deferred charges			112,102.	9	100,023.
	10a	Land, buildings, and equipment: cost or other		14 050 227			
		basis. Complete Part VI of Schedule D	10a	-14,950,227.	6 022 600		6 712 447
		Less: accumulated depreciation			6,832,608.	10c	6,713,447.
	11	Investments - publicly traded securities		F	11,709,067.	11	25,804,118.
	12	Investments - other securities. See Part IV, line 1			1,541,749.	12	166,667.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	31,690,431.	16	38,049,480.
	17	Accounts payable and accrued expenses			804,633.	17	1,088,096.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	of Schedule D		21		
se	22	Loans and other payables to any current or form					
liti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	e pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			804,633.	26	1,088,096.
		Organizations that follow FASB ASC 958, che					
ances		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			29,633,063.	27	35,517,153.
Bal	28	Net assets with donor restrictions			1,252,735.	28	1,444,231.
pu		Organizations that do not follow FASB ASC 9					
Fu		and complete lines 29 through 33.	,				
° or	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq		E Contraction of the second		30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Ba	32	Total net assets or fund balances			30,885,798.	32	36,961,384.
Z	32 33	Total liabilities and net assets/fund balances			31,690,431.	33	38,049,480.
	00				52,000,1010	00	Form <b>990</b> (2020)
							10111 330 (2020)

Form 990 (2020)

1

	rt XI Reconciliation of Net Assets					
	rt XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         Total revenue (must equal Part VIII, column (A), line 12)       1       17, 128, 1         Total expenses (must equal Part X, column (A), line 25)       2       12, 889, 4         Revenue less expenses. Subtract line 2 from line 1       3       4, 238, 6         Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       30, 885, 7         Net unrealized gains (losses) on investments       5       1, 836, 8         Donated services and use of facilities       6         Investment expenses       7         Prior period adjustments       8         Other changes in net assets or fund balances (explain on Schedule O)       9         Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       36, 961, 3         rt XII       Financial Statements and Reporting       10       36, 961, 3         Check if Schedule O contains a response or note to any line in this Part XII       Yes					
1		1				
2		2				
3		3				
4		· ·				
5			1,	836	5,8	3
6	Donated services and use of facilities	-				
7	Investment expenses	7				
8		8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10						_
_	column (B))	10	36,	96.	L,3	5
Ра						
	Check if Schedule O contains a response or note to any line in this Part XII			·····		-
			-	_	Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1			
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				v	
b	Were the organization's financial statements audited by an independent accountant?		······ _	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 the				37	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-	it			
	Act and OMB Circular A-133?		······ _	3a		-
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audi				
b						
b	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			<b>3b</b>		•

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# 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
2020
Open to Public Inspection

Name of the organiza	tion
----------------------	------

Nam	e of 1	ne organization	E'S PLACE,	TNC					4-2582187				
Ра	rt I	Reason for Public (			omploto th	nic part ) S	oo instruction		4-2302107				
								13.					
	organ	ization is not a private found											
1	H	A church, convention of ch					I)(A)(I).						
2	$\square$	A school described in section											
3	H	A hospital or a cooperative					•	VIII) Entor	the beenitel's name				
4		A medical research organiz	ation operated in col	njunction with a nospital	described	a in sectio	A)(1)(d)011 N	J(III). Enter	the hospital's hame,				
-		city, and state: An organization operated for	ar the henefit of a co				overnmentel	unit dooorik	and in				
5		section 170(b)(1)(A)(iv). (C		lege of university owned	or operation	leu by a gi	ovennnentari						
~			• •				()						
6	X	A federal, state, or local gov	-					l	and the state of the state				
1	Δ	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from t	ne general	public described in				
~		section 170(b)(1)(A)(vi). (Complete Part II.)											
8	$\square$	<ul> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college</li> </ul>											
9													
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	r the colleg	e or				
40		university:	(d)					h	- I				
10		An organization that norma											
		activities related to its exen							-				
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	lired by the o	ganization	atter June 30, 1975.				
		See <b>section 509(a)(2).</b> (Complete Part III.) An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>											
11	H							orm out the	numpered of one or				
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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3).</b> Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а		<b>Type I.</b> A supporting orga			-				aivina				
a		the supported organization											
		organization. You must c			пајопту с				supporting				
b		<b>Type II.</b> A supporting org			tion with it	e cupport	od organizativ	n(c) by ba	vina				
D													
		control or management o organization(s). <b>You mus</b>			ame perso			iye ine sup	porteu				
с		<b>Type III functionally inte</b>			in connoc	tion with	and functions	lly intograt	od with				
U	L	its supported organization						iny integration	sa with,				
d		Type III non-functionally						rted organi	zation(s)				
u		that is not functionally int											
		requirement (see instruct			-		-	a an attent	TVCHC35				
۵		Check this box if the orga						II Type III					
Ŭ		functionally integrated, or					, po ., . , po	n, 19pe n					
f	Ente	er the number of supported of	ragnizationa										
		vide the following information	-										
		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 ir	nstructions)	support (see instructions)				
Tota													

### Schedule A (Form 990 or 990-EZ) 2020 ROSIE'S PLACE, INC. Part II Support Schedule for Organizations Described in

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) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,405,764.	12,828,555.	12,557,569.	15,355,044.	16,148,238.	68,295,170.
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 $\dots$						
4	Total. Add lines 1 through 3	11,405,764.	12,828,555.	12,557,569.	15,355,044.	16,148,238.	68,295,170.
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.						68,295,170.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
7	Amounts from line 4	11,405,764.	12,828,555.	12,557,569.	15,355,044.	16,148,238.	68,295,170.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	110,612.	116,627.	178,662.	283,207.	274,645.	963,753.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						69,258,923.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	113,951.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (I					14	98.61 %
	Public support percentage from 2019					15	98.76 %
16a	33 1/3% support test - 2020. If the c	•					
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
-	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets th				• •		
	organization meets the facts-and-circu						▶⊣
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	na see instruction	s 🕨 📖

Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 ROSIE'S PLACE, INC.

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

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

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.")						
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 bus-						
	income under exertion 510						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
					4		
E				1			
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	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	ļ					
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and <b>stop here</b>	~			•		
Se	ction C. Computation of Publ	ic Support Pe					ŕ
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Invest						,,,
	Investment income percentage for 20		•	ne 13. column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the						
192		-					
1-	more than 33 $1/3\%$ , check this box a						and
D	<b>33 1/3% support tests - 2019.</b> If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	🕨 🗀

Yes

No

### 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.)

1	
2	
3a	
3b	
-	
3c	
4a	
чa	
41.	
4b	
4c	
5a	
5b	
5c	
6	
7	
8	
9a	
9b	
9c	
10a	
401	
10b	

Pa	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	ction B. Type I Supporting Organizations	<u> </u>		<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations	2		L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			L
			Vee	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<b> </b>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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		
Sec	ction 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 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 L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in 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 these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Yes No

## Schedule A (Form 990 or 990-EZ) 2020 ROSIE'S PLACE, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete 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		
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		
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-functionally	/ integr	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

Fai	i v Type in Non-Functionally integrated 509		continue	<u>d)</u>	
Secti	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				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro		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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	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: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	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:				
	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service Service Go to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047 <b>2020</b> Open to Public Inspection
Nam	e of the organizati				Emp	loyer identification number
		ROSIE'S PLACE, INC				04-2582187
Par		ations Maintaining Donor Advise		s or Ac	ccou	nts.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir				
			(a) Donor advised funds	(b	) Fun	ds and other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in	-			
•		on's property, subject to the organization's				Yes 📖 No
6	•	on inform all grantees, donors, and donor a	• •		-	
		poses and not for the benefit of the donor of			-	
Par		ate benefit? ation Easements. Complete if the org	nanization answered "Ves" on Form 990	Dart IV	lino 7	Yes No
1		servation easements held by the organizat		rannv,		
•		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	a histor	rically	important land area
		of natural habitat	Preservation of		-	•
		n of open space		u oortin		
2		through 2d if the organization held a quali	fied conservation contribution in the form	of a cor	nserva	ation easement on the last
	day of the tax yea			Γ		Held at the End of the Tax Year
а		onservation easements		Г	2a	
		ricted by conservation easements			2b	
		vation easements on a certified historic str			2c	
		vation easements included in (c) acquired		F		
	listed in the Natior	nal Register			2d	
3		vation easements modified, transferred, re			zation	during the tax
	year 🕨					
4		where property subject to conservation ea				
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of			
		forcement of the conservation easements i				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servatio	n eas	ements during the year
_		<del></del>				
7		ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation eas	semer	its during the year
0		vation easement reported on line 2(d) above	ve esticity the requirements of eastion 170	(h)(4)(D)	(1)	
8		)(4)(B)(ii)?	• •		.,	Yes No
9		be how the organization reports conservat				
5		d include, if applicable, the text of the foot				
		counting for conservation easements.				
Par		ations Maintaining Collections o	f Art, Historical Treasures, or O	ther S	Simila	ar Assets.
		f the organization answered "Yes" on Form				
1a		elected, as permitted under FASB ASC 95		and bala	ance s	heet works
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in fu	urtheran	ce of	public
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describes these iter	ns.		
b		elected, as permitted under FASB ASC 95			shee	t works of
		sures, or other similar assets held for public				
		ing amounts relating to these items:				
	-	ded on Form 990, Part VIII, line 1				6
					•	\$
2	If the organization	received or held works of art, historical tre			provid	e
		unts required to be reported under FASB A				
а	Revenue included	on Form 990, Part VIII, line 1			•	\$
		ı Form 990, Part X				\$
		aduation Act Nation, and the Instruction				

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
032051	12-01-20

Sche	dule D (Form 990) 2020 ROSIE'S	PLACE, INC	2.			04-25	82187	Pa	ge <b>2</b>
Pai	t III Organizations Maintaining C	<b>Collections of Ar</b>	t, Historical Tr	easures, or	Other Si	imilar Asse	ets(continu	ıed)	
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that m	nake signifi	cant use of its	3		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explair	how they further t	he organization'	s exempt p	ourpose in Pa	rt XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	sures, or other s	similar asse	ets	_		
	to be sold to raise funds rather than to be m	aintained as part of th	ne organization's co	ollection?		L	Yes		No
Pa	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Ye	es" on Form	n 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod						_		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		_				
							Amount		
	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
T	Ending balance Did the organization include an amount on F					1f	Yes		
	If "Yes," explain the arrangement in Part XIII					····· ∟		H	No
Pa									
		(a) Current year	(b) Prior year	(c) Two years b		ree vears back	(e) Four	/ears h	ack
1a	Beginning of year balance	30,000.	30,000.	30,0		30,000	( <b>c)</b> i our j	30,0	
	Contributions	, -		,				,	
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	30,000.	30,000.	30,0	00.	30,000		30,0	00.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment  100.0000	_%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered	d for the or	ganization	-		
	by:							res	No
	(i) Unrelated organizations						. 3a(i)		X
	(ii) Related organizations						. 3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						. <b>3</b> b		
	t VI Land, Buildings, and Equipn	V	wment funds.						
Fai	Complete if the organization answere		Dort IV/ line 11a	Soo Form 000 F	lart V lina -	10			
								voluo	
	Description of property	(a) Cost or ot basis (investm		or other (other)	(c) Accum deprecia		<b>(d)</b> Book	value	
10	Land	· · · · ·	,	5,100.	doproole		135	10	0.
	Land			5,234.	6,484	.316.	6,200		
	Buildings Leasehold improvements			0,752.	1,565		175		
	Equipment			9,141.		,380.	201		
	Other			,				,	
	Add lines 1a through 1e. (Column (d) must e		X, column (B). line 1	10c.)			6,713	,44	7.
		,	,	/			, -		

Schedule D (Form 990) 2020

		11b. 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	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1)			
(2)			
(3)			
(4)	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"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3)         (4)         (5)         (6)			
(3)         (4)         (5)         (6)         (7)			
(3)         (4)         (5)         (6)         (7)         (8)			
(3)         (4)         (5)         (6)         (7)         (8)         (9)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"		▶ 11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability		▶ 11e or 11f. See Form 990, Part X, line 25	( <b>b)</b> Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes		▶ 11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" L (a) Description of liability (1) Federal income taxes (2)		▶ 11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes		▶ 11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2)		▶ 11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3)		▶ 11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25	
(3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin         Part X         Other Liabilities.         Complete if the organization answered "Yes"         1.       (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)		11e or 11f. See Form 990, Part X, line 25	
(3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) lin         Part X         Other Liabilities.         Complete if the organization answered "Yes"         I.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)		11e or 11f. See Form 990, Part X, line 25	

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

Sche	edule D (Form 990) 2020 ROSIE'S PLACE, INC.	04-	2582187 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	19,066,748.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b	Donated services and use of facilities 2b 151,74	5.	
с	Recoveries of prior year grants 2c		
d			
е	Add lines <b>2a</b> through <b>2d</b>	2e	1,988,635.
3	Subtract line <b>2e</b> from line <b>1</b>		17,078,113.
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 50,00	0.	
b	Other (Describe in Part XIII.)		
с			50,000.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	17,128,113.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Retu	urn.
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	per Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Der Retu	urn.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	Der Retu	urn.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         2b	Der Retu	urn.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	Der Retu	urn.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	5.	urn.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	5 . 	urn. 12,991,162. 151,745.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	5 . 	urn.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2e	urn. 12,991,162. 151,745.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2e	urn. 12,991,162. 151,745.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         Investment expenses not included on Form 990, Part VIII, line 7b       4a         Other (Describe in Part XIII.)       4b	2e	urn. 12,991,162. 151,745. 12,839,417.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       1         Investment expenses not included on Form 990, Part VIII, line 7b       4a         Other (Describe in Part XIII.)       4b	2e 2e 3 0. 4c	urn. 12,991,162. 151,745. 12,839,417. 50,000.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2e 2e 3 0. 4c	urn. 12,991,162. 151,745. 12,839,417.

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.

#### PART V, LINE 4:

PERMANENTLY RESTRICTED NET ASSETS REPRESENT AMOUNTS THAT ARE RESTRICTED BY DONORS AGAINST ANY EXPENDITURES OF PRINCIPAL, BUT FROM WHICH SUBSTANTIALLY

ALL INTEREST AND DIVIDEND INCOME EARNED ON PRINCIPAL MAY BE USED FOR

GENERAL PURPOSES.

PART X, LINE 2:

ROSIE'S PLACE ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH

ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX

POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ROSIE'S PLACE HAS 032054 12-01-20 Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 ROSIE'S PLACE, INC.	04-2582187 Page 5
Part XIII Supplemental Information (continued)	
DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH	QUALIFY FOR
EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMEN	TS AT JUNE 30,
2021 AND 2020. ROSIE'S PLACE'S INFORMATION RETURNS ARE SU	ВЈЕСТ ТО
EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.	

SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2020
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.	Employer ide	Inspection ntification number
Name of the organization		PLACE, INC.					04-2582	
Part I Fundraisi		Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1		
required to c	complete this par	t.						
<ul> <li>a X Mail solicitation</li> <li>b X Internet and e</li> <li>c X Phone solicitation</li> <li>d X In-person solicitation</li> <li>2 a Did the organization key employees listed</li> <li>b If "Yes," list the 10</li> </ul>	ons email solicitations ations icitations in have a written o ed in Form 990, F highest paid indi	s <b>f</b> Solicita <b>g</b> X Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	X Yes	
compensated at lea	ast \$5,000 by the	e organization.						
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
NEWPORT CREATIVE -			Yes	No				
RAILROAD AVE, DUXBU	RY, MA	DIRECT MAIL CONSULTANTS		X	1,154,240.		228,159.	926,081.
			K					
			_					
Total				►	1,154,240.		228,159.	926,081.
or licensing.	ch the organization	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from r	egistration
MA								

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events			
					NONE	(d) Total events		
			FWSB	GALA		(add col. <b>(a)</b> through		
()			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
Revenue	1 Gross receipts		714,546.	439,694.		1,154,240.		
-	2	Less: Contributions	690,946.	424,445.		1,115,391.		
	3	Gross income (line 1 minus line 2)	23,600.	15,249.		38,849.		
	4	Cash prizes						
S	5	Noncash prizes						
pense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages		16,676.		16,676.		
ā	8	Entertainment	16,500.			16,500.		
	9	Other direct expenses	61,992.	83,596.		145,588.		
	10	178,764.						
		Net income summary. Subtract line 10 from li	ine 3, column (d)			-139,915.		
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than								
		\$15,000 on Form 990-EZ, line 6a.						

enue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes% └── No	└── Yes % └── No	└── Yes% └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	· · _			
		the organization licensed to conduct gaming ac No," explain:		states?		Yes No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 ROSIE'S PLACE, INC. 04-	<u>2582</u>	2187	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a	1	%
				%
	An outside facility	130		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name  Address			
45.0	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🖵	165	
k	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	🗌 No
F	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
L.	organization's own exempt activities during the tax year <b>\$</b>			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III I	ines 9	9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art m, r		00, 100,

SCHEDULE J Compensation In		5-0047
(Form 990) For certain Officers, Directors, Trustees,	Key Employees, and Highest <b>202</b>	<b>)</b>
Compensated Emp Complete if the organization answered "Yes		.0
Department of the Treasury	990. Open to P	
Internal Revenue Service Go to www.irs.gov/Form990 for instructi Name of the organization	ons and the latest information. Inspect Employer identification	
ROSIE'S PLACE, INC.	04-2582187	number
Part I Questions Regarding Compensation	04 2002107	
	Y	es No
1a Check the appropriate box(es) if the organization provided any of the followin		
Part VII, Section A, line 1a. Complete Part III to provide any relevant informati	-	
First-class or charter travel	g allowance or residence for personal use	
Travel for companions	nts for business use of personal residence	
Tax indemnification and gross-up payments	or social club dues or initiation fees	
Discretionary spending account	al services (such as maid, chauffeur, chef)	
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a writte		
reimbursement or provision of all of the expenses described above? If "No," of		
2 Did the organization require substantiation prior to reimbursing or allowing ex		
trustees, and officers, including the CEO/Executive Director, regarding the ite	ms checked on line 1a? 2	
2 Indicate which if any of the following the experimetion used to establish the	compensation of the expensionia	
3 Indicate which, if any, of the following the organization used to establish the o		
establish compensation of the CEO/Executive Director, but explain in Part III.		
	employment contract	
	nsation survey or study	
	al by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1:	a, with respect to the filing	
organization or a related organization:		
	4a	X
b Participate in or receive payment from a supplemental nonqualified retiremen	t plan? 4b	X
c Participate in or receive payment from an equity-based compensation arrange	ement? 4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amou	nts for each item in Part III.	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must comp		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organizati	on pay or accrue any compensation	
contingent on the revenues of:		v
a The organization?		
b Any related organization?		<u> </u>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organizati	on pay or accrue any compensation	
contingent on the net earnings of:	60	x
a The organization?		
<ul> <li>b Any related organization?</li> <li>If "Yes" on line 6a or 6b, describe in Part III.</li> </ul>		
<ul><li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organizati</li></ul>	on provide any nonfixed payments	
not described on lines 5 and 6? If "Yes," describe in Part III		x
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant</li> </ul>		
initial contract exception described in Regulations section 53.4958-4(a)(3)? If		X
<ul> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption</li> </ul>		
Regulations section 53.4958-6(c)?		

#### 04-2582187

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported as deferred on prior Form 990
(1) LEEMARIE MOSCA	(i)	223,667.	0.	0.	19,628.	24,211.		0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) LIZ CHAVES	(i)	143,125.	0.	0.	9,488.	9,041.	161,654.	0.
CHIEF FINANCE AND ADMIN OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(3) SANDRA MARIANO	(i)	136,394.	0.	0.	13,289.	23,556.	173,239.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(4) ERIN MILLER	(i)	118,375.	0.	0.	11,927.	23,755.	154,057.	0.
CSO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)				7			
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Employer identification number
04-2582187

	ROSIE'S PLAC	E, INC	•		04-2	2582	187	
Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d noncash contrib	etermir	0	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	44	196,943.	FAIR MARKE	r va	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles			1 110 400				
19	Food inventory	X	4	1,112,429.	FAIR MARKE	l' VA	LUE	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	V	A				T TTT	
25	Other $\blacktriangleright$ ( <u>MEDIA</u> )	X	4		FAIR MARKE			
26	Other (SUPPLIES)	X	23	495,564.	FAIR MARKE	I VA	LUE	
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part V, L	Jonee Acknowledg	gement 29				<b>.</b>
00-				and a line David I. Kan an <b>d</b> dhaaraa			Yes	No
30a	During the year, did the organization receive b	-	• • • •		-			
	must hold for at least three years from the dat							x
	exempt purposes for the entire holding period	·				30a		
	If "Yes," describe the arrangement in Part II.	naliov that "	auiroo the review	of any popotondard contails	itiono2	04		x
31	Does the organization have a gift acceptance	. ,	•	•		31		~
32a	Does the organization hire or use third parties		-			00-		x
L	contributions?					32a		
	If "Yes," describe in Part II.	$a_{\rm c} = (a) f_{\rm c}$	r a tupo of avarat	v for which column (a) is the	okod			
33	If the organization didn't report an amount in c		a type of propert	y for which column (a) is che	UNEU,			
LHA	describe in Part II. For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 00	n	Schedule	M (Eor	n 000)	2020
	i or raper work neuron Act Notice, see	are moude	1013 IOI FUITI 33		Scheudle	u-0/1		, 2020

04-2582187 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

EZ 2020 Open to Public Inspection Employer identification number

04-2582187

OMB No 1545-0047

ROSIE'S PLACE, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEIR DIGNITY, SEEK OPPORTUNITY AND FIND SECURITY IN THEIR LIVES. WE

SEEK TO FULFILL THIS MISSION THROUGH THE EXPRESSION OF OUR CORE VALUES:

WELCOMING; UNCONDITIONAL LOVE; FAIR AND NON-JUDGMENTAL TREATMENT;

ENCOURAGEMENT; HOLISTIC APPROACH; ALLEVIATION OF SUFFERING; TRUTH;

PURSUIT OF SOCIAL JUSTICE; AND INDEPENDENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: DELIVER SERVICES TO GUESTS WITHIN THEIR OWN HOMES PROVIDING MULTIIPE RESOURCES TO MAINTAIN STABLE HOUSING BY BUILDING LONG-TERM SUPPORT AND SOLUTIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: BOSTON PUBLIC SCHOOLS COLLABORATIVE- ALL EXTERNAL AND INTERNAL ADVOCACY PROGRAMS HAVE BEEN COMBINED INTO ONE PROGRAM AREA WHERE ALL ADVOCATES PROVIDE EFFECTIVE AND COMPASSIONATE SUPPORT TO ALL GUESTS WHO TURN TO US FOR HELP. A CALL CENTER HAS BEEN ESTABLISHED ALLOWING ALL OF OUR GUESTS INCLUDING THE MOTHERS OF CHILDREN ATTENDING THE BOSTON PUBLIC SCHOOLS TO SEEK HELP FORM WHEREVER THEY ARE. THIS COLLABORATIVE WAS A SIGNIFICANT PART OF OUR CURRENT STRATEGIC PLAN BUT DUE TO THE PANDEMIC WE'VE HAD TO CHANGE OUR PROGRAM DELIVERY AND REDIRECT OUR GROWTH OF PROGRAMS IN DIFFERENT WAYS. EXPENSES \$ 673,328. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WOMEN'S EDUCATION - THE WOMEN'S EDUCATION CENTER TRULY MEETS OUR GUESTS

WHERE THEY ARE AND GIVES THEM THE OPPORTUNITY TO LEARN, ACHIEVE AND

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization ROSIE'S PLACE, INC.	Employer identification number $04-2582187$
PLOT THEIR OWN PATH FORWARD. ALL OUR CLASSES ARE FREE. ST	UDENTS ARE NOT
REQUIRED TO PASS ANY TESTS TO ENROLL, ENABLING THEM TO LE	ARN AT THEIR
OWN PACE AS THEY PROGRESS THROUGH CURRICULUM LEVELS. OUR	EMPLOYMENT
SPECIALIST HELPS GUESTS APPLY FOR, ACQUIRE AND KEEP GAINF	UL EMPLOYMENT
IN THE COMMUNITY.	
EXPENSES \$ 709,583. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS EMAILED TO THE ENTIRE BOARD FOR REVIEW. ANY DI	SCUSSIONS WILL BE
DONE AT THE FOLLOWING BOARD MEETING. THE BOARD WILL THEN	VOTE WHETHER OR
NOT TO APPROVE THE 990 FOR SUBMISSION TO THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AT THE END OF EACH FISCAL YEAR, EACH BOARD MEMBER IS ASKE	D TO COMPLETE A
QUESTIONNAIRE INDICATING ANY CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALL	Y BY THE BOARD'S
PERSONNEL COMMITTEE, INCLUDING COMPARISON TO OTHER NON-PR	
MISSION AND SIZE. THE SALARY IS THEN APPROVED BY THE FUL	L BOARD. A SEARCH
COMMITTEE FOR KEY EMPLOYEES INCLUDES BOARD MEMBERS WHO AP	PROVE SALARY
OFFERS.	
FORM 990, PART VI, SECTION C, LINE 19:	

ALL DOCUMENTS LISTED ARE PROVIDED TO THE PUBLIC UPON REQUEST AND ARE

AVAILABLE ON THE WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization ROSIE'S PLACE, INC.	Employer identification number 04-2582187
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	626,028.
MANAGEMENT AND GENERAL EXPENSES	226,231.
FUNDRAISING EXPENSES	20,654.
TOTAL EXPENSES	872,913.
GUEST SUPPORT AND ALLOWANCES:	
PROGRAM SERVICE EXPENSES	1,288,684.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,288,684.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,161,597.
FORM 990, PART XII, LINE 2C: THE PROCESS FOR SELECTION AND OVERSIGHT OF THE AUDIT PROC CHANGED.	ESS HAS NOT