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## SCANNED AU

Form 990-PF

## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 2014

Open so Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate Instructions is at www.irs.gov/form990pf.

For calendar year 2014 or tax year beginning 09/25/14, and ending 12/31/14A Employer identification number The Dr A Everett and Ruth E Rosen Foundation, Inc., c/o Dr. Rosen 47-2319589 Number and street (or P O box number if mail is not delivered to street address) Boom/suite Telephone number (see instructions) 49 Briar Hollow Lane, Unit 1802 713-963-8778 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here Houston TX 77027 G Check all that apply: Initial return Initial return of a former public charity 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization: If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at J Accounting method X Cash Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), Other (specify) 0 line 16) ▶ (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) ) ехрелѕеѕ рег income purposes books (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) Check ► X if the foundation is **not** required to attach Sch B 2 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents h Net rental income or (loss) ĥа Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a b Capital gain net income (from Part IV, line 2) O 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 0 0 0 Total. Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Administrative C Other professional fees (attach schedule) 17 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) 24 Total operating and administrative expenses. 0 0 Add lines 13 through 23 0 0 25 0 Contributions, gifts, grants paid 0 0 0 0 0 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 0 Excess of revenue over expenses and disbursements o Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see Instructions.

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Fo	<u>rm 990</u>	-PF(2014) The Dr A Everett and Ruth E F	<u>losen</u>	47-231958	39	Page 2
1	Part I	Balance Sheets Attached schedules and amounts in the description colu	umn	Beginning of year		of year
т	_ <u>`</u>	should be for end-of-year amounts only (See instruction Cash – non-interest-bearing	15 )	(a) Book Value	(b) Book Value	(c) Fair Market Value
١	2			, <u>.</u>	_	
-	3	Savings and temporary cash investments  Accounts receivable ▶		i	***************************************	
	3	Less: allowance for doubtful accounts		i f		
	4	Pledges receivable ▶				
1	7	Less allowance for doubtful accounts		1		
-	5	Grants receivable				<del></del>
1	6	Receivables due from officers, directors, trustees, and other		<del></del>		
-		disqualified persons (attach schedule) (see				
-		instructions)				
-	7	Other notes and loans receivable (att. schedule)				
-	•	Less allowance for doubtful accounts ▶	0	1		
ر <sub>ي</sub>	8	Inventories for sale or use	_		·	
Assets	9	Prepaid expenses and deferred charges			· . <del>-</del> · · - · ·	
B	10a	Investments – U S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)			····	
-	c	Investments – corporate bonds (attach schedule)			<del></del>	
l	11	Investments – land, buildings, and equipment, basis			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
ĺ		Less accumulated depreciation (attach sch.)				
	12	Investments – mortgage loans				
-	13	Investments – other (attach schedule)		, and the second		
1	14	Land, buildings, and equipment basis				
1		Less accumulated depreciation (attach sch.)				
	15	Other assets (describe ▶	)			
	16	Total assets (to be completed by all filers – see the				
┙		instructions Also, see page 1, item I)		0	0	0
	17	Accounts payable and accrued expenses				
	18	Grants payable				
ĕ	19	Deferred revenue				
iabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>a</u>	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶	)	-		
$\dashv$	23	Total liabilities (add lines 17 through 22)	. 52	0	0	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	► X			
ances		·				
悥	24	Unrestricted				
Ba	25	Temporarily restricted				-
밍	26	Permanently restricted	▶ [			-
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
6	27	Capital stock, trust principal, or current funds				
ş	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				•
۲	30	Total net assets or fund balances (see instructions)		0	0	1
낅	31	Total liabilities and net assets/fund balances (see			<del></del> . <del>_</del>	1
		instructions)		o	0	
	Part		ances	·		
		net assets or fund balances at beginning of year - Part II, column (a), line		agree with	Ĭ	
		of-year figure reported on prior year's return)			1	0
2		r amount from Part I, line 27a			2	
3	Othe	r increases not included in line 2 (itemize)			3	
4	Add	lines 1, 2, and 3			4	
5	Decr	eases not included in line 2 (Itemize)			5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b),	line 30	6	0

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

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7

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)	<sub>F</sub>			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			
	here ▶ and enter 1% of Part I, line 27b	1			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	‡			
	Part I, line 12, col. (b).				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0
3	Add lines 1 and 2	3			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on Investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0
6	Credits/Payments	ŧ			
а	2014 estimated tax payments and 2013 overpayment credited to 2014  6a	1			
b	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld  6d				
7	Total credits and payments. Add lines 6a through 6d	7			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	· · · · · · · · · · · · · · · · · · ·	10			
11		11			
Pe	rt VII-A Statements Regarding Activities		<del></del>		
1a	y and the second of the second			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	-			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers  \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
_	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/-	4a		X
D	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b_		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
_	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or  Builting language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			•	
_	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7		X
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)   MA				
L					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	27 /=	.		1
^	(or designate) of each state as required by General Instruction G? If "No," attach explanation	N/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"				,,
10	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10	L	<u> </u>

_		tt and Ruth E Ro		2319589			Page 6
P	art.VII-B Statements Regarding	<b>Activities for Which For</b>	rm 4720 May Be I	Required (conf	inued)		
5a	During the year did the foundation pay or incur	-					
	(1) Carry on propaganda, or otherwise attempt	t to influence legislation (section 4	1945(e))?	Y	es X No		
	(2) Influence the outcome of any specific publi	ic election (see section 4955); or	to carry on,				
	directly or indirectly, any voter registration of	drive?		Y	es X No		
	(3) Provide a grant to an individual for travel, s	tudy, or other similar purposes?		Y	es X No		
	(4) Provide a grant to an organization other that	described in					
	section 4945(d)(4)(A)? (see instructions)		Y	es 🛚 X No			
	(5) Provide for any purpose other than religiou	s, charitable, scientific, literary, oi	r educational			. [	
	purposes, or for the prevention of cruelty to				es 🗶 No	. [	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	the transactions fail to qualify und	ler the exceptions descr	ribed in			
	Regulations section 53 4945 or in a current not	tice regarding disaster assistance	e (see instructions)?		N/A	5b	
	Organizations relying on a current notice regard	-			▶ 🗌		
С	If the answer is "Yes" to question 5a(4), does the	he foundation claim exemption fro	m the tax			. [	
	because it maintained expenditure responsibilit	y for the grant?		N/A 📗 Y	es 🗌 No		
	If "Yes," attach the statement required by Regu	` '				. [	[
6a	Did the foundation, during the year, receive any	funds, directly or indirectly, to pa	ay premiums				
	on a personal benefit contract?				es 🔀 No		
b	Did the foundation, during the year, pay premiu	ms, directly or indirectly, on a per	sonal benefit contract?		ļ	6b	X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the founda	tion a party to a prohibited tax she	elter transaction?	Y	es X No		
<u>_b</u>					N/A	7b	
P	art VIII Information About Office	ers, Directors, Trustees,	Foundation Mar	nagers, Highly	Paid Employ	/ees,	
	and Contractors						
1 1	ist all officers, directors, trustees, foundation	on managers and their compen	sation (see Instructio	ns).			
			(b) Title, and average	(c) Compensation	<ul><li>(d) Contributions to employee benefit</li></ul>	(e) Eyne	nse account,
	(a) Name and addres	S	hours per week devoted to position	(if not paid, enter -0-)	plans and deferred		allowances
			<u> </u>		compensation	<del>                                     </del>	
	lter M. Rosen	Houston	President			ĺ	
	Briar Hollow Lane, Unit 1802	TX 77027	30.00	0	0		0
	ian Rosen	Houston	Treasurer	[ _[		ĺ	
	Briar Hollow Lane, Unit 1802	TX 77027	0.00	0	0		0
	sa Rosen Berman	Missouri City	Clerk	_		1	
	02 Edgewood Drive	TX 77459	0.00	0	0	<del></del>	0
_	Opposition of the black and a self-control						
2	Compensation of five highest-paid employ "NONE."	ees (other than those included	on line 1 – see instru	ictions). If none, e	nter		
	None.			· ·	(d) Contributions to		
	(a) Name and address of each employee paid in	nove than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expe	nse account,
	(a) Hame and address of each employee paid in	11076 (11a11 \$30,000	devoted to position	(c) Compensation	plans and deferred compensation	other a	allowances
- NC	DNE .			·	Сопредавол	•	<del></del>
114	771H						
		7		-			
			<del></del>	<del> </del>	<del></del>	<del>                                     </del>	
				]			
	<del></del>			-		<del> </del> -	
				<del></del>		<del></del>	
	•		1	1		1	
Tota	Il number of other employees paid over \$50,000		1		-	<u> </u>	0
_	7,335	·	······································				)-PF (2014)

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Part, VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	ation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional services (see instruction	ns). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		•
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information suc organizations and other beneficianes served, conferences convened, research papers produced, etc.	h as the number of	Expenses
1 N/A		
1 •17 ••		
2		
3		
4		
•		
Part IX-B Summary of Program-Related Investments (see instruc	tions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
•		<u> </u>
2		
All other program-related investments See instructions		
3		
	<del></del>	
Total. Add lines 1 through 3	<u> </u>	

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P	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn four	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	<u>0</u>
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	0
đ	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	ations
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Mınımum investment return from Part X, line 6	1	
2a	Tax on investment income for 2014 from Part VI, line 5	]	
b	Income tax for 2014. (This does not include the tax from Part VI.)	]	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
<b>D</b> ,	art XII Qualifying Distributions (see instructions)		
		1 4	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1 1	^
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		_
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		
	qualifies for the section 4940(e) reduction of tax in those years.		

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Excess from 2013 e Excess from 2014

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ | if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed N/A

The form in which applications should be submitted and information and materials they should include:

N/A

Any submission deadlines.

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

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Part XV Supplementary Information (continued)

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Grants and Contributions Paid During th	If recipient is an individual,	Foundation	T	<del></del>
Recipient	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year <b>N/A</b>				
N/A				
			1	
			!	
			1	
Total	<u> </u>		▶ 3a	
Approved for future payment <b>N/A</b>				
N/A				
Total			▶ 3b	

Part XVI-A	Analysis of Income-Producing Ac	tivities				
	ints unless otherwise indicated	1	d business income	Excluded	d by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program serv	nce revenue:	203033 C000	Amount	code	runount	(See instructions)
_						
<b>b</b>						
d						
f						
g Fees and	contracts from government agencies					
2 Membership	dues and assessments					
3 Interest on sa	avings and temporary cash investments					
4 Dividends an	d interest from securities					
5 Net rental inc	ome or (loss) from real estate.			ļ		
	inced property	ļ		ļ		
	financed property			ļ		
	ome or (loss) from personal property			<u> </u>		
7 Other investr				ļ. —		
	) from sales of assets other than inventory					
	r (loss) from special events			}		
	or (loss) from sales of inventory			<del> </del>		
	e a					
				1		
	_			<u>l</u>		
<u> </u>				i		
		1		<del></del>		
2 Subtotal Add	t columns (b) (d) and (e)		1 0	1	1 0	i c
	d columns (b), (d), and (e)		0	1	13	
3 Total. Add lii	ne 12, columns (b), (d), and (e)		<u> </u> 0	1		C
3 Total. Add lii See worksheet ii	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )	ccomplishr			13	
3 Total. Add lii	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income is	reported in colu	nent of Exempt F	Purpos	13 ses d importantly to the	C
3 Total. Add lii See worksheet ii Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations ) Relationship of Activities to the A	reported in colu	nent of Exempt F	Purpos	13 ses d importantly to the	C
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3 Total. Add lii See worksheet ii Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income is	reported in colu	nent of Exempt F	Purpos	13 ses d importantly to the	C
3 Total. Add lii See worksheet ii Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income is	reported in colu	nent of Exempt F	Purpos	13 ses d importantly to the	C
3 Total. Add lii See worksheet ii Part XVI+B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income is	reported in colu	nent of Exempt F	Purpos	13 ses d importantly to the	C
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Part	XVII	Information Reg Exempt Organiz	arding Tr					ionships W	ith Noncharita	ble			
1 Die	d the orga	nization directly or indire	ectly engage	in any of the f	ollowin	g with any othe	r organization desc	ribed			Yes	No	
		1(c) of the Code (other		-		-	-						
	ganizations	• •		(-)(-)		,	, ,						
-	•	om the reporting founda	tion to a non-	obaritoble ever	mnt or	annization of:							
		an the reporting rounds	MONTO A NOM	CHAIRADIE EXE	mpt on	ganization or.						v	
٠.	Cash	_								1a(1)		X	
	Other as									1a(2)		X	
<b>b</b> Ot	her transa	ctions'											
(1)	Sales of	assets to a noncharital	ole exempt or	ganization						1b(1)	_	<u> </u>	
(2)	Purchas	es of assets from a nor	ncharitable ex	kempt organiza	ation					1b(2)		X	
(3)	Rental o	f facilities, equipment, o	or other asset	ts						1b(3)		X	
(4)	Reimbur	sement arrangements								1b(4)		X	
		loan guarantees								1b(5)		X	
		-	mborobin or f	undroioung col	licutotuo	200						X	
		ance of services or mer	•	•						1b(6)			
	-	cilities, equipment, mai	•	•						1c		<u> </u>	
		to any of the above is	•		•								
va	lue of the	goods, other assets, or	services give	en by the repor	rting fo	oundation If the	foundation receive	d less than fair m	narket				
va	lue in any	transaction or sharing a	rrangement,	show in colur	nn (d)	the value of the	goods, other asse	ts, or services re	ceived				
(a) L	ine no	(b) Amount involved	(c) Nam	e of nonchantable	exempt	t organization	(d) Descri	ption of transfers, tra	nsactions, and shanng a	rrangeme	nts		
A/N													
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de	scribed in	ation directly or indirectly section 501(c) of the C	ode (other th								es X	No	
וו ט		plete the following sch	edule.	<i>a</i>			1	(-3 D	han af anlatic with a				
<b>NT /</b>		a) Name of organization	<u> </u>	( <b>b</b> ) Ty	he or ou	ganization	+	(c) Descript	tion of relationship				
N/	A						<del></del>						
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		naities of perjury, I declare the							knowledge and belief, it	ıs true,			
	correct, ar	nd complete Declaration of p	reparer (other tr	nan taxpayer) is b	ased on	all information of v	which preparer has any h	cnowledge	May the IRS dis	cuss this i	return		
Sign		1 (							with the prepare			_	
lere		i / à/	1	)		_	-//-		(see instructions	5)?	Yes	No	
	<b>L</b>	4 Jalle	M	/coa	_	ı۶۲	14/2015	Dres	ident				
	Sign	ature of officer or trustee	·	(- "	_	Dat	<del>/ / ·</del>	Title					
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		Worcester, MA 01608						l		8-75			

Form 990-PF (2014) The Dr A Everett and Ruth E Rosen 47-2319589