Form **990-PF** 

## EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ 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

Department of the Treasury Internal Revenue Service	Form 990-PF and its separate	instructions is at www.irs	s gov/form990pf	Open to Public Inspection
For calendar year 2016 or tax year beginning		, and ending		
Name of foundation	•		A Employer identification	number
THE ROSEN FAMILY FOUNDAT			41-2054672	
Number and street (or P 0 box number if mail is not delivered to st	reet address)	Room/suite	B Telephone number 507-238-60	01
City or town, state or province, country, and ZIP or fore FAIRMONT, MN 56031	gn postal code		C If exemption application is pe	ending, check here
G Check all that apply: Initial return	=	ormer public charity	D 1. Foreign organizations	, check here
Final return Address change	Amended return Name change		Foreign organizations me check here and attach co-	eting the 85% test, mputation
H Check type of organization: X Section 501(c)( Section 4947(a)(1) nonexempt charitable trust	exempt private foundation     Other taxable private foundation	ation	E If private foundation staunder section 507(b)(1)	. [
	ounting method: X Cash	Accrual	F If the foundation is in a	
(from Part II, col (c), line 16)  ►\$ 1,999,071. (Part I,	Other (specify)column (d) must be on cash b	pasis )	under section 507(b)(1)	
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c) and (d) may no necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	150,000.	* * # #		
2 Check If the foundation is not required to attach Sch				* * * * * * * * * * * * * * * * * * * *
3 Interest on savings and temporary cash investments	101.	101.		
4 Dividends and interest from securities	34,422.	34,422.	<del> </del>	
5a Gross rents b Net rental income or (loss)	N			SECEIVED .
68 Net gain or (loss) from sale of assets not on line 10	24,177.			Service Servic
b Gross seles price for all 177,872			* * * * * * * * * * * * * * * * * * *	NOV 7 1 201/201
b Gross seles price for all 177,872 assets on line 6a 7 Capital gain net income (from Part IV, line 2)	2. 1. 1 W Y	24,177.		وليــــــــــــــــــــــــــــــــــــ
8 Net short-term capital gain	2° 2° & " \		N/A	OGDEN: UT
9 Income modifications Gross sales less returns 10a and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)			ļ	
11 Other income	200 700	E0 700	ļ	
12 Total. Add lines 1 through 11	208,700.	58,700. 0.	0.	0.
13 Compensation of officers, directors, trustees, etc		0.	0.	<u></u>
14 Other employee salaries and wages 15 Pension plans, employee benefits			<del> </del>	
of the Legal tops STMT 1	604.	0.	0.	604.
b Accounting fees				
b Accounting fees c Other professional fees STMT 2	9,200.	9,200.	0.	0.
17 Interest 18 Taxes STMT	6,451.	761.	0.	5,690.
19 Depreciation and depletion	, , , , , , ,	701.	<del> </del>	3,030:
20 Occupancy			<del> </del>	· · · · · · · · · · · · · · · · · · ·
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses				
24 Total operating and administrative expenses. Add lines 13 through 23				·
	16,255.	9,961.	0.	6,294.
- 25 Continuadors, giris, grants paid	100,500.			100,500.
26 Total expenses and disbursements.	116,755.	9,961.	0.	106,794.
	110,733	3,301.	<u> </u>	100,734.
Add lines 24 and 25	·			
27 Subtract line 26 from line 12;	91.945.			***
	91,945.	48,739.		

Form 990-PF (2016) THE ROSEN FAMILY FOUNDATION, INC. 41-2054						
Part II Balance Sheets Attached schedules and amounts in the description rollymp should be for end-of-year amounts only			Beginning of year	End (	of year	
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	184,188.	189,335.	189,335.	
	2	Savings and temporary cash investments				
	3	Accounts receivable >				
	}	Less. allowance for doubtful accounts			}	
	4	Pledges receivable			V X A A A A A A A A A A A A A A A A A A	
	ł	Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	ł	disqualified persons				
	7	Other notes and loans receivable		A N. N. W. W. N.		
	ł	Less: allowance for doubtful accounts				
ß	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ĕ	10a	Investments - U.S. and state government obligations				
	Ь	Investments - corporate stock				
	C	Investments - corporate bonds				
	11	Investments - land buildings, and equipment basis		A A A A LITER OF		
	ĺ	Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other STMT 4	1,586,834.	1,673,632.	1,809,736.	
	14	Land, buildings, and equipment basis				
	{	Less accumulated depreciation				
	15	Other assets (describe				
	16	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item l)	1,771,022.	1,862,967.	1,999,071.	
	17	Accounts payable and accrued expenses		<del></del>		
	18	Grants payable				
ç	19	Deferred revenue	 			
iabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
jab	21	Mortgages and other notes payable				
_	22	Other liabilities (describe				
			_			
_	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
	]	and complete lines 24 through 26 and lines 30 and 31.				
ces	1	Unrestricted	ļ			
lan	25	Temporarily restricted	<u> </u>			
8	26	Permanently restricted				
or Fund Balances	]	Foundations that do not follow SFAS 117, check here				
ŭ.		and complete lines 27 through 31.	0			
ts	27	Capital stock, trust principal, or current funds	0.	0.		
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.		
ķ	29	Retained earnings, accumulated income, endowment, or other funds	1,771,022.	1,862,967.		
ž	30	Total net assets or fund balances	1,771,022.	1,862,967.		
		Table 12 by 12 by a send on by a send of the day	1 771 022	1 062 067		
_	31	Total liabilities and net assets/fund balances	1,771,022.	1,862,967.		
P	art	Analysis of Changes in Net Assets or Fund Ba	alances			
-	Total	net accets or fund halanger at horizons of uses. Part II solves (a) has	20			
		net assets or fund balances at beginning of year - Part II, column (a), line	υυ		1 771 000	
		t agree with end-of-year figure reported on prior year's return)		1	1,771,022. 91,945.	
		amount from Part I, line 27a Increases not included in line 2 (itemize)		2	91,945.	
-		ines 1, 2, and 3	<del></del>	3	1,862,967.	
-		eases not included in line 2 (itemize)		4	1,862,967.	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h) Juna 30	5	1,862,967.	
<u> </u>	ivial	not appets of form balances at one of year time 4 minus line 3) - Falt II, Co	varin (D), into 30		Form <b>990-PF</b> (2016)	
					101111 (2010)	

	Losses for Tax on Inve					4	1-2054	1012	Page 3
(a) List and describe the kind(s) of property sold (e.g., real estate,			(b) How acquired P - Purchase D - Donation		(c) Date	acquired	(d) Dat	e sold	
2-story brick warehouse; or common stock, 200 shs. MLC Co.)				P - Pu	rchase mation	(mo., c	day, yr.)	(mo., da	
1a MUTUAL FUNDS/STOC	MUTUAL FUNDS/STOCK - SEE STATEMENT				P				
b MUTUAL FUNDS/STOC	b MUTUAL FUNDS/STOCK - SEE STATEMENT P								
<u>c</u>	<del></del>			<del> </del>					
<u>d</u>				<del> </del>	<del></del>				
<u>e</u>	(f) Depreciation allowed	(a) Cos	t or other bacis	<del></del>	<u>-</u>	(b) C	Court or (loca)		
(e) Gross sales price	(or allowable)		t or other basis xpense of sale	}			Gain or (loss) s (f) minus (i		
a 16,675.						<u> </u>		504.	
b 161,197.			135,51						681.
С									
<u>d</u>									
е		<del>,                                     </del>							
Complete only for assets showing gai							Col. (h) gain i not less than		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (j), if any		00		(from cal. (h		
a			(),,,					-1	504.
b	<del></del>							25	681.
c							<del>~</del>		
d									
<u>e</u>	<u> </u>				<del></del>				
	∫ If gain, also enter in l	Part I, line	7	3				2.4	177
2 Capital gain net income or (net capital	loss) (If (loss), enter -0- in	Part I, line	7	1 2	<del> </del>				177.
3 Net short-term capital gain or (loss) as		5):							
If gain, also enter in Part I, line 8, coluing the following of the first series of th	nn (c).			)   3				-1	504.
Part V Qualification Unde	r Section 4940(e) for Re	duced	Tax on Net I	nvestr	nent Inco	me			
(For optional use by domestic private foun	dations subject to the section 4940	(a) tax on	net investment ind	come.)					
If section 4940(d)(2) applies, leave this pa	rt hlank								
								_	
Was the foundation liable for the section 4			•	od?				Yes	X No
If "Yes," the foundation does not qualify un 1 Enter the appropriate amount in each of				ntries					
(a)	(b)	70110113 0011	or thaking any on	(c)		7-		(d) ution ratio	
Base periód years Calendar year (or tax year beginning in)	والمناف المشرور والمناف والمنا	utions	Net value of no		e-use assets		Distribition (col. (b) divide	ition ratio ded by col.	(c))
2015	211,	479.			31,213	$\overline{\cdot}$		.13	5486
2014		023.		1,7	78,299			.13	32162
2013		429.			<u>52,989</u>				4799
2012		130.			74,134				8229
2011	289,	219.		1,38	39,536	· <del>}</del>		. 20	8141
2 Total of line 1, column (d)								57	8817
3 Average distribution ratio for the 5-yea	r hase period - divide the total on hi	ne 2 by 5 7	or by the number	of vears		2			0017
the foundation has been in existence if	•	110 Z Dy 0, t	or by the namber	or yours		3		.11	.5763
4 Enter the net value of noncharitable-us	e assets for 2016 from Part X, line	5				4	1	.,864,	914.
5 Multiply line 4 by line 3						5		215,	888.
						( ;			400
6 Enter 1% of net investment income (19	6 of Part I, line 27b)					6			487.
7 Add lines 5 and 6								216	375.
. Man lines a qua a						7		<u> </u>	3/3.
8 Enter qualifying distributions from Part	XII, line 4					8		106.	794.
If line 8 is equal to or greater than line	·	and compl	ete that part using	a 1% tax	rate.				

See the Part VI instructions.

Form **990-PF** (2016)

623521 11-23-16

	d on Investment Income (Section		41-2054672 948 - see instruction	Page 4		
<del></del>			1 % (1 ) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	13)		
	cribed in section 4940(d)(2), check here			<b>1</b> (1)		
	er: (attach copy of le			75.		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%  of Part I, line 27b						
of Part I, line 27b	er 2% of line 27b. Exempt foreign organizations	anter 4% of Part I line 12 col (h)				
	ection 4947(a)(1) trusts and taxable foundation	• • • • •	2	~ o.		
3 Add lines 1 and 2	scribit 4547 (a)(1) it usts and taxable roundation	s only. Others enter -0-)		75.		
· · · · · · · · · · · · · · · · · · ·	section 4947(a)(1) trusts and taxable foundation	ns only Others enter -O-)	4	0.		
	Subtract line 4 from line 3. If zero or less, ente	•		75.		
6 Credits/Payments:	000000000000000000000000000000000000000		7% - 3% - 8% - 7%	,,,,,		
a 2016 estimated tax payments and 2	2015 overpayment credited to 2016	6a 4,000.				
<b>b</b> Exempt foreign organizations - tax	• •	6b		3.0		
c Tax paid with application for extens		6c				
d Backup withholding erroneously wi	·	6d		4		
7 Total credits and payments. Add lin			7 7 7 4,0	. őoc		
8 Enter any penalty for underpaymen	nt of estimated tax, Check here 🗶 if Form 22	220 is attached	8			
9 Tax due. If the total of lines 5 and 8	8 is more than line 7, enter amount owed	<b>&gt;</b>	9			
10 Overpayment. If line 7 is more than	n the total of lines 5 and 8, enter the amount ov	verpaid -	10 3,0	25.		
11 Enter the amount of line 10 to be: 0		3,025 · Refunded ►	11	0.		
Part VII-A Statements Re	egarding Activities			<del></del>		
1a During the tax year, did the foundat	tion attempt to influence any national, state, or l	local legislation or did it participate or intervend	e in Yes			
any political campaign?			1a	X		
<b>b</b> Did it spend more than \$100 during	g the year (either directly or indirectly) for polition	cal purposes (see instructions for the definition	'	X		
If the answer is "Yes" to 1a or 7	1b, attach a detailed description of the ac	tivities and copies of any materials publish	ned or	3.		
distributed by the foundation in			is in	:a		
c Did the foundation file Form 1120-F			1c	X		
, ,,,	political expenditures (section 4955) imposed d	• •				
(1) On the foundation. > \$	<del></del>	managers. ► \$ 0.	-   1			
	aid by the foundation during the year for politica $oldsymbol{0}$ .	ai expenditure tax imposed on toundation	1 , 1 .	, <sub>1</sub> 84		
managers. > \$	activities that have not previously been reported	d to the IDCO	2	X		
		u to the Ins.	- <del> </del>			
If "Yes," attach a detailed descri	ges, not previously reported to the IRS, in its go	overning instrument articles of incorporation of	or 🐧 🐧	1 -		
-	s? If "Yes," attach a conformed copy of the		" 3	X		
	pusiness gross income of \$1,000 or more during		4a	X		
b If "Yes," has it filed a tax return on F	-	g ,	N/A 4b	<del>                                     </del>		
	n, dissolution, or substantial contraction during	the year?	5	X		
If "Yes," attach the statement re		•		1 2 .4		
6 Are the requirements of section 508	B(e) (relating to sections 4941 through 4945) sa	atisfied either;				
<ul> <li>By language in the governing inst</li> </ul>	trument, or					
<ul> <li>By state legislation that effectively</li> </ul>	y amends the governing instrument so that no r	mandatory directions that conflict with the state	e law	1		
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 " $\gamma$	es," complete Part II, col (c), and Part XV				
				極量		
	ation reports or with which it is registered (see i	instructions)				
MN						
	the foundation furnished a copy of Form 990-Pf	- · · · · · · · · · · · · · · · · · · ·	in a at her	لتــــــــــــــــــــــــــــــــــــ		
	al Instruction G? If "No," attach explanation		8b X	1		
	s a private operating foundation within the mean			أشي		
	ning in 2016 (see instructions for Part XIV)? If		9	X		
TO Did any persons become substantia	al contributors during the tax year? If "Yes," attac	h a schedule listing their names and addresses	10   Form <b>990-PF</b>	X (0040)		

FOIII 990-PF (2016) THE ROSEN FAMILIE FOUNDAL		<del></del>	41-20340	/ 4 Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4/20 May Be R	equired (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	Y	es 🗶 No 🧜		
(2) Influence the outcome of any specific public election (see section 4955); or		\		
any voter registration drive?			es 🔀 No 🏻	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	7	Y	es 🗶 No 🖟	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		[	
4945(d)(4)(A)? (see instructions)		Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Y	es 🗶 No 🕼	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify unc	der the exceptions described	ın Regulations	į Į.	
section 53.4945 or in a current notice regarding disaster assistance (see instruc	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check he	ere		<b>▶</b> □  ,	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from				
expenditure responsibility for the grant?	I.	<b>I/A</b>	es [] No 📗	
If "Yes," attach the statement required by Regulations section 53 4945-	-5(d)		*	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		Y	es 🗓 No 🏻	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?		L	6b X
If "Yes" to 6b, file Form 8870		_		
7a At any time during the tax year, was the foundation a party to a prohibited tax sl		Y	·· — · · ·	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar	nagers, Highly		
List all officers, directors, trustees, foundation managers and their c				
List all officers, directors, dustees, foundation managers and their c	<del></del>	(c) Compensation	(d) Contributions to	(a) Evnança
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
			[	
SEE STATEMENT 5		0.	0.	0.
SEE SINIBIBILI 3		·	· · ·	<u> </u>
		ĺ	)	
	<del></del>	<del> </del>	<del> </del>	
<del></del>		}		,
		}		
		<del> </del>		
		l .		
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, (	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
	devoted to position	(C) Componsation	compensation	allowances
NONE		<u> </u>		
		ļ		
		'	ı	
		ļ		<del></del>
		}		
		ļ		
		Į I		
	<del></del>	<del> </del>	<del></del>	<del></del>
		<b>]</b>	•	
Total number of other ampleyees paid over \$50,000		l	<u> </u>	
Total number of other employees paid over \$50,000				990-PF (2016)
			Form	000-F F (2016)

Form 990-PF (2016) THE ROSEN FAMILY FOUNDATION, INC.	41-2	2054672 Page 7
Part VIII 3 Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)	ers, Highly	· · · · · · · · · · · · · · · · · · ·
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
	(b) Type of service	(c) Compensation
NONE	(2) 1/2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		1
Total number of others receiving over \$50,000 for professional services  Part IX-A. Summary of Direct Charitable Activities		▶ 0
	auch ac the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Such as the	Expenses
1 N/A		
2		
<del></del>		
3		
4		
Part IX-B: Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form 990-PF (2016)

Part X Minimum Investment Return (All domestic foundations must complete this part. For	reign foundations, s	ee instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	1,788,763.
Average of monthly cash balances	16	1,788,763. 104,551.
c Fair market value of all other assets	16	
d Total (add lines 1a, b, and c)	1d	1,893,314.
e Reduction claimed for blockage or other factors reported on lines 1a and	*	
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	* <sub>2</sub> *	0.
3 Subtract line 2 from line 1d	3	1,893,314.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28,400.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,864,914.
6 Minimum investment return. Enter 5% of line 5	6	93,246.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	ndations and certain	
foreign organizations check here  and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	93,246.
2a Tax on investment income for 2016 from Part VI, line 5	975.	
b Income tax for 2016. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	975.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	92,271.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	92,271.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	_ 7 }	92,271.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1,74	
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	106,794.
b Program-related investments - total from Part IX-B	1b	0.
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:	*	
a Suitability test (prior IRS approval required)	3a	
<b>b</b> 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	106,794.
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	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	106,794.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	oundation qualifies for t	he section
4940(e) reduction of tax in those years.		
		Form <b>990-PF</b> (2016)

## Part XIII Undistributed Income (see instructions)

	<del></del>	T		
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d)
1 Distributable amount for 2016 from Part XI,	* * * * * * * * * * * * * * * * * * *	Toda o prior to 2010	2013	2016
line 7				92 271.
2 Undistributed income, if any, as of the end of 2016	A DECEMBER OF STREET	The state of the s		32,27±•
a Enter amount for 2015 only			0.	
<b>b</b> Total for prior years:				
<del></del>		0.		
3 Excess distributions carryover, if any, to 2016.				
a From 2011 220,661.				
b From 2012 5,944.				
e From 2013 102,550.				
d From 2014 147,670.				
e From 2015 123,242.	200000000000000000000000000000000000000			
f Total of lines 3a through e	600,067.		& A	
4 Qualifying distributions for 2016 from Part XII, line 4: ►\$ 106,794.				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior			<u>0.</u>	· · · · · · · · · · · · · · · · · · ·
years (Election required - see instructions)		ا م		
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount			* * * * * *	
e Remaining amount distributed out of corpus	14,523.			92,271.
5 Excess distributions carryover applied to 2016	0.			<del></del>
(If an amount appears in column (d), the same amount must be shown in column (a) )		* 1 No. 1 No. 1		<u>0.</u>
6 Enter the net total of each column as				
indicated below:				<b>我</b> 说:"人,
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	614,590.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				3 4 7.
undistributed income for which a notice of deficiency has been issued, or on which		ľ		
the section 4942(a) tax has been previously		.		
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2017	8-8 NA 1			_
7 Amounts treated as distributions out of	<u> </u>			0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
Excess distributions carryover from 2011		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
not applied on line 5 or line 7	220,661.			1 4 4 10 10
Excess distributions carryover to 2017.		44.5		***
Subtract lines 7 and 8 from line 6a	393,929.	8.4	* * * * * *	
Analysis of line 9:		-, ,	* , , ,	
a Excess from 2012 5,944.	ļ	• 1	·	
b Excess from 2013 102,550.	-	·	•	
c Excess from 2014 147,670.				- 1
d Excess from 2015 123, 242.		ļ		-
e Excess from 2016 14,523.				
3581 11-23-16				Form 990-PF (2016)

Form 990-PF (2016) THE ROS	<u>EN FAMILY F</u>	OUNDATION,	INC.		<u>1-2054672                                    </u>	Page 10
Part XIV Private Operating Fo	oundations (see in	structions and Part VII	A, question 9)	N/A		
1 a If the foundation has received a ruling of			1			
foundation, and the ruling is effective for	r 2016, enter the date of t	the ruling	<b>▶</b>			
b Check box to indicate whether the found	ation is a private operation	ng foundation described i		4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) To	ıtal
investment return from Part X for			,	ļ	1	
each year listed						
<b>b</b> 85% of line 2a						
c Qualifying distributions from Part XII,						
line 4 for each year listed		<u></u>	<u> </u>			
d Amounts included in line 2c not						
used directly for active conduct of			}	i		
exempt activities		Ì		j	į	
e Qualifying distributions made directly						
for active conduct of exempt activities.	ı	Í		{	1	
Subtract line 2d from line 2c	ı		}		1	
3 Complete 3a, b, or c for the		<u> </u>				
alternative test relied upon:  a "Assets" alternative test - enter:						
(1) Value of all assets				-	ļ	
` '	<del></del>					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				· ·		
b "Endowment" alternative test - enter	<del></del>			<del>-  </del>		
2/3 of minimum investment return				}	]	
shown in Part X, line 6 for each year listed				}	]	
c "Support" alternative test - enter:			· · · · · · · · · · · · · · · · · · ·			
(1) Total support other than gross					}	
investment income (interest,		1			}	
dividends, rents, payments on					}	
securities loans (section					<b>,</b>	
512(a)(5)), or royalties)	<del></del>	<del></del>		<del></del>	<del></del>	
(2) Support from general public and 5 or more exempt					ļ	
organizations as provided in					1	
section 4942(j)(3)(B)(iii)				+		
(3) Largest amount of support from			1			
an exempt organization	<del></del>					
(4) Gross investment income Part XV [Supplementary Infor	mation (Complet	te this part only if	the foundation	had \$5,000 o	r more in asset	-
at any time during the			the foundation	11au \$5,000 0	i iliore ili asset	. <b>.</b>
<del></del>		<del></del>				
1 Information Regarding Foundation	-	than 20% of the total contri	hutiana rassivad by the	n foundation hafora t	the elece of any toy	
a List any managers of the foundation who year (but only if they have contributed m			outions received by the	e toutidation before t	the close of any tax	
NONE	40,000,000	(-/(-/-/				
b List any managers of the foundation who	own 10% or more of the	ctack of a corporation (c	yr an aqually large port	ion of the ownerchin	of a partnership or	
other entity) of which the foundation has			n all equally large port	on or the ownership	or a parmership or	
NONE	ū					
	on Crant Citt I am	Cabalanahin ata Dua		<del></del>	<del></del>	
_ <u></u>		• • • •	•	nat assaut	ad .aaata fa. fii.a.da	14
the foundation makes gifts, grants, etc. (		o preselected charitable o				П
			<del></del>		, 0, 4110 0.	
a The name, address, and telephone numb	er or e-mail address of the	ie person to whom applic	ations should be addre	ssea:		
N/A						
t. The form in which are lightness about the	a cultimitted and informat	unn and materials their sh		<del> </del>		
<b>b</b> The form in which applications should be $\mathbf{N}/\mathbf{A}$	e submitted and imprinat	ion and materials they sho	outa include:			
c Any submission deadlines:	<del></del>	<del></del> -			<del></del>	
N/A						
d Any restrictions or limitations on awards	such as by geographics	Lareas charitable fields !	rinds of institutions or	other factors	<del></del>	
N/A	, such as by youghapilica	i ai vas, ciraritable lielus, f	ands or mediculous, or	other factors.		
623601 11-23-16	<del></del>				Form <b>990-1</b>	PF (2016)
		1.0				(-v·-/

3 Grants and Contributions Paid During the		Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
manic and address (notifie of business)	or substantial contributor	recipient	ļ	<del></del>
a Paid during the year				
		ļ		
	1	ł		
MINNESOTA FFA FOUNDATION	NONE	PC	GRANT-GENERAL	
PO BOX 365 PLAINVIEW, MN 55964		1		6,00
,				,
		1		
MARL-SOUTHWEST MN STATE UNIVERSITY	NONE	PC	GRANT-GENERAL	
1501 STATE STREET, SUITE 157	NONE		GRANI-GENERAL	
MARSHALL, MN 56258		l		5,00
		1		
CLOSET OF HOPE-BLOOMINGTON COVENANT	NONE	PC	GRANT-GENERAL	
10150 XERXES AVENUE SOUTH	}	ŀ		
BLOOMINGTON, MN 55431	<del></del>	ļ	<del> </del>	2,50
TWIN VALLEY COUNCIL - BOY SCOUTS OF	NONE	PC	GRANT-GENERAL	
AMERICA		ĺ		
810 MADISON AVENUE MANKATO, MN 56001				2,00
EMIGIO, IM JOUL			<del>                                     </del>	2,00
			1	
CENTRACARE HEALTH FOUNDATION	NONE	PC	CDANE CON LD MEDICAL	
1406 SIXTH AVENUE NORTH	NONE		GRANT-CCH LP MEDICAL CAMPUS PROGRAM	
ST. CLOUD, MN 56303				50,00
Total SEE CO	NTINUATION SHEE	r(s)	<b>▶</b> 3a	100,50
b Approved for future payment				
NONE				
	ļ			
			1	
		ļ		
		,		
Total			<b>▶</b> 3b	
<del> : : : : : : :</del>			- UV (	m <b>990-PF</b> (20

*Part,XVI-A	Analysis	of Income-Producing	Activities
1 0410 224 1 24	milalysis	or moonic-i roddomg	ACCITICO.

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclu	ided by section 512, 513 or 514	(a)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
-	cone	<del></del>	1000		
· · · · · · · · · · · · · · · · · · ·	<del></del>		<del> </del>	<del> </del>	
<u> </u>	<del></del>		1	<del> </del>	
d			<del>                                     </del>		<del></del>
e	<del></del>		<del> </del>		
f	<u> </u>		<del>                                     </del>		
g Fees and contracts from government agencies	<b> </b>		<del>                                     </del>		
2 Membership dues and assessments	<b>—</b>		<del>                                     </del>	<del> </del>	<del>_</del>
3 Interest on savings and temporary cash	<u> </u>	<del></del>	$\dagger$		<del></del>
investments			14	101.	
4 Dividends and interest from securities	<b></b>	<del></del>	14	34,422.	<u></u>
5 Net rental income or (loss) from real estate:	* # 4	* * * * * * * * * * * * * * * * * * * *	1 3	9	
a Debt-financed property			**		* * * * * * * * * * * * * * * * * * *
b Not debt-financed property	<del> </del>		<del>                                     </del>		
6 Net rental income or (loss) from personal	<del> </del>		<del> </del>		<del></del>
property					
7 Other investment income	<b>———</b>	<del> </del>	<del>                                     </del>	<del></del>	<u> </u>
8 Gain or (loss) from sales of assets other		<del> </del>	<del> </del>	<del> </del>	<u> </u>
than inventory			18	24,177.	
9 Net income or (loss) from special events		<del>                             </del>	<del>  -</del>	22,11,1	
10 Gross profit or (loss) from sales of inventory		<del></del>	<del> </del>		
11 Other revenue.	<del> </del>		<del>                                     </del>		
			Ì		
a					
c		<del> </del>		<del></del>	<del></del>
d		<del></del>	<b></b>	<del></del>	
A					<del></del>
12 Subtotal. Add columns (b), (d), and (e)	* ^ ^* *	0.	, , »	58,700.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	·	<u> </u>	13	
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	mnt	Purnoses	
Tart XVI2D Relationship of Addivides to					
Line No. Explain below how each activity for which incor	me is reported i	in column (e) of Part XVI-A	contrib	uted importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than be	y providing fui	nds for such purposes).			
	·				
		<del></del>			<del></del>
		<del></del>		<del></del>	
				·····	
		<del></del>			
		<del></del>		·····	
	<del> </del>			<del> </del>	
		<del></del>			
	<del> </del>			<del></del>	
					·
					<del></del>
		<del> </del>		<del></del>	
		<del></del>			<del></del>

623621 11-23-16

Part XI	Information R∈ بالك Exempt Orgar		sters To a	and Transactions a	and Relations	hips With Nonch	aritable		
1 Did th	e organization directly or ind		of the follows	na with any other organizati	ion described in sec	tion 501(a) of		Yes	No
				•		11011 30 1(0) 01		, to 3	140
		digition to a panetharitable exempt organization of							
(1) 0	,	acion to a noncharita	ole exempt of	gamzanon or.			1a(1)	`	X
	ther assets						1a(2)		X
	transactions:							ÿ ,ķt	~
	ales of assets to a noncharita	ahle evemnt organiza	tion				_1b(1)	1	X
	urchases of assets from a no						1b(2)	$\vdash \vdash \vdash$	X
٠,	ental of facilities, equipment,	•	n gamzation				16(3)		X
	eimbursement arrangements						1b(4)		X
	oans or loan guarantees	•					1b(5)		X
٠.	erformance of services or me	embership or fundrai	sına solicitatio	ons			1b(6)		X
• •	ng of facilities, equipment, ma	· ·	•				10		X
	answer to any of the above is				lways show the fair	market value of the goo		ets.	
	vices given by the reporting f			• •				-10,	
colum	n (d) the value of the goods,	other assets, or serv	ices received.						
(a) Line no	(b) Amount involved	(c) Name o	f noncharitabl	e exempt organization	(d) Description	on of transfers, transactions,	and sharing arra	angemen	ts
	· · · · · · · · · · · · · · · · · · ·		N/A	<del></del>					
		<u> </u>		<del></del>					
	<del></del>	<del></del>				· · · · · · · ·			
		<u> </u>			<del></del>				
	·	<del> </del>		<del></del>	<del></del>	<del></del>			
		<del> </del>			<del> </del>				
	<del></del>	<del> </del>			<del></del>				
		<del> </del>			<del></del>				
				<del></del>	<del>                                     </del>	<del></del>			
		<u>,</u>							
	····	-		<del></del>		·			
	<del></del>	<u> </u>		<del></del>	<del></del>	···			
	foundation directly or indirec	•	· ·	. •	izations described			7	No
	tion 501(c) of the Code (othe s," complete the following sch		(3)) or ill sec	11011 32 <i>1 *</i>			Yes	LA	טאו נ
U II Ies	(a) Name of org	<del> </del>		(b) Type of organization	Ţ	(c) Description of relati	onship		
	N/A	94.1124.01		(2) Type of organization	<del>}</del>	(v) Booonphon or rollan	onomp		
				<del> </del>	<del> </del>	<del> </del>			
	<del></del> _					<del></del>			
	. <del></del>	·			ļ — — — — — — — — — — — — — — — — — — —				
	$\Delta$								
	nder penalties of perjury, I dictare to nd belief, it is true, correct, and con	that I have examined this	return, including	accompanying schedules and st	tatements, and to the be	est of my knowledge	May the IRS d	scuss th	nis
Sign   " Here		4	para (other trans	taxpayer) is based on all informa			return with the shown below		
		<del></del>		11/10/1	SECRE!	<u> </u>	Yes	L	No
	Signature of officer or trustee	<del>,</del>		Date Preparer's signature		Chook C Di	IAI		
	Printy type preparer's na	ame	Preparer's s	ignature	Date	Check if PT self- employed	III		
Paid	1	1			i	Scii- cilipioyed			
Prepare	er Firm's name	Firm's name			<del></del>	Firm's EIN ▶			
Use On	I i i i i i i i i i i i i i i i i i i i					}			
	Firm's address ▶					1			
						Phone no.			
							Form <b>990</b>	)-PF (	(2016)

## Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990 .

OMB No 1545-0047

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	THE ROSEN FAMILY FOUNDATION, INC.	41-2054672
Organizati	on type (check one)	
Filers of:	Section:	
Form 990 c	or 990-EZ 501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-F	PF S01(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only	ur organization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	e. See instructions
General Ru	ıle	
	or an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling operty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Ru	les	
se ar	or an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support octions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, by one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount (ii) Form 990-EZ, line 1 Complete Parts I and II	or 16b, and that received from
ye	or an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ e prevention of cruelty to children or animals Complete Parts I, II, and III	• • •
ye Is pu	or an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a car, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled much checked, enter here the total contributions that were received during the year for an exclusively religious propose. Don't complete any of the parts unless the General Rule applies to this organization because it ligious, charitable, etc., contributions totaling \$5,000 or more during the year.	ore than \$1,000. If this box s, charitable, etc.,
but it must	n organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

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

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number THE ROSEN FAMILY FOUNDATION, INC. 41-2054672 Contributors (See instructions) Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ROSEN'S DIVERSIFIED, INC. Person Payroll PO BOX 933 150,000. Noncash (Complete Part II for FAIRMONT, MN 56031 noncash contributions.) (a) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (d) (a) (c) Type of contribution No. Name, address, and ZIP + 4 Total contributions Person Payroli Noncash (Complete Part II for noncash contributions) (a) (d) (c) Type of contribution Name, address, and ZIP + 4 Total contributions No. Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

623452 10-18-16

Person Payroll Noncash (Complete Part II for noncash contributions) Name of organization

Employer identification number

THE RO	OSEN FAMILY FOUNDATION, INC.	4	1-2054672
Part II	Noncash Property (See instructions) Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	}
523453 10-18-	. <del></del>		n 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

623454 10-18-16

3 Grants and Contributions Paid During th	ne Year (Continuation)			L
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
N ADOPT	NONE	PC	GRANT-GENERAL	
77 RAYMOND AVENUE		1		
T. PAUL, MN 55114			+	10,00
INNESOTA HISTORICAL SOCITY	NONE	PC	GRANT-GENERAL	1
45 KELLOG BLVD WEST		)		
T. PAUL, MN 55102			+	25,00
		}		
		<u> </u>	<del></del>	
	}			
				<del> </del>
			+	 
Total from continuation sheets		<del></del>		35,00

FORM 990-PF	LEGAL	LEGAL FEES STATE			
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FELHABER, LARSON, FENLON LEGAL FEES	604.	0.	0.	604.	
TO FM 990-PF, PG 1, LN 16A	604.	0.	0.	604.	
FORM 990-PF (	OTHER PROFES	SIONAL FEES	S	PATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
WEALTH ONE- INVESTMENT FEES	9,200.	9,200.	0.	0.	
TO FORM 990-PF, PG 1, LN 16C	9,200.	9,200.	0.	0.	
FORM 990-PF	TAX	ES	Si	FATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
FOREIGN TAX PAID STATE OF MN TAX - FYE	761.	761.	0.	0.	
12/31/15 FEDERAL TAXES PAID	25. 5,665.	0. 0.	0. 0.	25. 5,665.	
TO FORM 990-PF, PG 1, LN 18	6,451.	761.	0.	5,690.	

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 4
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VANGUARD BD INDEX FD INC	COST		,
INTERMEDIATE VANGUARD BD INDEX FD INC LONG TERM	COST	108,441.	104,153.
BD ETF	CO31	80,273.	80,629.
VANGUARD BD INDEX FD INC SHORT TERM	COST	224 245	000 505
BD VANGUARD CHARLOTTE FDS TOTAL INTL	COST	204,247.	200,787.
BD	COD1	202,514.	214,958.
VANGUARD FTSE DEVELOPED MARKETS	COST	366,399.	354,459.
VANGUARD INDEX FDS VANGUARD GROWTH ETF	COST	207,869.	284,949.
VANGUARD INDEX FDS VANGUARD	COST	•	·
SMALL-CAP VANGUARD INDEX FDS VANGUARD VALUE	COST	70,186.	99,569.
ETF	COST	230,307.	275,126.
VANGUARD INTL EQUITY INDEX FDS FTSE	COST	98,801.	90,452.
VANGUARD SCOTTSDALE FDS VANGUARD MTG	COST	104,595.	104,654.
TOTAL TO FORM 990-PF, PART II, LINE 1	.3	1,673,632.	1,809,736.

FORM 990-PF	PART VIII	- LIST	OF OFFICERS, DIFOUNDATION MANAGE	IRECTORS SERS	STAT	EMENT 5
NAME AND ADDRESS			TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
THOMAS J. ROSEN 1120 LAKE AVENUE FAIRMONT, MN 56031			PRES/SEC 1.00	0.	0.	0.
RICHARD H. ROSEN 1120 LAKE AVENUE FAIRMONT, MN 56031			TREASURER 1.00	0.	0.	0.
WADE ROSEN 1120 LAKE AVENUE FAIRMONT, MN 56031			DIRECTOR 1.00	0.	0.	0.
KARIN M ROSEN 1120 LAKE AVENUE FAIRMONT, MN 56031			DIRECTOR 1.00	0.	0.	0.
REID ROSEN 1120 LAKE AVENUE FAIRMONT, MN 56031			DIRECTOR 1.00	0.	0.	0.
DOMINICK V. DRIANO 1120 LAKE AVENUE FAIRMONT, MN 56031	, JR		VP/ASST SEC 1.00	0.	0.	0.
KAY DILLON JONES 1120 LAKE AVENUE FAIRMONT, MN 56031			VP-TAX SERVICES	0.	0.	0.
TOTALS INCLUDED ON	990-PF,	PAGE 6,	PART VIII	0.	0.	0.