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Form **990-PF**

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

OMB No 1545-0052

▶ Information about Form 990-PF and its separate instructions is at www irs gov/form990pf Open to Public Inspection

D	epart	ment of the Treasury		ial security number						<u> </u>	10	
-		Revenue Service	► Information about Form				·		form990pf	Open to Public		
Ē		siendar year 2016 of foundation	or tax year beginning		<u>12/1</u>	9 , 2016,	and end			12/3	1,2016	
								A	Employeriden			
_			ENGH FOUNDATION and street (or P O box number if mail is not delivered to street address) Room/suite B						81-3680925			
	Numi	per and street (or P O b	ox number if mail is not delivered	to street address)			Room/sur	te B	Telephone num	ber (see instruct	tions)	
_		BOX 0634							€	<u> 51-466-8</u>	088	
	City c	r town, state or provinc	e, country, and ZIP or foreign pos	tal code				İ				
								C	If exemption appli pending, check hi	ication is	▶□	
: _			53201-0634						J.			
3 (Ch	eck all that apply.	X Initial return	Initial ret	urn of	a former p	ublic cha	rity _D	1 Foreign organi	zations, check here	▶□	
			Final return	Amended	d retur	n				zations meeting the		
			Address change	Name ch						k here and attach		
H	I Ch	eck type of organiz	zation X Section 501(c)(3) exempt priva	te fou	ndation			•			
			onexempt charitable trust	Other taxable	e priva	te foundati	on	=	If private foundati	ion status was term 7(b)(1)(A), check he		
1	Fai	r market value o	of all assets at J Accou	inting method:	X Cash	Acci	rual	-	If the foundation			
	en	d of year <i>(from Pa</i>	rt II, col (c), line Ot	her (specify)				1.		7(b)(1)(B), check he		
Ī _	16) ▶ \$ 1,	927, 354. (Part I, d	column (d) must be o	n cash	basis)						
; [Part	Analysis of Rev	enue and Expenses (The	(a) Revenue and							rsements	
ء		total of amounts i	n columns (b), (c), and (d)	expenses per		(b) Net inve		(c)	Adjusted net		aritable	
		column (a) (see in		books		iricom	-		income		oses asıs only)	
•	1	Contributions, gifts, gran	ts, etc., received (attach schedule)	1,927,0	55.							
	2	Check I if the	e foundation is not required to ch Sch B									
	3		nd temporary cash investments.						· · · · · · · · · · · · · · · · · · ·			
	4	-	rest from securities		9.		9.		•	- 	STMT 1	
	5 a			· · · · · · · · · · · · · · · · · · ·							<u> </u>	
	b		(loss)	· · · · · · · · · · · · · · · · · · ·					77			
ď			n sale of assets not on line 10		<u> </u>		CTAA/	DK	DE	CFIVED	<u> </u>	
Revenue	b	Gross sales price for a assets on line 6a		***			O I IVI F	*****				
Š	7		come (from Part IV, line 2)									
ď	8	· -	ital gain			. 11	JN 27	'17	111	N30'17		
	9	·	ons	-		v	<u> </u>			<u> </u>		
	10a	Gross sales less return and allowances	ns l					40	GDEN		Y	
	ь	Less Cost of goods so					-					
		•	s) (attach schedule)				SER	AICI	E CENT			
	11		ch schedule)							<u> </u>		
	12		through 11	1,927,0	64.	-	9.					
_	13	Compensation of office	cers, directors, trustees, etc									
es			laries and wages				NONE		NON	JE H		
Š	15		ployee benefits				NONE		NON			
CDe	16a		schedule)	·	_ -							
û	b		ttach schedule)		$\neg \vdash$							
<u>×</u>			fees (attach schedule)									
rat	17					•	-0-0			 		
st	18		dule) (see instructions)							·		
Ë	19		h schedule) and depletion.									
þ	20					· · · · · · · · · · · · · · · · · · ·						
A	21		, and meetings				NONE		NON	IE I		
3nc	22		ations		-		NONE		NON			
Ö	14 15 16a b c 17 18 19 20 21 22 23 24		tach schedule)				TAOTAL	-	1101	14		
ţi	24		d administrative expenses		+				······	+		
şra	-	•	gh 23				NONE		NON	ı E		
Ž	25		gn 23		_ +-		TAOTAE		IVOI	111		
J	26	_	grants paid			· ·	NONE		MA	16		
_	27	Subtract line 26 fro			+		MONE		NON	V C		
	1		expenses and disbursements	1 027 0	ا ۵							
	1		come (if negative, enter -0-)	1,927,0	94.					<u> </u>		
			me (if negative, enter -0-)		+		9.					
_	⊥_ ն	riajasteu net medi	····· (ii negative, enter -U-) · · :		- 1			l		1		

JSA For Paperwork Reduction Act Notice, see instructions.
GNY043 P27Y 06/20/2017 11:49:26

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Pa	rt III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on prior year's return)	1	
	Enter amount from Part I, line 27a		1,927,064.
3	Other increases not included in line 2 (itemize)	3	
	Add lines 1, 2, and 3	4	1,927,064.
5	Decreases not included in line 2 (itemize) ►EXCESS FMV OVER COST OF ASSETS CONTRIBUT	5	1,260,086.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	666,978.

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6

666,978

666,978

30 31 Total net assets or fund balances (see instructions)

Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
(a) List and	(b) How acquired	(c) Date acquired	(d) Date sold		
2-story bri	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)		
1 a			ļ		
<u>_b</u>			-		
<u>c</u>			 -		
<u>d</u> e			-		
	(f) Depreciation allowed	(g) Cost or other basis	 -	(h) Gain or (lo	
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minu	
а					
b					
С					
d					
<u>e</u>					
Complete only for assets sho	owing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	in minus
(i) FM V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	col	(k), but not less t Losses (from co	
	as of 12/31/69	over col (j), if any		Losses (IIOIII CO	· (11))
a			-		
<u>b</u>		 	 		
C			 		
d e			+		
<u>e </u>	f If c	gain, also enter in Part I, line 7	+		
2 Capital gain net income of	or (net canital loss)	loss), enter -0- in Part I, line 7	2		
Net short-term capital ga	in or (loss) as defined in sections	" · ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
		structions). If (loss), enter -0- in			
			3		
Part V Qualification U	nder Section 4940(e) for Rec	duced Tax on Net Investment I	ncome	N,	/A
	the section 4942 tax on the district of qualify under section 4940(e)	butable amount of any year in the b	oase perio	od?	Yes
		ar, see the instructions before make	ng any er	otries	
(a)	(b)	(c)	T Transfer	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
2015					
2014			I		
2013					
2012					
2011					
			1		
~		de the total on line 2 by 5, or by the	1 . 1		
number of years the four	ndation has been in existence if l	ess than 5 years	3		
4 Enter the net value of no	oncharitable-use assets for 2016	from Part X, line 5	4		
P. Markembalin A. barbar A.			5		
5 Multiply line 4 by line 3.					
6 Enter 10/ of not investigation	ant income (10) of Boot I line 27h	1	6		
6 Enter 1% of net investme	ent income (1% of Part I, line 276	·) · · · · · · · · · · · · · · · · · ·	 		
7 Add lines 5 and 6			7		
, Add iiiles 5 alid 0 , . , .					
8 Enter qualifying distribut	tions from Part XII, line 4	· · · · · · · · · · · · · · · · · · ·	8		
		ox in Part VI, line 1b, and complete		rt using a 1% t	ax rate See

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see in	nstruc	tions)	
	xempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1			
D	ate of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b D	omestic foundations that meet the section 4940(e) requirements in Part V, check			
h	ere and enter 1% of Part I, line 27b			
	Il other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
	art I, line 12, col (b)			
	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
	dd lines 1 and 2			
	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		1	ION
	ax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
	redits/Payments			
	016 estimated tax payments and 2015 overpayment credited to 2016 6a			
			١.	ONE
	otal credits and payments Add lines 6a through 6d		1/	IONE
	ax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	verpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			IONE
	nter the amount of line 10 to be Credited to 2017 estimated tax NONE Refunded			IONE
	/II-A Statements Regarding Activities			OIVI
	uring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
	articipate or intervene in any political campaign?	1a		}
	id it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	structions for the definition)?	1b		2
	the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	ublished or distributed by the foundation in connection with the activities			
c D	d the foundation file Form 1120-POL for this year?	1c		Χ
d E	nter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
(1) On the foundation ► \$			
	nter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	١.		
0	n foundation managers > \$			
2 H	as the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
If	"Yes," attach a detailed description of the activities			
	as the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	corporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		}
	d the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		}
	"Yes," has it filed a tax return on Form 990-T for this year?	4b		
	as there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	"Yes," attach the statement required by General Instruction T			
6 A	re the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
•	By language in the governing instrument, or			
•	By state legislation that effectively amends the governing instrument so that no mandatory directions that		٠,,	
	onflict with the state law remain in the governing instrument?	6	X	
	d 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 E	nter the states to which the foundation reports or with which it is registered (see instructions) ▶ MN			
h 16				
	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General redesignate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
	the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	60		
	or loundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 1942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	omplete Part XIV	9		2
		3		
0 D	and any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10	Х	
		orm 99	(<u> </u>

Par	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	'es	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	İ	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ N/A			
14	The books are in care of ► US BANK N.A Telephone no ► (651) 466	<u>-8088</u>		
	Located at ► 101 EAST 5TH STREET, ST PAUL, MN ZIP+4 ► 55101			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. ▶	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	,	/es	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	4.7	712	
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	/es	No
1a	During the year did the foundation (either directly or indirectly)			4.7
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			U.S.
	disqualified person?	7		*
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	-1-14		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			45
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person}?			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the			92
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)	7,31	1	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10	Septem	4
	Organizations relying on a current notice regarding disaster assistance check here	0.12	7.	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c	-	X
•	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		<i>i</i>
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			35
•	6e, Part XIII) for tax year(s) beginning before 2016? Yes X No		<u>.</u>	76.°
	If "Yes," list the years			
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		3.2	2
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		, ,	43
	all years listed, answer "No" and attach statement - see instructions)	1 1		X
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2.3		
	>			3
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		. 6	
	at any time during the year?	32.00		
1	olf "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or	(A)	2 92 s s	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	بالق		Χ,,
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	13		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			AL CO
	foundation had excess business holdings in 2016)			V
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	108	X
١	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b		X
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	orm 99	0-PF	

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Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five	nighest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE		NON
		,
		NON
otal numb	er of others receiving over \$50,000 for professional services	NON NON
Part IX-A	Summary of Direct Charitable Activities	
List the fo	indation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of ins and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE		
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
		-
2		-
All other r	rogram-related investments. See instructions	
3NONE		
PINOME		
	lines 1 through 3	

Part		Minimum Investment Return (All domestic foundations must complete this part. Foreignee instructions.)	ın four	ndations,
1	Fair n	narket value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpos	ses [.]		
а	Averag	ge monthly fair market value of securities	1a	1,502,345.
b	Averag	ge of monthly cash balances	1b	425,000.
C	Fair m	arket value of all other assets (see instructions)	1c	NONE
d		(add lines 1a, b, and c)	1d	1,927,345.
е	Reduc	tion claimed for blockage or other factors reported on lines 1a and	Î	
	1c (att	ach detailed explanation)		
2		sition indebtedness applicable to line 1 assets	2	NONE
3	Subtra	ct line 2 from line 1d	3	1,927,345.
4	Cash	deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instruc	ctions)	4	28,910.
5		lue of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,898,435.
6	Minim	um investment return Enter 5% of line 5	6	3,381.
Part		Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here and do not complete this part.)	lations	
1	Minım	um investment return from Part X, line 6	1	3,381.
2 a	Tax or	investment income for 2016 from Part VI, line 5 2a		
b		e tax for 2016 (This does not include the tax from Part VI.)		
С		nes 2a and 2b	2c	
3		outable amount before adjustments Subtract line 2c from line 1	3	3,381.
4		eries of amounts treated as qualifying distributions	4	NONE
5		nes 3 and 4	5	3,381.
6		tion from distributable amount (see instructions)	6	NONE
7		outable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
			7	3,381.
D4				3/3021
Part	XII (Qualifying Distributions (see instructions)		
1	Amou	nts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expen	ses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
b	Progra	m-related investments - total from Part IX-B	1b	
2	Amou	nts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		ses	2	NONE
3		nts set aside for specific charitable projects that satisfy the.		
а		ulity test (prior IRS approval required)	3a	NONE
b		distribution test (attach the required schedule)	3b	NONE
4		ring distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	NONE
5		ations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		1% of Part I, line 27b (see instructions)	5	
6	Adjust	ted qualifying distributions Subtract line 5 from line 4	6	NONE
		The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
		qualifies for the section 4940(e) reduction of tax in those years.		.g

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Pa	rt XIII Undistributed Income (see inst	ructions)			
1	Distributable amount for 2016 from Part XI.	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
	line 7				
2	Undistributed income, if any, as of the end of 2016				3,381.
	Enter amount for 2015 only.			NONE	
Ь	Total for prior years 20,20,20		NONE	NONE	
	Excess distributions carryover, if any, to 2016		INOINE		
	From 2011 <u>NONE</u>				
	From 2012 NONE				
	From 2013 NONE				
	From 2014 NONE				
	From 2015 NONE				
	Total of lines 3a through e	NONE			
	Qualifying distributions for 2016 from Part XII,	NON			
	line 4 ▶ \$NONE				
а	Applied to 2015, but not more than line 2a			NONE_	
Ь	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
С	Treated as distributions out of corpus (Election				
	required - see instructions)	NONE			
d	Applied to 2016 distributable amount				NONE
е	Remaining amount distributed out of corpus	NONE			
5	Excess distributions carryover applied to 2016.	NONE			NONE
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as			**	*
	indicated below:				•
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONB			1
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		NONE		_
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount - see				
	instructions			NONE	
f	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2017				3,381.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				•
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONE			
8	Excess distributions carryover from 2011 not	NONE			
_	applied on line 5 or line 7 (see instructions)	NONB			
9	Excess distributions carryover to 2017.	NONE			
10	Subtract lines 7 and 8 from line 6a	NONB			
	Excess from 2012 NONE				
	Excess from 2013 NONE				
	Excess from 2014 NONE				
	Excess from 2015 NONE	1			
	Excess from 2016 NONE				
Ť	NONE				

Par	t XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A guesti	on 9)	NOT APPLICABLE
						NOT MEETICADDI
ıa	If the foundation has	•		•	ating	
	foundation, and the ruling		-			
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 4942	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	·	(e) Total
	justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(0) 10141
	I or the minimum investment					T
	return from Part X for each					
	year listed				 	
b	85% of line 2a	ļ		 		
C	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not		1			
	used directly for active conduct	1			1	
	of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
_	2d from line 2c				 	
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter	ļ				
	(1) Value of all assets					
	(2) Value of assets qualifying					1
	under section			1		
_	4942(j)(3)(B)(i)					
a	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,	,				
	line 6 for each year listed					
С	"Support' alternative test - enter					ĺ
	(1) Total support other than					
	gross investment income	II.				İ
	(interest, dividends, rents, payments on securities					}
	loans (section 512(a)(5)).		•	}		1
	or royalties)				 	
	(2) Support from general public and 5 or more			İ]
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					T
	port from an exempt	\		1	}	l l
	organization (4) Gross investment income .			 	 	
Da		ntary Information (Complete this part	only if the founda	tion had \$5 000	or more in assets at
L		uring the year - see		only it the lounda	tion had \$5,000	Ji more ili assets at
_						
1	Information Regarding	•				
а	before the close of any					vived by the foundation
	Delote the close of any	y tax year (but only if th	icy nave continuated i	note than \$5,000/ (5	ice section 507(d)(2)	1
	ROLF ENGH				. 	·
þ						lly large portion of the
	ownership of a partner	rship or other entity) o	f which the foundation	n has a 10% or greater	r interest	
	N/A					
2	N/A Information Regarding	Contribution, Grant.	Gift, Loan, Scholarsh	ip. etc., Programs:		
_					Addition of the second	
	Check here ► A if	the foundation only	makes contributions	to preselected char	ritable organizations	and does not accept
				ants, etc. (see instruc	ctions) to individuals	or organizations under
	other conditions, com					
а	The name, address, ar	nd telephone number o	or e-mail address of th	e person to whom app	olications should be a	ıddressed.
b	The form in which app	olications should be su	bmitted and informati	on and materials they	should include:	
	Any submission deadl	ines'				
•	•					
	Any restrictions or I	imitations on awards	such as by geogr	anhical areas charit	able fields kinds o	of institutions, or other
u	factors		, addit as by geogr	apinoui aigas, ciidill	asio nolus, killus C	. mantanona, or other

art XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual,	Foundation					
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient					
a Paid during the year							
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Total	 	• • • • • •	▶ 3a				
b Approved for future payment							
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		1					
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		[
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		1					
Total	l		L				
Total	 		▶ 3b	F 000 DF /cc			
ISA				Form 990-PF (20			

JSA 6E1491 1 000

Part XVI-A Analysis of Income-Produ	ucing Acti	vities			
nter gross amounts unless otherwise indicated	(a)	ated business income	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b			 		
c	ļ				
d	 		 		
e				 	
g Fees and contracts from government agencies	<u> </u>				
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	9.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property · · · · · ·					
Net rental income or (loss) from personal property.	ļ				
Other investment income					
Gain or (loss) from sales of assets other than inventory	/				
Net income or (loss) from special events · · ·		 	- 		
Gross profit or (loss) from sales of inventory	<u> </u>				
Other revenue a			_		
b			 	 	
d				-	
e		 		 	
Subtotal Add columns (b), (d), and (e)				9.	
ine No. Explain below how each activit accomplishment of the foundati					•
		NOT APPLICAE	I.E		
		 			
					·
			·		

TOTAL SS							01-3000923				10 13
Part >	(VII	Information R Exempt Organ		ansfers To an	d Transacti	ons ar	nd Relationships W	ith Nonc	hari	table	•
1 D	id the	organization direct	ly or indirectly	engage in any o	f the followin	g with a	ny other organization of	described		Yes	No
						-	section 527, relating to				
	-	ations?									
а Т	ransfe	rs from the reportin	g foundation to	a noncharitable	exempt organ	ization o	ıf:	İ			
(1) Cas	h		<i></i>				[la(1)		X
(2	?) Oth	er assets						[:	ta(2)		X
		ransactions:						ŀ			
									16(1)		X
									1b(2)		X
									16(3)		X
		_						[1b(4)		X
		_						Г	1b(5)		X
											X
							Column (b) should alv			fair m	
							i. If the foundation rec				
							of the goods, other a				
(a) Line		(b) Amount involved		nonchantable exempt			scription of transfers, transact				
								· · · · · · · · · · · · · · · · · · ·			
				***************************************		<u> </u>		· · · · · · · · · · · · · · · · · · ·			
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	-+					 					
2- 1-				(C) 1 (a)		L		**			
							ore tax-exempt organization 527?		\neg	es 🗔	No.
		complete the follow		uner man section	50 I(C)(5)) OI	in secuo	on 52/!		-J ''	-34	A
	,	(a) Name of organizatio		(b) Type	of organization	T	(c) Descripti	on of relationsh	up		
							······································				
								···	···		
	Under	penalties of perjury, I deck and complete Declaration of	are that I have exam	nned this return, include taxpaver) is based on all is	ng accompanying si nformation of which	chedules an preparer bas	id statements, and to the best of sarv knowledge.	if my knowledge	and t	selief, it	is true
Sign		1/1/19					1	May the tRS	discus	s this	roturn
Here		10001		06/20	/2017	(11	easurer			Spowu"	below
11010	Sign	ature of officer or trustee		Date		Title		(see instructions	17 X	Yes [No
	L	D ./T		7					-		
Paid		Print/Type preparer's na		Preparer's signa	P /	.	Date Che	۱" ل <u>ت</u>	DN NO 1 O		• •
Prepa	rer	JOSEPH J. CA		OVICE			06/20/2017 self			5160	<u> </u>
Use C				OUSECOOPERS	LLP		Firm's EIN	▶ 13-4	UUB	324	
Joe C	,,,,,	ľ	O GRANT S		15	210	Dt	/12 2E	5 . c	000	
		F.1	TTSBURGH,	PA	12	219	Phone no.	<u>412-35</u>	- O	UUU	

Form 990-PF (2016)

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

or 990-PF)
Department of the Treasury

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2016

Employer identification number

OMB No. 1545-0047

Department of the Treasury Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

THE ENGH FOUNDATION 81-3680925 Organization type (check one): Filers of: Section: Form 990 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-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must 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 Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization
THE ENGH FOUNDATION

Employer identification number 81-3680925

Part I	Contributors (See instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ROLF ENGH C/O US BANK N.A. 101 E 5TH STREET ST PAUL, MN 55101	\$1,927,055.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
THE ENGH FOUNDATION

Employer identification number

81-3680925

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
1_	14500 SHARES OF VALSPAR CORP		
		\$\$.	12/19/2016
(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

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	! ! ! !	5.		9.	
REVENUE AND EXPENSES PER BOOKS	5 1 1 1 1 1 1	5.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.0	H H H H H H H H H H H H H H H H H H H
DESCRIPTION		USGI REPORTED AS NONQUALIFIED DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS		TOTAL	

STATEMENT

C OR F	ENDING BOOK VALUI
ט	241,
TOTALS	241,

VALSPAR CORP

DESCRIPTION

COST/

FORM 990PF, PART II - OTHER INVESTMENTS

THE ENGH FOUNDATION

81-3680925

ENDING FMV	1 1	1,502,345	1,502,345.	
ENDING BOOK VALUE	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	241,969	1	

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

ROLF ENGH C/O US BANK N.A. 101 E 5TH STREET ST PAUL, MN 55101

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

NANCY ENGH

ADDRESS:

101 E 5TH STREET

ST PAUL, MN 55101

TITLE:

PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

ROLF ENGH

ADDRESS:

101 E 5TH STREET

ST PAUL, MN 55101

TITLE:

TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MARTHA ENGH

ADDRESS:

101 E 5TH STREET

ST PAUL, MN 55101

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

PETER ENGH

ADDRESS:

101 E 5TH STREET

ST PAUL, MN 55101

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
PHILLIP ENGH
ADDRESS:
101 E 5TH STREET
ST PAUL, MN 55101
TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1