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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491298001219

2018

OMB No 1545-0052

**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.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public

							Tushecrion
For	caler	ndar year 2018, or tax year beginning 01-01-20	)18 , an	ıd er	nding 12-31-	2018	
		Indation			A Employer ıd	entification numbei	
	UNDAT.	E H AND ROSALIE N ROSEN FAMILY ION			38-3161453		
		l street (or P O box number if mail is not delivered to street address) CHARD LAKE ROAD	Room/suite		<b>B</b> Telephone nu	mber (see instruction	s)
		i, state or province, country, and ZIP or foreign postal code MFIELD, MI 48322			C If exemption	application is pending	, check here
- CI	l	that apply	form or mubble charts		D.1 Faraign or	ganizations, shooli ho	. –
or Cr	теск ат	I that apply □ Initial return □ Initial return of a □ Final return □ Amended return	former public charity			ganizations, check he ganizations meeting l	▶ ∟
		☐ Address change ☐ Name change				k here and attach cor	
ц с		pe of organization ✓ Section 501(c)(3) exempt private				undation status was to	
			e private foundation		under sectio	n 507(b)(1)(A), check	k here
			Cash		E If the founds	ation is in a 60-month	termination
of	year (f	rom Part II, col (c),	Casn L Acciue	al		n 507(b)(1)(B), check	
line	e 16)	>\$ 3,824,483 (Part I, column (d) must	be on cash basis )				
		Applysis of Devenue and Europeas (T)	<u> </u>				<b>.</b>
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		equal the amounts in column (a) (see instructions) )	books		income	income	cash basis only
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► ☑ if the foundation is <b>not</b> required to attach					
	_	Sch B Interest on savings and temporary cash investments					
	3 4	Dividends and interest from securities	116,677		116,677	116,677	
	5a	Gross rents	110,077		110,077	110,077	
	b	Net rental income or (loss)					
σ.	6a	Net gain or (loss) from sale of assets not on line 10	289,525				
BILL	b	Gross sales price for all assets on line 6a					
Revenue	7	1,298,480 Capital gain net income (from Part IV, line 2)			289,525		
	8	Net short-term capital gain			203,020	5,457	
	9	Income modifications				-,	
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	406,202		406,202	122,134	
	13	Compensation of officers, directors, trustees, etc	25,000		16,667		
	14	Other employee salaries and wages					
Sé	15	Pension plans, employee benefits					
1156	16a	Legal fees (attach schedule)					
e De	ь	Accounting fees (attach schedule)	<b>9</b> 5,465		3,662		
<u>ش</u>	c	Other professional fees (attach schedule)	30,513		30,513		
ιke	17	Interest					
tra tra	18	Taxes (attach schedule) (see instructions)	<b>%</b> 3,753		253		
≦	19	Depreciation (attach schedule) and depletion					
戛	20	Occupancy					
ĕ	21	Travel, conferences, and meetings					
and	22	Printing and publications					
Ď.	23	Other expenses (attach schedule)					
atı	24	Total operating and administrative expenses.					
ber		Add lines 13 through 23	64,731		51,095		
ō	25	Contributions, gifts, grants paid	202,192				202,19
	26	<b>Total expenses and disbursements.</b> Add lines 24 and					
	27	Subtract line 26 from line 12	266,923		51,095		202,19
	2/ a	Excess of revenue over expenses and					
	"	disbursements	139,279				
Operating and Administrative Expenses	ь	Net investment income (If negative, enter -0-)			355,107		
	c	Adjusted net income (If negative, enter -0-)				122 134	

3,033,887

326,757

3,229,399

2

3

4

5

6

139,279

3,628,042

3,628,042 Form **990-PF** (2018)

150,000

3,425,840

150,000

Investments—U S and state government obligations (attach schedule)

Investments—land, buildings, and equipment basis ▶ \_

Less accumulated depreciation (attach schedule)

Enter amount from Part I, line 27a . . . . . .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Other increases not included in line 2 (itemize) > \_\_\_\_

Decreases not included in line 2 (itemize) ▶

## Assets 9 10a b

C

11

12

2 3

```
13
         14
         Land, buildings, and equipment basis ▶ _
         Less accumulated depreciation (attach schedule)
         Other assets (describe > _
                                                                                     683
                                                                                                        39
   15
         Total assets (to be completed by all filers—see the
   16
                                                                                 3,488,763
                                                                                                   3,628,042
                                                                                                                     3,824,483
         instructions Also, see page 1, item I)
         Accounts payable and accrued expenses . . . . . . . . . . . .
   17
   18
         Grants pavable
Liabilities
   19
         Deferred revenue .
         Loans from officers, directors, trustees, and other disqualified persons
   20
   21
         Mortgages and other notes payable (attach schedule). . . . . .
   22
         Other liabilities (describe ▶_
         23
         Foundations that follow SFAS 117, check here
Balances
         and complete lines 24 through 26 and lines 30 and 31.
   24
         Unrestricted
                                                                                 3.488.763
                                                                                                   3,628,042
   25
         Temporarily restricted
Fund
         Permanently restricted .
   26
         Foundations that do not follow SFAS 117, check here
ō
         and complete lines 27 through 31.
Assets
   27
         28
         Paid-in or capital surplus, or land, bldg, and equipment fund
         Retained earnings, accumulated income, endowment, or other funds
   29
Net
   30
         Total net assets or fund balances (see instructions) . . . . .
                                                                                 3,488,763
                                                                                                   3,628,042
                                                                                                   3,628,042
   31
         Total liabilities and net assets/fund balances (see instructions) .
                                                                                 3.488.763
Part III
          Analysis of Changes in Net Assets or Fund Balances
     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)
                                                                                                               3,488,763
                                                                                               1
```

Part IV Capital Gain	s and Losses for Tax on Invest	tment Income			
	ribe the kind(s) of property sold (e g , warehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1aSee Additional Data Ta	able				
b					
С					
d					
e	10				<u> </u>
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b> See Additional Data Ta	able				
b					
с					
d					
e					
Complete only for ass	ets showing gain in column (h) and ow				l)
(i) F M V as of 12/31/	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col (ı) l (j), ıf any	col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a See Additional Data Ta	able				
b					
С					
d					
e					
3 Net short-term capita	me or (net capital loss)  al gain or (loss) as defined in sections  Part I, line 8, column (c) (see instructi	ions) If (loss), enter -0	Part I, line 7	3	289,525 5,457
Part V Qualification	a Under Section 4040(a) for Be	educed Tay on Not	Tnyactment In	como	
_	n Under Section 4940(e) for Re				
(For optional use by domesti	c private foundations subject to the se	ction 4940(a) tax on ne	et investment incom	ie)	
If section 4940(d)(2) applies	, leave this part blank the section 4942 tax on the distributa	the amount of any year	r in the base period	,	es 🗹 No
	not qualify under section 4940(e) Do				
1 Enter the appropriate	amount in each column for each year,	see instructions before	making any entrie	S	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	<b>(d)</b> Distribution rat (col (b) divided by c	
2017	208,075		4,041,457	·	0 05149
2016	199,355		3,884,838		0 05132
2015	98,406		3,974,858		0 02476
2014	44,450		3,942,850		0 01127
2013	25,031		3,252,798	I	0 00770
2 Total of line 1, column	• •	the tetal on lone 2 has 5	2		0 146527
	atio for the 5-year base period—divide bundation has been in existence if less		0, or by the <b>3</b>		0 029305
	noncharitable-use assets for 2018 from		4		4,047,534
<b>5</b> Multiply line 4 by line 3	3		5		118,613
	ment income (1% of Part I, line 27b)		6		3,551
			7		122,164
	outions from Part XII, line 4 🗼		8		202,192
If line 8 is equal to or instructions	greater than line 7, check the box in Pa	art VI, line 1b, and com	nplete that part usir	ig a 1% tax rate Se	e the Part VI

Page **6** 

Pai	Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (continued)	)			
5a	During the year did the foundation	pay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or other	vise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes 5	✓ No			
	(2) Influence the outcome of any s	pecıfı	c public election (see sect	ion 4955), or to carry					
	on, directly or indirectly, any vo	oter re	egistration drive?		· · 🗌 Yes	✓ No			
	(3) Provide a grant to an individua				☐ Yes 5	✓ No			
	(4) Provide a grant to an organizat			· -					
	in section 4945(d)(4)(A)? See i				· · Yes	✓ No			
	(5) Provide for any purpose other t								
	educational purposes, or for the		· ·		∟ Yes Ľ	✓ No			
b	If any answer is "Yes" to 5a(1)-(5)		=						
	Regulations section 53 4945 or in a				_	-	5b		No
_	Organizations relying on a current i								
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?								
	·	· · L Yes	<b>✓</b> No						
_	If "Yes," attach the statement requ		· -						
6a	Did the foundation, during the year	-			ums on				
L	a personal benefit contract?				· Yes	✓ No	6		l NI
D	Did the foundation, during the year If "Yes" to 6b, file Form 8870	, pay	premiums, directly or ind	irectiy, on a personal be	nerit contract/		6b		No
7-	At any time during the tax year, wa	c tha	foundation a party to a n	robibited tay chalter train	ncaction? $\Box$	_			
7a b	If yes, did the foundation receive a				⊥ res ⊔	✓ No	7b		No
8	Is the foundation subject to the sec						<del>                                     </del>		<b>-</b> ''
0	excess parachute payment during t					<u> </u>			
					res_L			<u> </u>	
Pai	and Contractors	JIIIC	ers, Directors, Trust	ees, roundation Ma	anagers, Highly Paid	Emplo	уссь,	•	
1	List all officers, directors, truste			•					
	(a) Name and address	(	<b>b)</b> Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans a deferred compensation	nal , ;	Experother a		
See /	Additional Data Table								
_2_	Compensation of five highest-pa	id er	nployees (other than th	nose included on line :	1-see instructions). If i	none, e	nter "	NONE	<u>."                                    </u>
(a)	Name and address of each employee more than \$50,000	paid	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred		Expen ther all		
			devoted to position		compensation				
NON	E								
Tota	I number of other employees paid or	er \$5	0,000		<u> </u>				
						Fo	rm <b>99</b> 1	0-PF	(201

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	oundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). 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 charitable activities during the tax year Include releva organizations and other beneficiaries served, conferences convened, research papers produce:		r of Expenses
1		
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation during the	ax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>•</b>
Iotal. Add lines 1 through 3		Form <b>990-PF</b> (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

3

4

5

2

3a 3h

4

5

202.192

3.551

198.641

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Page 9

198,826

198,826

Form **990-PF** (2018)

Form	990-PF	(201
Pai	rt XIII	

0-PF (2	018)
VTTT	11-

90-PF (20	018)		
XIII	Undistributed Income	(see instructions)	

- a Enter amount for 2017 only. . . . . .
- **b** Total for prior years a From 2013. . . . . **b** From 2014. . . . c From 2015. . .
- Excess distributions carryover, if any, to 2018 d From 2016. . . . .
- e From 2017. . . . . XII, line 4 🕨 \$

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . 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) . . . . . . . . . 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

11,196 f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018

(a)

Corpus

18.091

3.366

21,457

21,457

6.895

6.895

11,196

3.366

(b)

Years prior to 2017

(c)

2017

- (Election required—see instructions). . . . .
- a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election **d** Applied to 2018 distributable amount. . . .

same amount must be shown in column (a) )

factors



Form 990-PF (2018)					Page <b>12</b>
Part XVI-A Analysis of Income-Produc	ing Activities				
Enter gross amounts unless otherwise indicated	Unrelated b	Unrelated business income		512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
a					
b					
d					
e f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments	.				
4 Dividends and interest from securities			14	116,677	
5 Net rental income or (loss) from real estate a Debt-financed property					
<b>b</b> Not debt-financed property					
<ul><li>6 Net rental income or (loss) from personal proper</li><li>7 Other investment income.</li></ul>	ty				
8 Gain or (loss) from sales of assets other than					
inventory			18	289,525	
<ul><li>9 Net income or (loss) from special events</li><li>10 Gross profit or (loss) from sales of inventory</li></ul>					
11 Other revenue a					
b					
d					
e					
<ul><li>12 Subtotal Add columns (b), (d), and (e).</li><li>13 Total. Add line 12, columns (b), (d), and (e).</li></ul>			1	406,202 <b>3</b>	406,202
(See worksheet in line 13 instructions to verify ca	alculations )				
Part XVI-B Relationship of Activities to				ited importantly to	
the accomplishment of the foundation's instructions )					
				Fo	rm <b>990-PF</b> (2018)

. ,	<b>1</b> 0)
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
1111	Exempt Organizations

Part XVII	Exempt Organiz	zations				•			
	rganization directly or inc than section 501(c)(3)					ation described in section	501	Yes	No
a Transfers	from the reporting found	dation to a nonch	arıtable exe	empt organization	of				
<b>(1)</b> Cash	1						1a(1)		No
(2) Othe	er assets						1a(2)		No
<b>b</b> Other train	nsactions								
(1) Sale	s of assets to a noncharr	table exempt org	anızatıon.				.  1b(1)		No
	hases of assets from a n						. 1b(2)		No
	al of facilities, equipmen						. 1b(3)	_	No
	nbursement arrangement	•					1b(4)	_	No
	s or loan guarantees.     .						1b(5)	_	No
	rmance of services or me						1b(6)		No
` '	f facilities, equipment, m	•	_				1c		No
_			-			d always show the fair mai			
of the god	ods, other assets, or serv	rices given by the	e reporting 1	foundation If the f	oundation rece	eived less than fair market	value		
ın any tra	nsaction or sharing arrai	ngement, show ir	n column (d	I) the value of the	goods, other a	ssets, or services received	ļ		
(a) Line No	(b) Amount involved	(c) Name of nonc	haritable over	mnt organization	(d) Description	n of transfers, transactions, an	d charing arr	naomon	,tc
(a) Lille NO	(b) Amount involved	(C) Name of home	Haritable exer	TIPL Organization	(u) Description	TOT CHAIRSIELS, CHAIRSACCIONS, AN	a snaring arre	angemen	5
				1.					
	indation directly or indire	•	•	•			<b>□</b> 1		
	ın section 501(c) (other		L(c)(3)) or i	n section 5277.		∐Yes	<b>✓</b> No		
<b>b</b> If "Yes," o	complete the following so								
	(a) Name of organizatio	n	( b	) Type of organizatio	n	(c) Description of	relationship		
Unc	ler penalties of perjury. I	I declare that I h	ave examin	ed this return, incl	uding accompa	anying schedules and state	ments, and	to the	best
of n	ny knowledge and belief,	, it is true, correc	t, and comp	olete Declaration o	of preparer (oth	ner than taxpayer) is base	d on all info	rmation	า of
	ch preparer has any kno	wledge		I					
Sign	*****			2019-10-25	****		May the IRS o return	liscuss th	115
Here					\		with the prepa	arer shov	٧n
	Signature of officer or tr	ustee		Date	Title		oelow		_
							(see instr )?	<b>⊻</b> Yes	⊔ No
	Print/Type preparer's	name Pre	parer's Sıgn	nature	Date	PTI	 N		
	,, . , F.a. b. abar al. a		,gi		Date	Check if self		1110	
	Manua M					employed ▶ □		1140	
Paid	Morris M RottmanCPAABVCF	FCGMA							
Preparei	_	nan Kingston & N	leuvirth DC		İ				
Jse Only	THE HOLD	nan Kiligston & N	CUVII (II FC			Fire	n's EIN ▶38	3-19972	<b>!31</b>
		871 Middlebelt R	oad Ste 200	)					
	F=-	rminaton UTII- M	1 49224			Pho	ne no (248	3) 855-3	3902
	Farmington HIlls, MI 48334								

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation Р 2018-06-30 2018-12-31 1 merrill lynch 02438 1 merrill lynch 02438 Ρ 2017-06-30 2018-12-31 merrill lynch 02438 Р 2017-06-30 2018-12-31 merrill lynch 02440 Ρ 2018-06-30 2018-12-31 merrill lynch 02440 Р 2017-06-30 2018-12-31 Р merrill lynch 02440 2017-03-30 2018-12-31 Ρ merrill lynch 03710 2018-06-30 2018-12-31 Р 2017-06-30 merrill lynch 03710 2018-12-31 Ρ 2017-06-30 2018-12-31 merrill lynch 03710 Р 2018-12-31 merrill lynch 03711 2018-06-30 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 2,859 2,620 239 56,410 43,698 12,712 205,555 180,188 25,367 142,443 146,806 -4,363 540,180 310,274 229,906 18 18 811 823 -12 25,508 26,067 -559 72,935 67,977 4,958 81,470 77,205 4,265 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 239 12,712 25,367 -4,363 229,906 18 -12 -559 4,958 4,265

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date sold Date acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 2018-12-31 merrill lynch 03711 Ρ 2017-06-30 merrill lynch 04456 Ρ 2018-06-30 2018-12-31 merrill lynch 04456 2017-06-30 2018-12-31 merrill lynch 04625 Р 2018-06-30 2018-12-31 merrill lynch 04625 Ρ 2017-06-30 2018-12-31 Capital Gain Dividends Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 16,351 14,345 2,006 37,421 35,321 2,100 20,395 6,728 13,667 75,756 72,528 3,228 19,172 17,436 1,736 1,196 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (1), if any 2,006 2,100 6,728 3,228 1,736

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation BRUCE H ROSEN PRES/TRUSTEE 0 50 6230 ORCHARD LAKE RD 296 WEST BLOOMFIELD, MI 48322 ROSALIE N ROSEN VP/SEC/TRUSTEE 0.50 6230 ORCHARD LAKE RD 296 WEST BLOOMFIELD, MI 48322 JULIE J WIENER TREAS/TRUSTEE 25,000 7 00 6230 ORCHARD LAKE RD 296 WEST BLOOMFIELD, MI 48322 PAMELA S ROBERTS Trustee 0 50 6230 ORCHARD LAKE RD 296 WEST BLOOMFIELD, MI 48322 JOEL S GOLDEN Trustee 0.50 27777 FRANKLIN SUITE 2500

SOUTHFIELD, MI 48034

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
ADAT SHALOM SYNAGOGUE 29901 MIDDLEBELT ROAD FARMINGTON HILLS, MI 48334	NONE	PC	RELIGIOUS PROGRAMMING	23,646
B'NAT B'RITH	NONE	PC	1EWISH YOUTH DEVELOPMENT	113

recipient

B'NAI B'RITH 6735 TELEGRAPH ROAD SUITE 304 BLOOMFIELD HILLS, MI 48301	NONE	PC	JEWISH YOUTH DEVELOPMENT	
MYASTHENIA GRAVIS ASSOCIATION	NONE	PC	MEDICAL RESEARCH	

6735 TELEGRAPH ROAD SUITE 304 BLOOMFIELD HILLS, MI 48301	NONE		JEWISH 100111 DEVELOT MENT	
MYASTHENIA GRAVIS ASSOCIATION 355 LEXINGTON AVENUE 15TH FLOOR	NONE	PC	MEDICAL RESEARCH	

BLOOMFIELD HILLS, MI 48301				
MYASTHENIA GRAVIS ASSOCIATION 355 LEXINGTON AVENUE 15TH FLOOR NEW YORK, NY 10017	NONE	PC	MEDICAL RESEARCH	25

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
MAKE A WISH FOUNDATION MICHIGAN 7600 GRAND RIVER AVE SUITE 175	NONE	GRANT WISHES TO ILL CHILDREN	400

7600 GRAND RIVER AVE SUITE 175 BRIGHTON, MI 48114			CHILDREN	
YAD EZRA2850 ELEVEN MILE ROAD BERKLEY, MI 48072	NONE	PC	FOOD PANTRY	925

YAD EZRA2850 ELEVEN MILE ROAD BERKLEY, MI 48072	NONE	PC	FOOD PANTRY	925
YESHIVA BETH YEHUDAHPO BOX 2044	NONE	PC	RELIGIOUS PROGRAMMING	1,000

BERKLEY, MI 48072				
YESHIVA BETH YEHUDAHPO BOX 2044 SOUTHFIELD, MI 48037	NONE	PC	RELIGIOUS PROGRAMMING	1,000

202,192

				ĺ
YESHIVA BETH YEHUDAHPO BOX 2044 SOUTHFIELD, MI 48037	NONE	PC	RELIGIOUS PROGRAMMING	1,000

YESHIVA BETH YEHUDAHPO BOX 2044 SOUTHFIELD, MI 48037	NONE	PC	RELIGIOUS PROGRAMMING	1,0

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FRIENDS OF THE ISRAELI DEFENSE NONE PC COMMUNITY OUTREACH 25

FORC PO BOX 999 WALLED LAKE, MI 48390				
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE	NONE	PC	EDUCATIONAL ART PROGRAMS	5,500

	1			
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT, MI 48202	NONE	PC	EDUCATIONAL ART PROGRAMS	5,500
TEMPLE ISRAEL 5725 WALNUT LAKE ROAD	NONE	PC	RELIGIOUS	36

DETROIT, MI 48202				
TEMPLE ISRAEL 5725 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323	NONE	PC	RELIGIOUS	36

TEMPLE ISRAEL 5725 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323	NONE	PC	RELIGIOUS	36

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FRIENDS OF CAMP MAK-A-DREAM NONE PC CAMP FOR KIDS WITH CANCER 250 121 W LONG LAKE ROAD SUITE 120 BLOOMFIELD HILLS, MI 48304

,				
TAMARACK CAMPS 6735 TELEGRAPH RD STE 380 BLOOMFIELD HILLS, MI 48301	NONE	PC	ANNUAL FUND DRIVE	575
DETROIT AUTO DEALERS CHARITABLE FOU 333 WEST FORT STREET SUITE 2010 DETROIT, MI 48226	NONE	PC	ASSIST CHILDREN AND YOUTH	800

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
AMERICAN FRIENDS OF MAGEN DAVID ADO 20 W 36TH ST SUITE 1100	NONE	PC	EMERGENCY MEDICAL SERVICES	75

NEW YORK, NY 10018				
ALZHEIMER'S ASSOCIATION	NONE	PC	COMMUNITY CONNECT	40,0

ALZHEIMER'S ASSOCIATION 25200 TELEGRAPH RD STE 100 SOUTHFIELD, MI 48033	NONE	PC	COMMUNITY CONNECT PROGRAM	40,050

25200 TELEGRAPH RD STE 100 SOUTHFIELD, MI 48033	NONE		PROGRAM	40,030
ASDCA424 E OOND STREET	NONE	l pc	DREVENTION OF CRITETY TO	1 000

SOUTHFIELD, MI 48033			PROGRAM	
ASPCA424 E 92ND STREET NEW YORK, NY 10128	NONE	PC	PREVENTION OF CRUELTY TO ANIMALS	1,000

500THFIELD, MI 48033				1
ASPCA424 E 92ND STREET NEW YORK, NY 10128	NONE	PC	PREVENTION OF CRUELTY TO ANIMALS	1,000

202,192

ASPCA424 E 92ND STREET NEW YORK, NY 10128	NONE	PC	PREVENTION OF CRUELTY TO ANIMALS	1
----------------------------------------------	------	----	----------------------------------	---

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DETROIT PUBLIC TV1 CLOVER COURT NONE PC PUBLIC BROADCASTING 10,000 WIXOM MI 48393

W1XOH, H1 40353				
JARC30301 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	NONE	PC	ASSISTANCE FOR DISABLED INDIVIDUALS IN RESIDENTIAL CARE	50
JEWISH COMMUNITY CENTER	NONE	PC	SOCIAL SERVICES	100

			CARE	
JEWISH COMMUNITY CENTER 6600 W MAPLE ROAD WEST BLOOMFIELD, MI 48322	NONE	PC	SOCIAL SERVICES	100

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
JEWISH FAMILY SERVICES 6555 WEST MAPLE ROAD	NONE	PC	SOCIAL SERVICES	5,575

WEST BLOOMFIELD, MI 48322				
JEWISH HOSPICE AND CHAPLAINCY NETWO 6555 WEST MAPLE ROAD WEST BLOOMFIELD. MI 48322	NONE	PC	SUPPORT SERVICES FOR FAMILIES WITH ILLNESS	1,072

JEWISH HOSPICE AND CHAPLAINCY NETWO 6555 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	NONE	PC	SUPPORT SERVICES FOR FAMILIES WITH ILLNESS	1,072
KRAVIS CENTER701 OKEECHOBEE BLVD	NONE	PC	EHNANCE QUALITY OF LIFE	1,000

202,192

6555 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322				
KRAVIS CENTER701 OKEECHOBEE BLVD WEST PALM BEACH, FL 33401	NONE	PC	EHNANCE QUALITY OF LIFE THROUGH PERFORMING ARTS	1,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SISTERHOOD OF ADAT SHALOM NONE PC FURTHER SPIRITUAL AND 244

29901 MIDDLEBELT RD FARMINGTON HILLS, MI 48334			SOCIAL INTERESTS IN THE CONSERVATIVE JUDAISM COMMUNITY	
THE CHURCH OF PENTECOST USA INC 27835 E LARKMOOR STREET	NONE	PC	DETROIT ASSEMBLY	500

THE CHURCH OF PENTECOST USA INC 27835 E LARKMOOR STREET SOUTHFIELD, MI 48076	NONE	PC	DETROIT ASSEMBLY	500
VARIETY THE CHILDREN'S CHARITY 600 S ADAMS STE 230 BIRMINGHAM, MI 48009	NONE	PC	MEDICAL CARE FOR CHILDREN	46,415

SOUTHFIELD, MI 48076				
VARIETY THE CHILDREN'S CHARITY 600 S ADAMS STE 230 BIRMINGHAM, MI 48009	NONE	PC	MEDICAL CARE FOR CHILDREN	46,415
Total			▶ 3a	202,192

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
HADASSAH5030 ORCHARD LAKE ROAD WEST BLOOMFIELD, MI 48323	NONE	PC	MEDICAL RESEARCH	245
LITTLE INTERNATIONAL DO DOV 02004	NONE	DC.	EDUCATIONAL	200

THEST BEGGIN TEED, THE TOSES				
HILLEL INTERNATIONALPO BOX 92994 WASHINGTON, DC 20090	NONE	PC	EDUCATIONAL	200
HILLEL OF BROWARD AND PALM BEACH	NONE	PC	EDUCATIONAL	2,000

WASHINGTON, DC 20090	NONE	PC	EDUCATIONAL	200
HILLEL OF BROWARD AND PALM BEACH 777 GLADES ROAD BLDG LY-3A BOCA RATON, FL 33431	NONE	PC	EDUCATIONAL	2,000

Total			▶ 3a	202,192
HILLEL OF BROWARD AND PALM BEACH 777 GLADES ROAD BLDG LY-3A BOCA RATON, FL 33431	NONE	PC	EDUCATIONAL	2,000
WASHINGTON, DC 20090				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE ROAD FARMINGTON HILLS, MI 48334	NONE	PC	HOLOCAUST EDUCATION	1,336
MICHIGAN HUMANE SOCIETY	NONE	PC	ANIMAL CRUELTY PREVENTION	1,000

MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD SUITE 220 BINGHAM FARMS, MI 48025	NONE	PC	ANIMAL CRUELTY PREVENTION	1,000
SIGMA ALPHA MU FOUNDATION 9245 NORTH MERIDIAN SUITE 105 INDIANDOLIS IN 46260	NONE	PC	GENERAL SUPPORT	500

30300 TELEGRAPH RD SUITE 220 BINGHAM FARMS, MI 48025				
SIGMA ALPHA MU FOUNDATION 9245 NORTH MERIDIAN SUITE 105 INDIANPOLIS, IN 46260	NONE	PC	GENERAL SUPPORT	50

Recipient

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

A Paid during the year

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

Foundation status of recipient

recipient

Recipient or contribution

STAND WITH USPO BOX 341069 LOS ANGELES, CA 90034	NONE	PC	EDUCATIONAL AWARENESS SUPPORT FOR ISRAEL	1,000
THE PINK FUND 24350 SOUTHFIELD ROAD SOUTHFIELD, MI 48075	NONE	PC	BREAST CANCER RESEARCH	150

24350 SOUTHFIELD ROAD SOUTHFIELD, MI 48075			
THE WELL DETROIT 5725 WALNUT LAKE ROAD WEST BLOOMFIELD, MI 48323	NONE	COMMUNITY BUILDING, EDUCATION AND SPIRITUALITY OUTREACH	1,000
Total	202,192		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
ALZHEIMER'S ASSOCIATION - FLORIDA 3323 W COMMERCIAL BLVD SUITE 260 FT LAUDERDALE, FL 33309	NONE	PC	GENERAL RESEARCH	1,500

FT LAUDERDALE, FL 33309				
CAMP NEJEDA910 SADDLEBACK ROAD NEWTON, NJ 07860	NONE	PC	CAMP FOR PEOPLE WITH TYPE 1 DIABETES	75
CANCER PAVILION OF HENRY FORD HOSPI 1 FORD PLACE 5A	NONE	PC	CANCER RESEARCH	100

NEWTON, NJ 07860	NONE	FC	DIABETES	75
CANCER PAVILION OF HENRY FORD HOSPI 1 FORD PLACE 5A DETROIT, MI 48202	NONE	PC	CANCER RESEARCH	100
Total	202,192			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHILDREN'S MIRACLE NETWORK NONE PC GENERAL SUPPORT 1,000 HOCDITAL

205 WEST 700 SOUTH SALT LAKE CITY, UT 84101				
FAU FOUNDATION INC 777 GLADES ROAD ADM 295 BOCA RATON, FL 33431	NONE	PC	OSHNER LIFELONG LEARNING GENERAL FUND	1,000

PC

GENERAL SUPPORT

550

202,192

NONE

HOSPICE OF MICHIGAN

Total .

43097 WOODWARD AVE 102 BLOOMFIELD HILLS, MI 48302

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
JUVENILE DIABETES RESEARCH FOUNDATI 24359 NORTHWESTERN HWY SUITE 225 SOUTHFIELD, MI 48075	NONE	PC	JUVENILE DIABETES RESEARCH	100
KETER TORAH SYNAGOGUE	NONE	PC	RELIGIOUS PROGRAMMING	25

SOUTHFIELD, MI 48075				
KETER TORAH SYNAGOGUE 5480 ORCHARD LAKE ROAD WEST BLOOMFIELD, MI 48323	NONE	PC	RELIGIOUS PROGRAMMING	25
MARCH OF DIMES	NONE	PC	GENERAL SUPPORT - HEALTH OF	500

KETER TORAH SYNAGOGUE 5480 ORCHARD LAKE ROAD WEST BLOOMFIELD, MI 48323	NONE	PC	RELIGIOUS PROGRAMMING	25
MARCH OF DIMES 141 WEST JACKSON SUITE 1875 CHICAGO. IL 60604	NONE	PC	GENERAL SUPPORT - HEALTH OF MOTHERS AND BABIES	500

Total .

WEST BLOOMFIELD, MI 48323			
MARCH OF DIMES 141 WEST JACKSON SUITE 1875 CHICAGO, IL 60604	NONE	 GENERAL SUPPORT - HEALTH OF MOTHERS AND BABIES	500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

	or substantial contributor			
a Paid during the year				
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540	NONE	PC	TOURETTE'S RESEARCH PROGRAM	25,000

PANCREATIC CANCER 422 EAST 72ND STREET SUITE 9D NEW YORK, NY 10021  PC LET'S WIN PROGRAM - RESEARCH 25	BOSTON, MA 02114			PROGRAM	
	422 EAST 72ND STREET SUITE 9D	NONE	PC		25

PANCREATIC CANCER 422 EAST 72ND STREET SUITE 9D NEW YORK, NY 10021	NONE	PC	LET'S WIN PROGRAM - RESEARCH	25
THE NEIGHBORHOOD SCHOOL PTA 121 EAST 3RD STREET NEW YORK, NY 10009	NONE	PC	PARENT TEACHER ASSOC GENERAL SUPPORT	50

Total			▶ 3a	202,192
THE NEIGHBORHOOD SCHOOL PTA 121 EAST 3RD STREET NEW YORK, NY 10009	NONE	PC	PARENT TEACHER ASSOC GENERAL SUPPORT	50
NEW YORK, NY 10021			RESEARCH	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE RELIGIOUS STUDY 360 THE TORAH FUND 29901 Middlebelt RoaD

FARMINGTON HILLS, MI 48334				
Tourette Association of America 4240 Bell Blvd Ste 205 Bayside, NY 11361	NONE	PC	TOURETTE'S SYNDROME RESEARCH	100
UF FOUNDATIONPO Box 14425	NONE	PC	TOURETTE'S SYNDROME	25,000

RESEARCH

202,192

GAINESVILLE, FL 32604

efile GRAPHIC print - DO NOT F	PROCESS	As Filed D	ata -	DI	N: 93491298001219		
TY 2018 Accounting Fees Schedule							
Name: THE BRUCE H AND ROSALIE N ROSEN FAMILY							
		FOUNDATION					
	EIN:	38-3161	453				
Softv	vare ID:	1800721	8				
Software \	Version:	2018v3.1	L				
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES		5,465	3,662	0	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491298001219
TY 2018 Investments Corpora	ate Bonds Sche	dule		
Name:	THE BRUCE H AND	) ROSAL	IE N ROSEN FAMILY	
	FOUNDATION			
EIN:	38-3161453			
Software ID:	18007218			
Software Version:	2018v3.1			
vestments Corporate Bonds Schedule	e			
Name of Bor	nd		End of Year Book Value	End of Year Fair Market Value
ML 03710			150,000	150,000
ML 02438				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491298001219
		<u> </u>
TY 2018 Investments Corporat	te Stock Schedule	

Name: THE BRUCE H AND ROSALIE N ROSEN FAMILY

**FOUNDATION** 

**EIN:** 38-3161453

**Software ID:** 18007218

**Software Version:** 2018v3.1

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
ML 03710		
ML 03711	417,901	407,423
ML 02438	1,759,154	1,871,279
ML 02440	429,020	516,903
ML 04456	192,622	206,676
ML 04625	430,702	423,559

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491298001219						
TY 2018 Other Assets Schedule								
Name:	THE BRUCE H AND	D ROSALIE N ROSEN FAMILY						

FOUNDATION **EIN:** 38-3161453

**Software ID:** 18007218

**Software Version:** 2018v3.1

Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
			39			
DIVIDENDS & STOCK SALES SETTLED NEXT YR	683	39				

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	N: 93491298001219		
TY 2018 Other Professional Fees Schedule						
Na	me: THE BRUCE	H AND ROSALIE N	ROSEN FAMILY			
	FOUNDATIO	N				
E	<b>EIN:</b> 38-3161453					
Software	<b>Software ID:</b> 18007218					
Software Vers	ion: 2018v3.1					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
BROKERAGE FEES	30,513	30,513	0	0		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491298001219
TY 2018 Taxes Schedule				
Name	: THE BRUCE	H AND ROSALIE N	ROSEN FAMILY	
	FOUNDATIO	N		
EIN	I: 38-3161453			
Software ID	: 18007218			
Software Version	: 2018v3.1			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	3,500			
FOREIGN TAXES PAID	233	233		
MICHIGAN ANNUAL REPORT	20	20		