Form 990-PF Department of the ireasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 202 2949100906104

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.
So to www.irs.gov/Form990PF for instructions and the latest information.

Private Foundation
Ome No 1549

Open to Public Information.

For	r calc	ndar year 2019 or tax year	beginning				, and er	nding				
N	Name of foundation								A Employer identification number			
	THE ROSEN FAMILY FOUNDATION, INC.						41-2054672					
	Number and street (or P O box number if mail is not delivered to street address) Room/suite						B Telephone number					
_		1 34TH AVENU							_	<u>-256-61</u>		
	-	town, state or province, cou DOMINGTON, MN			ostal cod	le			C If exempt	on application is p	ending, check here	▶∟
_		k all that apply:	Initial retur			Initial return of a fo	ormer public c	harity	D 1. Forei	gn organizations	s, check here	ightharpoonup
			Final return	l		Amended return			2 5		-1 11- 050/ 11	
			Address ch			Name change			z. Foreig check	n organizations me here and attach co	mputation	
H_						vate foundation		04			tus was terminate	d
<u></u>		ection 4947(a)(1) nonexemp				xable private founda		<u> </u>	under s	ection 507(b)(1)	(A), check here	
		narket value of all assets at e	nd of year	J Account	_		Accr	ual			60-month termina	tion
	(Iroin ►\$	Part II, col. (c), line 16)	796.		ther (spe nn (d), m	nust be on cash bas	ıs.)		under s	ection 507(b)(1)	(B), check here	
	art	Analysis of Revenue and	Expenses		Т.	Revenue and	(b) Net in	vestment	(c) A	djusted net	(d) Disbursen	nents
		(The total of amounts in columnecessarily equal the amounts	nns (b), (c), and s in column (a)	d (d) may not	exp	enses per books	inco			ncome	for charitable pu (cash basis o	
	1	Contributions, gifts, grants			3,	.000,000.						
04	2	Interest on savings and tempor		o attach Son B		7.01		701		•	(M) MD)(D)	700 1
03	3	cash investments				701.	10	701. 1,809.			STATEME!	
04	4	Dividends and interest from a Gross rents	m securities	i		101,609.	10.	1,603.			SIALEME	N 1
•		Net rental income or (loss)							<u> </u>			
	- I -	& iver gain or (loss) from sale of a	ssets not on it	ne 10		44,128.						
	الو	Gross sales price for all assets on line 6a 255, 607.			·							
	Reve		art IV, line 2)				4	4,128.				
(8 Net short-term capital gain						N	/A				
	9	Income modifications Gross sales less returns								-REC	EIVED	
	. I .	a and allowances									G	싫
		b Less Cost of goods sold								<u> </u>	3 2020	SO-S
		c Gross profit or (loss) Other income			<u> </u>							8
	12		n 11		3.	146,638.	14	6,638.		OGD	FN UT	_
_	13			, etc		5,000.		0.	1	0.		000.
	14	Other employee salaries ai	nd wages						-			
	15	Pension plans, employee t		_								
•	Se 16:	a Legal fees	Si	rmt 3		1,887.		0.	<u> </u>	0.	1,	887.
2021	₩	b Accounting fees	an	nsem 4		10 605	1	0 520			-	165
~ -		c Other professional fees	Si	rmt 4		19,685.	1	9,520.		0.		165.
FEB 0 3	17 18	Interest Taxes	gr	гмт 5		1,000.	-	1,000.	<u> </u>	0.		0.
<u> </u>	19 19					2,000.						
出:	90 21 21 21 21 21 21 21 21 21 21 21 21 21								<u> </u>			
	ə 21	• •	neetings									
ជីវី :	22 au											
₹.		•										
SCANNED	berating 24	•				27 572	•	0 500		^	,	0.5.2
ين اين		expenses Add lines 13 th			-	27,572. 363,900.	2	0,520.	-	0.	363	052. 900.
` رب	120	Contributions, gifts, grants			<u> </u>	303,300.	· · · · · · · · · · · · · · · · · · ·		 	· · · · · · · · · · · · · · · · · · ·	303,	200.
	20	Total expenses and disbu Add lines 24 and 25	nsements.			391,472.	2.6	0,520.		0.	370.	952.
_	27	Subtract line 26 from line	12:					- ,	 		1	
	ı	a Excoss of revenue over expens		Senients	2,	755,166.						
	1 .	b Net investment income (if					12	6,118.				
	Ι.	c Adjusted not income (if no	antive enter -	0-7	1				1	0.	,	

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

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		Attached schedulas and amounts in the description	Beginning of year	End	of year
P	<u>art</u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_			163,152.	234,956.	
		Cash - non-interest-bearing	103,132.	234,930.	234,956.
		Savings and temporary cash investments			<u> </u>
	3	Accounts receivable -	·		1341
		Less: allowance for doubtful accounts	 		
	4	Pledges receivable >	<u> </u>	<u> </u>	
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			Ī
		Less; allowance for doubtful accounts			
"	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ass		Investments - U.S. and state government obligations			
-		Investments - corporate stock			
		· · · · · · · · · · · · · · · · · · ·			
		Investments - corporate bonds			
	11	Invoctments land, buildings, and equipment the av		, <u>, , , , , , , , , , , , , , , , , , </u>	B 2 4 4 4 1 7 4 1 1 1 1
		Less accumulated depreciation			
	12	Investments - mortgage loans	2.562.452		5 0 10 0 10
	13	Investments - other STMT 6	2,569,472.	5,252,834.	5,848,840.
	14	Land, buildings, and equipment; basis ▶	L		<u>. </u>
		Less accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	2,732,624.	5,487,790.	6,083,796.
	17	Accounts payable and accrued expenses			• 1
	18	Grants payable			
"	19	Deferred revenue			
Liabilities	١	Loans from officers, directors, trustees, and other disqualified persons			
喜		Mortgages and other notes payable			
Ξ.		Other liabilities (describe)	-		
					· · ·
	22	Total liabilities (add lines 17 through 22)	0.	0.	
	23				
		Foundations that follow FASB ASC 958, check here			.1
ës		and complete lines 24, 25, 29, and 30.]
au	24	Net assets without donor restrictions			
Net Assets or Fund Balance	25	Net assets with donor restrictions			+
힏		Foundations that do not follow FASB ASC 958, check here			•
Ξ		and complete lines 26 through 30.	_	0	1
þ	26	Capital stock, trust principal, or current funds	0.	0.	
ets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
lss	28	Retained earnings, accumulated income, endowment, or other funds	2,732,624.	5,487,790.	
et/	29	Total net assets or fund balances	2,732,624.	5,487,790.	<u> </u>
Ž					
	30	Total liabilities and net assets/fund balances	2,732,624.	5,487,790.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
_	art	, analysis of onlarges in the rises of the and			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
		t agree with end-of-year figure reported on prior year's return)		1	2,732,624.
	•	amount from Part I, line 27a		2	2,755,166.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	5,487,790.
		eases not included in line 2 (itemize)		5	0.
-		not accepte or fund balances at and of year /line / minus line 5) - Part II. co	Jumn /h) Jine 29		5,487,790.

370,952.

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

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

THE RUSEN PARILLI		41-20	540/2 PAGE 1 OF 4				
Part IV. Capital Gains and Lo	osses for Tax on Investment Income		10				
(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. (b) How acquired P - Purchase D - Donation (mo., day, yr.)							
1a 52 SHS VANGUAR	01/02/1807/25/19						
b 230 SHS VANGUA	01/10/1807/25/19						
		ND INDEX ETF	09/12/12/07/25/19				
d 2 SHS VANGUARD		INDEX ETF	10/10/1207/25/19				
		INDEX ETF	11/09/12/07/25/19				
		INDEX ETF	11/09/12/07/25/19				
g 2 SHS VANGUARD		INDEX ETF	12/11/1207/25/19				
	D LONG TERM BOND	INDEX ETF	01/08/15/07/25/19				
		INDEX ETF	04/22/1507/25/19				
		INDEX ETF	10/12/16/07/25/19				
k 14 SHS VANGUAR			10/02/12/07/25/19				
233 SHS VANGUA			11/09/12/07/25/19				
	D FTSE EMERGING N		12/31/12/07/25/19				
	FTSE EMERGING MA		04/02/1307/25/19				
0 9 SHS VANGUARD		ARKETS ETF	10/01/1307/25/19				
	(f) Depreciation allowed	(g) Cost or other basis	(h) Gain or (loss)				
(e) Gross sales price	(or allowable)	plus expense of sale	(e) plus (f) minus (g)				
a 3,007.		2,828.	179.				
b 13,299.	 	12,480.	819.				
c 193.	-	194.	-1.				
d 193.	 	193.	0.				
e 193.		193.	0.				
f 6,571. q 193.		6,629.	-58. -2.				
			-2. 47.				
h 8,889.		8,842. 289.	1.				
1 290.		193.	0.				
k 595.	-	585.	10.				
$\frac{k}{1}$ 9,905.		9,636.	269.				
F.O.F.	 	612.	-17.				
4.2	+	42.	1.				
$\frac{n}{o}$ 383.	+	370.	13.				
	ng gain in column (h) and owned by t		(I) Losses (from col (h))				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")				
a			179.				
b			819.				
c			-1.				
d			0.				
e			0.				
f			-58.				
g			-2.				
h			47.				
1			1.				
			0.				
k		•	10.				
1			269.				
<u>m</u>			_17.				
n			1.				
0							
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter -0	r in Part I, line 7	2				
3 Net short-term capital dain or (lo	iss) as defined in sections 1222(5) an	` \ \					
If gain, also enter in Part I, line 8	, column (c).)					
If (loss), enter "-0-" in Part I, line	8	J	3				

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THE ROSEN FAMILY	FOUNDATION, INC.	41-20	54672	PAGE 2 OF 4
	sses for Tax on Investment Income			
	describe the kind(s) of property sol		(b) How	acquired (c) Date acquired (d) Date sold
	rick warehouse; or common stock, 20		D-PC	onation (mo., day, yr.) (mo., day, yr.)
1a 92 SHS VANGUAR	D FTSE EMERGING N	MARKETS ETF		11/07/1307/25/19
b 12 SHS VANGUAR		MARKETS ETF		07/02/1407/25/19
c 11 SHS VANGUAR	D FTSE EMERGING N	MARKETS ETF		10/02/1407/25/19
d 13 SHS VANGUAR	D FTSE EMERGING N	MARKETS ETF		07/07/1507/25/19
e 27 SHS VANGUARI	D FTSE EMERGING N	MARKETS ETF		09/26/1707/25/19
f 11 SHS VANGUARI	D FTSE EMERGING N	MARKETS ETF		12/28/1707/25/19
g 216 SHS VANGUA	RD GROWTH ETF			10/24/1407/25/19
h 11 SHS VANGUARI	D GROWTH ETF		ĺ	12/31/1403/08/19
9 SHS VANGUARD	GROWTH ETF			04/02/1503/08/19
8 SHS VANGUARD	GROWTH ETF			06/30/1503/08/19
k 7 SHS VANGUARD	GROWTH ETF			09/29/1503/08/19
1 9 SHS VANGUARD	GROWTH ETF		Ī	12/28/1503/08/19
m 44 SHS VANGUAR	D GROWTH ETF			01/08/1603/08/19
n 170 SHS VANGUA	RD GROWTH ETF			01/08/1607/25/19
₀ 7 SHS VANGUARD	GROWTH ETF			03/30/1603/08/19
	(f) Depreciation allowed	(g) Cost or other basis	1	(h) Gain or (loss)
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minus (g)
a 3,911.		3,763.		148.
b 510.		517.		-7 .
c 468.		457.		11.
d 553.		534.		19.
e 1,148.		1,192.		-44.
f 468.		499.		-31.
g 36,423.		21,540.		14,883.
h 1,643.		1,161.		482.
1,345.		972.		373.
1,195.		879.		316.
k 1,046.		711.		335.
1,345.		952.		393.
m 6,574.		4,431.		2,143.
n 28,666.		17,120.		11,546.
0 1,046.		730.		316.
	ig gain in column (h) and owned by t			(I) Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains	(excess of col. (h) gain over col. (k), but not less than "-0-")
a				148.
b				-7.
C				11.
d				19.
e				-44.
f		-		-31.
0			 	14,883.
h				482.
<u></u>				373.
1				316.
k				335.
1	<u> </u>			393.
<u>-</u> m			 	2,143.
n				11,546.
			<u> </u>	316.
0		 	 	
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter "-C	nn Part I, line 7)-" in Part I, line 7	2	
	ss) as defined in sections 1222(5) an	d (6):		
If gain, also enter in Part I, line 8,		}		
If (loss), enter "-0-" in Part I, line 8			3	

OF

Part IV Capital Gains and Los	ses for Tax on Investment Income		
	describe the kind(s) of property soluck warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.)
1a 7 · SHS VANGUARD	GROWTH ETF		06/22/1603/08/19
	GROWTH ETF		09/21/1603/08/19
c 11 SHS VANGUARD	GROWTH ETF		01/03/1703/08/19
d 7 SHS VANGUARD	GROWTH ETF		04/03/1703/08/19
e 6 SHS VANGUARD	GROWTH ETF		09/28/1703/08/19
f 7 SHS VANGUARD	GROWTH ETF		12/28/1703/08/19
g 30 SHS VANGUARD	VALUE ETF	12/31/1407/25/19	
h 7 SHS VANGUARD	VALUE ETF	06/30/1507/25/19	
19 SHS VANGUARD		09/21/1607/25/19	
_ 21 SHS VANGUARE			01/03/17/07/25/19
k 328 SHS VANGUAR			01/06/17/07/25/19
19 SHS VANGUARD			04/03/17/07/25/19
m 22 SHS VANGUARD			09/28/17/07/25/19
n 20 SHS VANGUARD			12/28/17/07/25/19
0 10 SHS VANGUARE			12/31/14/07/25/19
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,046.		748.	298.
b 1,195.		887.	308.
c 1,643.		1,245.	398.
d 1,046.		848.	198.
e 896.		789.	107.
f 1,046.		986.	60.
g 3,373.		2,574.	799.
h 787.		597.	190.
2,136.		1,628.	508. 384.
$\frac{1}{k}$ 2,361.		1,977. 30,836.	6,042.
$\frac{k}{1}$ 2,136.		1,808.	328.
2 472		2,187.	286.
$\frac{m}{n}$ 2,4/3.		2,132.	117.
$\frac{1}{0}$ 1,584.		1,176.	408.
· · · · · · · · · · · · · · · · · · ·	g gain in column (h) and owned by t		(I) Losses (from col (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col (k), but not less than "-0-")
a			298.
b			308.
С			398.
d			198.
e			107.
f			60.
<u>g</u> .			799.
<u>h</u>			190.
			508.
<u> </u>			384.
K			6,042.
<u></u>			286.
m n			
n			408.
0	c if nam also enter	in Part I line 7	400.
2 Capital gain net income or (net cap	, in (1033); cirici o	\	2
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, of [loss], enter "-0-" in Part I, line 8		α (δ):	3
- Coopy sales o mir are if mile o			

Part IV Capital Gains and Losses for Tay on Investment Income	41-20	J407Z FAGE 4 OF 4	
Capital dams and Essacs for tax on investment income		(b) How acquired (c) Date acquired (d) Date sold	
(a) List and describe the kind(s) of property soli 2-story brick warehouse; or common stock, 20	P - Purchase D - Donation (c) Date acquired (d) Date sold (mo., day, yr.)		
1a 81 SHS VANGUARD SMALL CAP ETF		01/08/1507/25/19	
b 3 SHS VANGUARD SMALL CAP ETF		09/28/16/07/25/19	
c 4 SHS VANGUARD SMALL CAP ETF		01/03/17/07/25/19	
d 2 SHS VANGUARD SMALL CAP ETF	d 2 SHS VANGUARD SMALL CAP ETF		
e 2 SHS VANGUARD SMALL CAP ETF		09/26/1707/25/19	
f 3 SHS VANGUARD SMALL CAP ETF		12/28/1707/25/19	
	g 28 SHS VANGUARD FTSE DEVELOPED MKTS ETF h 59 SHS VANGUARD FTSE DEVELOPED MKTS ETF		
	07/07/1507/25/19		
	MKTS ETF	04/03/1707/25/19	
	MKTS ETF MKTS ETF	04/03/17/07/25/19	
	MKTS ETF MKTS ETF	09/26/17/07/25/19	
m 536 SHS VANGUARD FTSE DEVELOPED		01/10/1807/25/19	
n 424 SHS VANGUARD FTSE DEVELOPED		11/05/18/03/08/19	
O CAPITAL GAINS DIVIDENDS		117 037 10 037 007 13	
(f) Depreciation allowed	(g) Cost or other basis	(h) Gain or (loss)	
(e) Gross sales price (i) Depreciation and wed (or allowable)	plus expense of sale	(e) plus (f) minus (g)	
a 12,829.	9,411.	3,418.	
b 475.	369.	106.	
c 634.	524.	110.	
d 317.	263.	54.	
e 317. f 475.	276.	41.	
1 160	444. 1,131.	31. 29.	
h 2,445.	2,365.	80.	
1,160.	1,121.	39.	
41.	40.	1.	
k 1,285.	1,344.	-59.	
3,025.	3,256.	-231.	
m 22,212.	24,726.	-2,514.	
n 17,025.	17,052.	-27.	
0 475.	10/04/00	475.	
Complete only for assets showing gain in column (h) and owned by t		(I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k),	
(i) F.M V. as of 12/31/69 (j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	but not less than "-0-")	
	over con (j), it any	3,418.	
<u>a</u> b		106.	
C		110.	
d	-	54.	
e		41.	
f		31.	
g	··	29.	
h		80.	
1		39.	
1		1.	
<u>k</u>		-59. -231.	
		-231. -2,514.	
m n		** -27.	
0		475.	
		1.3.	
2 Capital gain net income or (net capital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7	44,128.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and	``		
If gain, also enter in Part I, line 8, column (c).	}		
If (loss), enter "-0-" in Part I, line 8	J	3 -27.	

_	990-PF (2019) THE ROSEN FAMILY FOUNDATION,				<u> 2054672</u>		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 494	0(a), 4	940(b), 4940(e), or 49	948 - 9	see instru	tions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here $ ightharpoonup$ and	enter "N/A	N" on line 1.				<u> </u>
	Date of ruling or determination letter: (attach copy of letter if ne	ecessary-	see instructions)				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		and enter 1%	1		2,5	<u> 22.</u>
	of Part I, line 27b						"·
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4	% of Part	I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; o	thers, ent	er -0-)	2			<u>0.</u>
3	Add lines 1 and 2			3		2,5	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	others, en	ter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5		2,5	<u>22.</u>
6	Credits/Payments:						
а	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	1,770.]]			
b	Exempt foreign organizations - tax withheld at source	6b	0.	1 1			1
C	Tax paid with application for extension of time to file (Form 8868)	6c	2,000.] [1
	Backup withholding erroneously withheld	6d	0.			<u> </u>	
7	Total credits and payments. Add lines 6a through 6d			7		3,7	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tached		8			<u>0.</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10		1,2	
	Enter the amount of line 10 to be: Credited to 2020 estimated tax		1,248. Refunded ▶	11			0.
	rt VII-A Statements Regarding Activities					N/	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legi	slation or	did it participate or intervene	IN		Yes	
	any political campaign?				<u> 1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo			ition	1 <u>b</u>		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	of any m	aterials published or				"
	distributed by the foundation in connection with the activities.				<u> </u>		
	Did the foundation file Form 1120-POL for this year?				1c	\vdash	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during th		0				·
	(1) On the foundation. > \$ (2) On foundation manager			-	i		'
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	diture tax	imposed on foundation				
	managers. ► \$				-		
2	Has the foundation engaged in any activities that have not previously been reported to the	IK23			2	 	
•	If "Yes," attach a detailed description of the activities.		-tt-las -f	_		٠	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	instrume	nt, articles of incorporation, o	r			X
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	~~?			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year if "Yes," has it filed a tax return on Form 990-T for this year?	Q1 *		N	/A 4a 4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	2		14 /	7 A 40 5		X
J	If "Yes," attach the statement required by General Instruction T.	•			3	\vdash	1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	uther					
٠	By language in the governing instrument, or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	 By state legislation that effectively amends the governing instrument so that no mandato 	ry directio	ons that conflict with the state	law			1
	remain in the governing instrument?	.,	one that commet with the state		6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	nlete Part	II. col. (c), and Part XV		7	X	
•	11 (00, 00)	,	. A rain fall and raines.		<u> </u>		
8a	Enter the states to which the foundation reports or with which it is registered. See instructi	ons.			' '		2
	MN		* ***				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attornev (General (or designate)				
_	of each state as required by General Instruction G? If "No," attach explanation		/ /		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of si	ection 494	42(j)(3) or 4942(j)(5) for cale	ndar			$\square 2$
-	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," cor				9		$\frac{1}{x}$
10	Did any nersons become substantial contributors during the tay year? If "You " attach a sebad				10	r = 1	X

Form **990-PF** (2019)

Г	Statements Regarding Activities (continued)			
			Yes	No
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		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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ DOMINICK V. DRIANO, JR. Telephone no. ▶ 651-25	6-6	160	
	Located at ▶8101 34TH AVENUE SOUTH SUITE 400, BLOOMINGTON, MN ZIP+4 ▶55			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank.		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			}
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year, did the foundation (either directly or indirectly):			
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			•
	a disqualified person?		ļ	!
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			6
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
				٦
		٠.	i	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		<i>'</i>	
	If the 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.) Yes X No			ł
		,		1
0	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	ŀ	_ [į.
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			لــــِــا
_	before the first day of the tax year beginning in 2019?	1c_		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1	Í
	defined in section 4942(j)(3) or 4942(j)(5)):			ĺ
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			1
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years >,,,	l.	1	
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	[, [٠ ا
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			Í
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	١.	l	, 1
	during the year?	-		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after		ļ	ι, Ι
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		·	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			لــِــ
_	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		<u> </u>
	For	m 990)-PF ((2019)

Form 990-PF (2019) THE ROSEN FAMILY FOUNDAT:	LON, INC.		41-20546	72	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	to carry on, directly or indire	ectly,		'	
any voter registration drive?		Ye	es X No		. !
(3) Provide a grant to an individual for travel, study, or other similar purposes	,		es X No	-	1. 1
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions		☐ Y ₆	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f			•	
the prevention of cruelty to children or animals?	or outdomining purposes, or r		es X No		.
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	ler the excentions described i				n
section 53.4945 or in a current notice regarding disaster assistance? See instru		ii riogalations	N/A	5b	- -
Organizations relying on a current notice regarding disaster assistance, check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		nad			} .
• • • • • • • • • • • • • • • • • • • •			🗀 "	i	4.74
expenditure responsibility for the grant?	1	I/A Ye	es L 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	ay premiums on		च्छि	Ι,	
a personal benefit contract?		Ye	es 🗓 No 📙		- -; -
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b	X
If "Yes" to 6b, file Form 8870.			,	- i .] .1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	Ļ.,
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or			1	,
excess parachute payment(s) during the year?			s X No	,]
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and the	•	1			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense t, other
tai ivailie altu auuless			and deferred	account	
	to position	(If not paid, enter -0-)	and deferred compensation	account	ances
		enter -0-)	and deferred compensation	account	ances
		enter -0-)	compensation	allowa	ances
SEE STATEMENT 7		enter -0-)	and deferred compensation	account	0.
		enter -0-)	compensation	account	ances
		enter -0-)	compensation	allowa	ances
		enter -0-)	compensation	allowa	ances
		enter -0-)	compensation	allowa	ances
		enter -0-)	compensation	allowa	ances
		enter -0-)	compensation	allowa	ances
		enter -0-)	compensation	allowa	ances
		enter -0-)	compensation	allowa	ances
		enter -0-)	compensation	allowa	ances
SEE STATEMENT 7	to position	5,000.	compensation	allowa	ances
	to position	5,000.	(d) Contributions to	allowa	O.
SEE STATEMENT 7	to position uded on line 1). If none, of (b) Title, and average hours per week	5,000.	(d) Contributions to employee benefit plans and deferred	(e) Expaced account	O .
SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	to position uded on line 1). If none, ((b) Title, and average	5,000.	(d) Contributions to employee benefit plans	allowa	O .
SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those incl	to position uded on line 1). If none, of (b) Title, and average hours per week	5,000.	(d) Contributions to employee benefit plans and deferred	(e) Expaced account	O .
SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	to position uded on line 1). If none, of (b) Title, and average hours per week	5,000.	(d) Contributions to employee benefit plans and deferred	(e) Expaced account	O .
SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	to position uded on line 1). If none, of (b) Title, and average hours per week	5,000.	(d) Contributions to employee benefit plans and deferred	(e) Expaced account	O .
SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	to position uded on line 1). If none, of (b) Title, and average hours per week	5,000.	(d) Contributions to employee benefit plans and deferred	(e) Expaced account	O .
SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	to position uded on line 1). If none, of (b) Title, and average hours per week	5,000.	(d) Contributions to employee benefit plans and deferred	(e) Expaced account	O .
SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	to position uded on line 1). If none, of (b) Title, and average hours per week	5,000.	(d) Contributions to employee benefit plans and deferred	(e) Expaced account	O .
SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	to position uded on line 1). If none, of (b) Title, and average hours per week	5,000.	(d) Contributions to employee benefit plans and deferred	(e) Expaced account	O .
SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	to position uded on line 1). If none, of (b) Title, and average hours per week	5,000.	(d) Contributions to employee benefit plans and deferred	(e) Expaced account	O .
SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	to position uded on line 1). If none, of (b) Title, and average hours per week	5,000.	(d) Contributions to employee benefit plans and deferred	(e) Expaced account	O .
SEE STATEMENT 7 2 Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	to position uded on line 1). If none, of (b) Title, and average hours per week	5,000.	(d) Contributions to employee benefit plans and deferred	(e) Expaced account	O .

form 990-PF (2019) THE ROSEN FAMILY FOUNDATION,		-2054672 Page 7
Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	undation Managers, Highly	
3 Five highest-paid independent contractors for professional services. 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		▶ 0
Part IX-A Summary of Direct Charitable Activities	<u></u>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant		Expenses
number of organizations and other beneficiaries served, conferences convened, research pape	rs produced, etc.	Lxpenses
1 <u>N/A</u>		4
		4
	· · · · · · · · · · · · · · · · · · ·	
2		4
		4
		
3	·	-
		4
		
	· · · · · · · · · · · · · · · · · · ·	╡
		1
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax y	vear on lines 1 and 2.	Amount
1 N/A		
		1
		1
2		
All other program-related investments. See instructions.		
3		
<u> </u>	*	1
		1
		1

Total. Add lines 1 through 3

Į P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	3,434,441.
	Average of monthly cash balances	1b	3,434,441. 165,295.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,599,736.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,599,736.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	53,996.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,545,740.
6	Minimum investment return. Enter 5% of line 5	6	177,287.
IP.	art·XI■ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	177,287.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,522.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	174,765.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	174,765.
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	174,765.
į P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	370,952.
Ь	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:		
а	Suitability test (prior IRS approval required)	3a	
	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	370,952.
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	370,952.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation question of tax in those years.	ualifies for	r the section

Form **990-PF** (2019)

×. . .

Part XIII . Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				
line 7				<u>174,765.</u>
2 Undistributed income, if any, as of the end of 2019			0	
a Enter amount for 2018 only			0.	
b Total for prior years:		0		
Excess distributions carryover, if any, to 2019:		0.		-
1 4 4 4 4 4 4 4 4				
100				
44 40				
11 - 1 - 1				
-	636,510.		,	
f Total of lines 3a through e	030,310.			
4 Qualifying distributions for 2019 from Part XII, line 4: ►\$ 370,952.				
			0.	
a Applied to 2018, but not more than line 2a			U •	
b Applied to undistributed income of prior		^		ļ
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	ا م			
(Election required - see instructions)	0.			174 765
d Applied to 2019 distributable amount	106 107			174,765.
e Remaining amount dictributed out of corpus	196,187.			
Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	832,697.	•		
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'		7.2 11.11.11.11.11.11.11.11.11.11.11.11.11.		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
		0.		
amount - see instructions e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts troated 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)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	147,670.			
9 Excess distributions carryover to 2020.		,		
Subtract lines 7 and 8 from line 6a	685,027.			
10 Analysis of line 9:	000,02,0		•	
a Excess from 2015123, 242.				
b Excess from 2016 14,523.				
c Excess from 2017 215,768.				,
d Excess from 2018 135, 307.				
e Excess from 2019 196, 187.				
6 EVOCOS HOLL 5019 TO 1 TO 1 TO 1		<u></u> _		5. 000 DE (2242)

	EN FAMILY F			41-20	54672 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	tit is a private operating			
foundation, and the ruling is effective fo	or 2019, enter the date of t	the ruling	▶ ∟		
b Check box to indicate whether the foun	d <u>ation is a private operatir</u>	ng foundation described in	n section	4942(j)(3) or49	42(y)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed			/	1	
d Amounts included in line 2c not		· ·			
used directly for active conduct of					
exempt activities					
e 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:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)				+	
b "Endowment" alternative test - enter 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, dividends, rents, payments on	/				
securities loans (section		,			
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV. Supplementary Info	rmation (Complet	te this part only if	the foundation	had \$5,000 or mor	e in assets
at any time during t	he year-see instri	uctions.)			
1 Information Regarding Foundation	n Managers:			.	
a List any managers of the foundation wh	-	than 2% of the total contri	butions received by the	foundation before the close	e of any tax
year (but only if they have contributed i					or any tax
NONE					
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (c	or an equally large portio	on of the ownership of a par	rtnership or
other entity) of which the foundation ha			or an equally large portion	on or the ownership or a par	and omp of
NONE					
2 Information Regarding Contribut	on Grant Gift Loan	Scholarchin atc. Dro	Arame:		
. 🚎 -			-	ot accept unsolicited reque	ete for funde f
the foundation makes gifts, grants, etc.	•	•	3	•	313 101 101103. 11
	- -				.
a The name, address, and telephone num $\mathbf{N/A}$	DEL OF CHIAN AUDIESS OF TH	e person to whom applica	mons should be address	ocu.	
N/A					
b The form in which applications should l	a submitted and informat	ion and materials they sh	ould reclude:		
•••	e Submitted and informat	ion and materials they sir	ould ilicidue.		
N/A					
c Any submission deadlines: N/A					
d Any restrictions or limitations on award	e cuch ac hy geographica	Largae charitable fields	kinds of institutions or a	other factors:	·-········
N/A	o, outil as by yeograpilica	i aivas, vitai itavit litius, i	kinas vi institutiviis, VI (ינווט ומטנטוס.	
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THE ROSEN FAMILY FOUNDATION, INC.

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year TWIN VALLEY COUNCIL - BOY SCOUTS OF NONE ÞС GRANT-GENERAL AMERICA 810 MADISON AVENUE MANKATO, MN 56001 3,400. CENTRACARE HEALTH FOUNDATION NONE ÞС GRANT-CCH LP MEDICAL 1406 SIXTH AVENUE NORTH CAMPUS PROGRAM ST, CLOUD, MN 56303 50,000. BOYS & GIRLS CLUB OF GREATER KANSAS NONE ÞС GRANT-GENERAL CITY 4001 BLUE PARKWAY, SUITE 102 KANSAS CITY, MO 64130 8,000. MARTIN COUNTY VETERANS MEMORIAL NONE ЬC GRANT-GENERAL 507 WINNEBAGO AVENUE FAIRMONT, MN 56031 10,000. MINNESOTA HISTORICAL SOCIETY NONE PС GRANT-GENERAL 345 KELLOGG BLVD W ST. PAUL, MN 55102 3,000. SEE CONTINUATION SHEET(S) ► <u>3a</u> 363,900. Total b Approved for future payment NONE **▶** 3b Total

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient HARBOR POINT MINISTRIES NONE ÞС GRANT-GENERAL 1, 1724 MAIN STREET LAKE GENEVA, WI 53147 75,000. PROJECT 1590 KIDS JUST WANT TO HAVE NONE PC GRANT-GENERAL FUN 323 E BLUE EARTH AVE FAIRMONT, MN 56031 10,000. GRANT-GENERAL ACADEMY FOR SCIENCES & AGRICULTURE NONE PC (AFSA) PUBLIC CHARTER SCHOOL 100 VADNAIS BOULEVARD VADNAIS HEIGHTS, MN 55127 5,000. THE NATURE CONSERVANCY NONE PC GRANT-GENERAL 1101 WEST RIVER PARKWAY, SUITE 200 MINNEAPOLIS, MN 55415 200,000. GIRL SCOUTS OF MINNESOTA & WISCONSIN NONE PC GRANT-GENERAL RIVER VALLEYS 315 ALBION AVENUE FAIRMONT, MN 56031 3,000. UNIVERSITY OF MN FOUNDATION MARTIN NONE ÞC REFUND OF 2018 CO. 4-H HORSE PROGRAM GRANT-GENERAL -200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455 -3,500. 289,500. Total from continuation sheets

Analysis of Income-Producing Activities

Program service revenue: b	(a) Business code	(b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt
ab	code	Amount			·
b	_		code	Amount	function income
			 		
^	_		 		
C	_		 		
d	_				
e					
f	_				
g Fees and contracts from government agencies			 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	ļ		14	701.	
4 Dividends and interest from securities			14	101,809.	a w fa == a
5 Net rental income or (loss) from real estate:	•	- :		<u> </u>	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	44,128.	
9 Net income or (loss) from special events	ļ		 		
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	_		<u> </u>		
b	_				
c	_		 		
d	_		+ +		
e	_	•		146 620	
2 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	146,638.	0.
3 Total Add line 12, columns (b), (d), and (e)				13	146,638.
See worksheet in line 13 instructions to verify calculations.					

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	·

Form 990							d Relationshi	41-205 ips With Nonchar		Pa	ige 13
1 Did	l the or	ganization directly or indi	rectly engage in any	of the following	ng with any other o	rganization	n described in secti	on 501(c)		Yes	No
(oti	her tha	n section 501(c)(3) organ	nizations) or in sectio	n 527, relating	g to political organi	zations?					1
a Tra	nsfers	from the reporting found:	ation to a noncharital	ble exempt or	ganization of:						
(1)	Cash								1a(1)		_X_
٠,		assets							1a(2)		X
		sactions:									لنينا
(1)		of assets to a noncharita	· ·						1b(1)		X
(2)		nases of assets from a no		rganization					1b(2)		X
		I of facilities, equipment,							1b(3)		X
(4)		bursement arrangements							1b(4)		X
		s or loan guarantees							1b(5)		X
٠,		rmance of services or me	·	•					1b(6)	_	X
		f facilities, equipment, ma				مادة المادة	our about the fair of	and the seeds	1c	L	
								narket value of the goods, or sharing arrangement, s		ieis,	
		s given by the reporting it i) the value of the goods,			eu iess than ian in	arket value	ill ally transaction	or snaring arrangement,	SHOW III		
(a) Line n	_ `	(b) Amount involved			e exempt organizat	ion	(d) Description	of transfers, transactions, and	sharing arr	angemen	ıts.
<u> </u>	_	(0)	(5)	N/A			(0)				
							1				
								.			
	_				-		1	<u>-</u>			
	1										
							<u>.</u>				
	+						 				
	+										
	-	·		.							
	+						+				
20 10 1	ho four	dation directly or indirect	the officered with or i	rolated to and	or more tay ever	ot organiza	ations described				
		ndation directly or indirect 501(c) (other than sectio	•		or more tax-exem	pr organiza	auono uescribed	Γ	Yes	X] No
		emplete the following sch		CHOII JZ7 ·				L	103		J 140
	100, 00	(a) Name of org		•	(b) Type of orga	nization		(c) Description of relation	ship		
		N/A			, , , , , ,			· ·	· ·		
				•							
٠.		penalties of perjury, I declare t flief, it is true, correct, and com							ay the IRS o	liscuss t	nis
Sign Here		12		,	4		L	st	turn with the	e prepare ? See ins	er itr
пеге		<u>hann</u>	r-	<u> </u>		120	Direct	100	Yes	: L	No
	Sign	ature of officer or trustee			Date		Title	Object Control			
	1	Print/Type preparer's na	ame	Preparer's s	ignature		Date	Check if PTIN			
Paid						}		self- employed			
Prepa	arer	F		<u> </u>							
Use C		Firm's name						Firm's EIN			
		Firm's address									
		o additoso						Phone no			
							,	Phone no.			

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.

→ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization **Employer identification number** 41-2054672 THE ROSEN FAMILY FOUNDATION, INC. Organization type (check one). Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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 contributors **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

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

THE ROSEN FAMILY FOUNDATION, INC.

41-2054672

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROSEN'S DIVERSIFIED, INC. 8101 34TH AVENUE SOUTH, SUITE 400 BLOOMINGTON, MN 55425	\$3,000,000.	Person X 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 Oncash 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 Oncash 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

Employer identification number

THE ROSEN FAMILY FOUNDATION, INC.

41-2054672

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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
		\$	

Name of organization

Employer identification number

THE · ROS	SEN FAMILY FOUNDATION,	INC.	41-2054672
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entry charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the For organizations s for the year (Enter this info once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			_

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	IPORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVE PER B	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME
BANK MIDWEST		<u> </u>	701.		701.	0.
TOTAL TO PART I, LI	NE 3		701.		701.	0.
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO	
LPL FINANCIAL	102,284	. 47	5. 1	01,809.	101,80	9. 0.
TO PART I, LINE 4	102,284	. 47	'5. 1 ====================================	01,809.	101,80	9. 0.
FORM 990-PF		LEGAL	FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM	
FELHABER, LARSON, F LEGAL FEES	ENLON	1,887.		0.		0. 1,887.
TO FM 990-PF, PG 1,	LN 16A =	1,887.		0.		0. 1,887.
FORM 990-PF	0	THER PROFES	SIONAL	FEES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
CT CORP		165.	-	0.		0. 165.
LPL FINANCIAL - INV FEES	ESTMENT	19,520.	1	9,520.		0. 0.
TO FORM 990-PF, PG	1, LN 16C	19,685.	1	9,520.		0. 165.
	=		-			

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAX	1,000.	1,000.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	1,000.	1,000.	0.	0.	

FORM 990-PF OTHE	R INVESTMENTS		STATEMENT 6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VANGUARD FTSE DEVELOPED MKTS ETF -	COST	•	
VEA		1,054,737.	1,147,989.
VANGUARD FTSE EMERGING MARKETS ETF	COST		
- VWO		262,307.	292,178.
VANGUARD GROWTH ETF - VUG	COST	693,746.	908,496.
VANGUARD INTERMEDIATE TERM BOND ETF	COST		
- BIV		330,117.	335,973.
VANGUARD LONG TERM BOND INDEX ETF -	COST		
BLV		257,274.	276,706.
VANGUARD MORTGAGE BACKED SECURITIES	COST		
ETF - VMBS		339,001.	344,190.
VANGUARD SHORT TERM BOND ETF - BSV	COST	574,528.	576,121.
VANGUARD SMALL CAP ETF - VB	COST	239,695.	292,699.
VANGUARD TOTAL INTL BOND INDEX ETF	COST		
- BNDX		653,356.	667,366.
VANGUARD VALUE ETF - VTV	COST	848,073.	1,007,122.
TOTAL TO FORM 990-PF, PART II, LINE	13	5,252,834.	5,848,840.

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, FOUNDATION MA	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	PYDENCE
THOMAS J. ROSEN 8101 34TH AVENUE SOUTH, SUITE 400 BLOOMINGTON, MN 55425	PRESIDENT\SE		0.	0.
RICHARD H. ROSEN 8101 34TH AVENUE SOUTH, SUITE 400 BLOOMINGTON, MN 55425		0.	0.	0.
KARIN M. ROSEN 8101 34TH AVENUE SOUTH, SUITE 400 BLOOMINGTON, MN 55425		0.	0.	0.
DOMINICK V. DRIANO, JR 8101 34TH AVENUE SOUTH, SUITE 400 BLOOMINGTON, MN 55425	VP ASSISTANT 0.75	SECRETARY 0.	0.	0.
CHRISTOPHER WOODRUFF 8101 34TH AVENUE SOUTH, SUITE 400 BLOOMINGTON, MN 55425	VP OF TAX 0.50	0.	0.	0.
JOHN EDMAN 53 DOWNTOWN PLAZA, PO BOX 318 FAIRMONT, MN 56031	DIRECTOR 0.20	5,000.	0.	0.
THOMAS J. DOYLE 220 SOUTH 6TH STREET, SUITE 2200 MINNEAPOLIS, MN 55402	DIRECTOR 0.20	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	5,000.	0.	0.