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'Form 990-PF'

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2004

		ie Service	Note	e. The organiza	ation may be able	to use a copy	of this return	to satisfy stat	e reporting re	equirements	L		
	alenda	year 2004, or t	ax year begin	ning	, a	nd ending							
4		that apply	Initial re		Final return	_ 	Amende	d return		Address change		Name cha	
M	icon an	Name of sand	, madre		T man retern	<u>'</u>	7 Milicinae	a recent				vario cric	inge_
₹ Use t	he IRS					111				oyer Identification num	ber		
<u>u</u>	bel	1 Illiadla	իակարհակներ	હાંસીકોનાં	առահետև	1111111			06.	-1446387			
)		65350	**A	UTO**SCH	5-DIGIT 06	824			B Telep	hone number (see page 10	O of the in:	itructions)	
=	rwise,	ANDREW	& MARGARET	ROSINGE	₹		I	om/suite					_
⊃ ^{pi}	rınt	FOUNDAT	ION			P 1 B 8			C If exe	mption application is pend	ing, check	here	
₹ or (type.		NOUIN RD	25-1901		5 0				oreign organizations, chec	-		▶ □
うSee S	pecific	FAIRFIE	TO CI 000	25-1701					1	- ·		•	. С
Instru	ictions		L. C.D.		CT OF	025 10	001		ŀ	oreign organizations meetr	_	ı	
		FAIRF1	T_ T_			825-19	, O I		1	5% test check here and al			-
	- ,,	e of organization	_	· · · · · · -	exempt private f				E If priv	ate foundation status was	terminated	j .	
s	ection 4	1947(a)(1) nonex	tempt chantabl	e trust	Other taxable		ndation		under	r section 507(b)(1)(A), che	ck here)	▶ []
l Fai	r marke	et value of all ass	ets at end	J Accou	nting method	X Cash	Acc	rual	F If the	foundation is in a 60-mont	h terminat	ion	
of y	ear (fro	om Part II, col. (c	÷).	Ot	her (specify)				under	section 507(b)(1)(B) che	ck here	1	▶ □
		▶s	21,491	(Part I. co	lumn (d) must b	e on cash b	asis)						
	n l		of Revenue			(a) Reve		I			(d) D	sbursemen	
U.S. S.	9.5.4.20 <u>1</u> 2	-		•		expens		(b) Net in	vestment	(c) Adjusted net	1 ' '	charitable	13
			ts in columns (b)			boo	-	inco	me	income	1	purposes	
		equal the amo	unts in column (a) (see page 1	1 of the instr))						(casi	n basis only	<u> </u>
		Contributions, gifts	grants, etc , rec	erved (attach s	chedule)								
	2	Check 🕨 📙 if	the foundation is	not required to	o attach Sch B	*****			7				
	3	Interest on savin	gs and tempor	ary cash inve	estments		498		498				
	4	Dividends and in	terest from se	cunties (M		536		406	130	1	. W	334
1		Gross rents		1 C- 1	\mathcal{N} .						-		
6		(Net rental incon	ne or (loss)		11/20	#######	26.00	Mark Bar		STATE OF THE PARTY OF			
5		•	, 	10	~ \\\\\\	CAMMANAGE	*********	(P. T.	F 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7		
2		Net gain/(loss) from		· /	NW	Tieres and		(4782-385)					CACON'S
		Gross sales price f		-11	 			TETE WE			1.2	(1) The Control of th	
(35)	7	Capital gain net ind	come (from Part I	V, line	V		وبجهوه		0				2.12.
اس	8	Net short-term c	apıtal gaın	- 6					13 may 1	0			
J.	9	Income modifica	tions										
	10a	Gross sales less re	turns and allowa	nces		100	T. SEC. 1887			DESCRIPTION OF THE PARTY OF			
		Less Cost of go				*** **********************************		4. F					
7		Gross profit or (TATLITE	UNIT					<u> </u>	200		
Z				や世代氏い	WED.		4 720	Land of the State	Land Lander March	<u> </u>	DP NO.		
CANNED		Other income (a)	sumt 1		4,730	-	-004		200 Marie		200
9		Total, Add lines		- E - 9 - 9	2010	2	<u> 5,764</u>	ļ	904	130	New York	المستفاف سينع	100
d d	13	Compensation o	f officers, direc	tors unustee:	s.elc	ļ		L			<u> </u>		
m	14	Other employee	salaries and w	ages	ANOU						<u> </u>		
i	15	Pension plans, e	mployee bene	EK DIV	ANCH								
n		Legal fees (attac		OGDI					1	Received			
0 1	!	Accounting fees		ule) S	Stmt 2		815						
p s	c	Other profession		•				 	OC.	0.72042	\vdash		
e (17	Interest	(30			ļ		 		27 2010	†		
a a	1			/ a.	Stmt 3	 	51		100		 		
į t	18	Taxes (att schedu			Juil 3	ļ	31	 	ACS.S	ipport Clerical	S &- 2-200-4	49 ho 5 2-12 2	7 , 1, 72
1 1	19	Depreciation (at	schedule) &	depletion					C	lerk # 11	15.55	机场机	6
n Y	20	Occupancy									1		
ge	21	Travel, conferen	ces, and meet	ings		<u></u>							
аE	22	Printing and pub	olications				49						
n x	23	Other exps (att so											
dр	24	Total operating	•	trative evans	nses			 			 		
e	^ 7	-		anse exhei	1363	1	915				1		
n s		Add lines 13 thre	•			}			The state of the s	ACCOMPANY D	 	136,0	200
e	25	Contributions, g	-		24 4 25		36,915		TARREST TOTAL				
<u>s</u>	26	Total expenses a		nts Add lines	24 and 25				Service Control	0	a a Bricker	136,0	200
	27	Subtract line 26				7	1			THE PERSON NAMED IN	1		趋影
	a	Excess of reve	-				1,151		Contract of	SECTION AND DESCRIPTION	AL AND	2000年	
	b	Net investment		-	•		NAME OF TAXABLE PARTY.			NO THE RESERVE			W.
	С	Adjusted net in	come (if negal	tive, enter -0-)	A CONTRACTOR		南沙洲	A STREET	130	37.78		

3

4

5

6

19,749

19,749

Form 990-PF (2004)

Add lines 1, 2, and 3

Other increases not included in line 2 (itemize)

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

5 Decreases not included in line 2 (itemize)

136,000

6

7

8

Add lines 5 and 6

Part VI instructions on page 18

6 Enter 1% of net investment income (1% of Part I, line 27b)

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

Enter qualifying distributions from Part XII, line 4

Form 990-PF (2004)

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

Yes

X No

if 'Yes,' attach the statement required by Regulations section 53 4945-5(d). Did the organization, during the year, receive any funds, directly or indirectly, to pay

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

premiums on a personal benefit contract?

If you answered "Yes" to 6b, also file Form 8870

06-1446387

Part VIII 2

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,

and Contractors								
1 List all officers, directors, trustees, foundation managers and	d their co	ompensation (see	page 2	0 of the instru	ctions)		
(a) Name and address		(b) Title and avenue hours per were devoted to position	ek ¯	(c) Compens (if not paid, -0-)		(d) Contrib to employee benefit plans and deferred compensation	1 (6	e) Expense account other allowances
ALEXANDER BREINER		devoted to positi				compensation	+	
	6604	DEMINIMU	IS		0		o	0
ALEXANDER MULLER							1	
1178 EAST 32 ND ST BROOKLYN NY 1	121d	DEMINIMU	JS		0		0	0
ERNEST BREINER					 			
49 ALGONQUIN RD FAIRFIELD CT 068	325	DEMINIMU	JS		0		0	0
STATE OF MARGARET ROSINGER 5 WALLS DR FAIRFIELD CT 06824		N/A			0		0	0
2 Compensation of five highest-paid employees (other than t	hose inc		ee page	21 of the instr	uction	ıs).		
If none, enter "NONE."						•		
(a) Name and address of each employee paid more than \$50,000	(b) T ho devo	itle and average urs per week ted to position	(c) C	ompensation	en plai	Contributions to apployee benefit as and deferred compensation	(e)	Expense account, other allowances
NONE	 		 				 	
	1							
	<u> </u>						L	
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	 		 		 -		┼	
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Total number of other employees paid over \$50,000	ــــــــــــــــــــــــــــــــــــــ		L		L		<u> </u>	•
Five highest-paid independent contractors for professiona "NONE."	l service	es-(see page 21 of	the ins	tructions). If n	one, e	nter		<u></u>
(a) Name and address of each person paid more than \$	50 000		T	(b) Type	on sen	TICP	10	:) Compensation
NONE		· · · · · · · · · · · · · · · · · · ·		(5),,,,,	or deri		1) compensation
`								
							 	
			+				 	
							\vdash	
Total number of others receiving over \$50,000 for professional service	es			· <u></u>				>
Part IX:A Summary of Direct Charitable Activ	/ities							
List the foundation's four largest direct chantable activities during the tax year of organizations and other beneficiaries served, conferences convened, resea			mation si	uch as the numbe	er			Expenses
1 N/A							\vdash	
N/ &								
							<u> </u>	
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a								
							T	
							1	

Form	990-PF (2004) ANDREW & MARG ROSINGER FOUNDATION 06-1446387		Page 7
	Summary of Program-Related Investments (see page 22 of the instructions)		
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
=1	N/A		
ø			
_			····
2			
			
	other program-related investments. See page 22 of the instructions	1	
3			
Tota	al. Add lines 1 through 3	•	
_	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n found	lations.
	see page 22 of the instructions.)		,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	34.4	
	purposes		
a	Average monthly fair market value of securities	1a	C
b	Average of monthly cash balances	1b	76,295
C	Fair market value of all other assets (see page 22 of the instructions)	1c	506
d	Total (add lines 1a, b, and c)	1d	76,801
e	Reduction claimed for blockage or other factors reported on lines 1a and	34	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	C
3	Subtract line 2 from line 1d	3	76,801
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 23	}	
_	of the instructions)	4	1,152
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	75,649
-	Minimum investment return. Enter 5% of line 5	6	3,782
EP.	Distributable Amount (see page 23 of the instructions) (Section 4942(j)(3) and (j)(5) pri foundations and certain foreign organizations check here and do not complete the	•	•
1	Minimum investment return from Part X, line 6	s part.	3,782
2a	Tax on investment income for 2004 from Part VI, line 5	3636	3,702
b	Income tax for 2004 (This does not include the tax from Part VI)	3	
c	Add lines 2a and 2b	2c	18
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,764
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,764
6	Deduction from distributable amount (see page 23 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	3,764
. P	art XII Qualifying Distributions (see page 23 of the instructions)		

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		126 006
а	Expenses, contributions, gifts, etc -total from Part I, column (d), line 26	_1a	136,000
ь	Program-related investments-total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
2	purposes Amounts set souds for specific chartable projects that satisfy the	2	
3	Amounts set aside for specific charitable projects that satisfy the	التعسدا	
a h	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)	3a	
ь 4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	3b 4	136,000
5	Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment		133,000
	income Enter 1% of Part I, line 27b (see page 24 of the instructions)	5	C
	Adjusted qualifying distributions Subtract line 5 from line 4	6	136,000
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		
	qualifies for the section 4940(e) reduction of tax in those years		

PartXIII Undistributed Income (see page 24 of the instructions)

			(a)	(b)	(c)	(d)
4	Distributable amount for 2004 from Part XI,		Corpus	Years pnor to 2003	2003	2004
(++)	line 7					3,764
2	Undistributed income, if any, as of the end of 2003			# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carried Age	
a	Enter amount for 2003 only					
b	Total for prior years. 20 ,20 , 20		restriction of the second		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F 4 2
3	Excess distributions carryover, if any, to 2004				11,5	1, 11
а	From 1999	116,032	17.5	· · · · · · · · · · · · · · · · · · ·		
þ	From 2000	27,356		E State		
С	From 2001	25,539	The state of the s			
ď	From 2002	12,785				
е	From 2003	14,830				
f	Total of lines 3a through e		196,542			1.17
4	Qualifying distributions for 2004 from Part		11 3 4		(4) 不会,例如	
	XII, line 4 ▶\$ <u>136,000</u>					
	Applied to 2003, but not more than line 2a		Sur Time Time	A Part of the same		31.54
ь	Applied to undistributed income of prior years					
	(Election required-see page 24 of the instructions)		W. F. J.			
С	Treated as distributions out of corpus (Election					
	required-see page 24 of the instructions)				1	
	Applied to 2004 distributable amount			100		3,764
	Remaining amount distributed out of corpus		132,236	35.	Extra de la constante de la co	TO THE STATE OF
5	Excess distributions carryover applied to 2004		್ಷಾಪ್ರಕ್ಕೆ ಕಾರ್ವಜ			
	(If an amount appears in column (d), the					
6	same amount must be shown in column (a)) Enter the net total of each column as			Elizabeth States	学籍的的最后的	
Ū	Indicated below.					
	Corpus Add lines 3f, 4c, and 4e Subtract line 5		328,778			
	Pnor years' undistributed income Subtract		320,778	Ellin of the tenter of	THE REPORT OF THE PARTY OF THE	Cart of Care
_	line 4b from line 2b					
С	Enter the amount of pnor years' undistributed				* * * * * * * * * * * * * * * * * * * *	
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)					
	tax has been previously assessed		to the Year			
d	Subtract line 6c from line 6b Taxable				Commence of the second	
	amount-see page 25 of the instructions					
e	Undistributed income for 2003 Subtract line					
	4a from line 2a Taxable amount-see page					
	25 of the instructions					
f	Undistributed income for 2004 Subtract			SE CONTRACTOR		
	lines 4d and 5 from line 1. This amount must		native to the same of	The same of		
_	be distributed in 2005					0
	Amounts treated as distributions out of				1	Andrews Contract and
	corpus to satisfy requirements imposed by					
	section 170(b)(1)(E) or 4942(g)(3) (see page		ļ			
	25 of the instructions)					
	Excess distributions carryover from 1999 not					** * ** *** ***
	applied on line 5 or line 7 (see page 25 of					7 4 3 1 1 1
	the instructions)		116,032			5 2 -
	Excess distributions carryover to 2005 Subtract lines 7 and 8 from line 6a		210 74			
	Analysis of line 9	ļ	212,746	R	<u> </u>	
	Excess from 2000	27,356		H 1, 1-1		
~	Excess from 2001	25,539				
	Excess from 2002	12,785	7 - 100			5
đ	Excess from 2003	14,830		表现的。		
<u>e</u>	Excess from 2004	132,236	- A. C			
	· · · · · · · · · · · · · · · · · · ·				<u> </u>	

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Form 990-PF (2004) ANDREW & MARG ROSINGER FOUNDATION 06-1446387 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) Paid during the year Total ▶ 3a b Approved for future payment N/A

▶ 3b

Total

Enter gross am	ounts unless otherwise indicated	Unrelated	business income	Excluded	1 by sec 512 513, or 514	(e)
Program se	ervice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 26 of the instructions)
a		_				
b						
c						
		_				
(·
g Fees a	nd contracts from government agencies					
	p dues and assessments					
	savings and temporary cash investments					
	and interest from securities	कुन्द्र प्रकार स्टब्स	er i skupski skup ku	Lat. The Scalar	Warrage Alexander	
	ncome or (loss) from real estate		And By Mark	## · X., ()	THE REPORT OF	10.23 产了整型(A. 100 A.)
	nanced property					
	bt-financed property	-		 -	·	
	ncome or (loss) from personal property street income					
	ss) from sales of assets other than inventory	ļi				
	e or (loss) from special events			 		
	it or (loss) from sales of inventory			1		
11 Other rever	•					
	TAL REAL ESTATE INCOME -	_				
	ASS-THROUGH ENTITIES					24,641
d ANN	UITIES/ROYALTIES -					
e P.	ASS-THROUGH ENTITIES					89
12 Subtotal A	dd columns (b), (d), and (e)	16年13年14	(0	0	24,730
Total. Add	line 12, columns (b), (d), and (e)				13	24,730
	in line 13 instructions on page 26 to verify calculat					
Part XVI-E	- 					
Line No	Explain below how each activity for which incom					
▼	the accomplishment of the organization's exemp	ot purposes (other th	an by providing funds	for such	ourposes). (See	
	page 27 of the instructions)			 	·	
N/A						
						
				·· <u></u> -		
						
						
						

Page 1	12
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C (100 mg)	la farma Air as Danas alias a	T	- 4: 1	D 1 4: 1: 14!	
Part XVIII	Information Regarding	iransters to and	I ransactions and	Relationships Wi	th Noncharitable
				•	
	Exempt Organizations				

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of

- (1) Cash
- (2) Other assets
- b Other transactions
 - (1) Sales of assets to a noncharitable exempt organization
 - (2) Purchases of assets from a noncharitable exempt organization
 - (3) Rental of facilities, equipment, or other assets
 - (4) Reimbursement arrangements
 - (5) Loans or loan guarantees
 - (6) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair

Yes No 1a(1) 1a(2) 1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c

4-1 1										
(a) Line no	(b) Amount involved	(c) Name	of nonchantable ex	cempt organization	(d)	Descn	ption of trai	nsfers, transac	ctions, and si	haring arrangements
A/N		<u> </u>								
				··-	ļ				Rece	elvea
									OCT 2	7
					 		<u> </u>	AC	Seun	
									S Sup _թ ւ Cler _κ	गा C incal
		 			 					
							. —			
2a is the ord	anization directly or indirec	ctly affiliated v	with, or related to	. one or more tax-e	xempt or	oanızal	ions			
described	anization directly or indirectly or indirect in section 501(c) of the Complete the following sch	Code (other th			•	ganızal	ions			Yes X No
described b if "Yes," o	in section 501(c) of the C	Code (other th	an section 501(c		•	rganızat	ions	(c) Descript	tion of relatio	
described	in section 501(c) of the Complete the following sch	Code (other th	an section 501(c	e)(3)) or in section 5	•	ganızal	ions	(c) Descrip	tion of relatio	Yes X No
described b if "Yes," o	in section 501(c) of the Complete the following sch	Code (other th	an section 501(c	e)(3)) or in section 5	•	ganızat	ions	(c) Descript	tion of relatio	
described b If "Yes," o	in section 501(c) of the Complete the following sch	Code (other th	an section 501(c	e)(3)) or in section 5	•	rganizat	ions	(c) Descrip	tion of relatio	
described b if "Yes," o	d in section 501(c) of the Complete the following school (a) Name of organization	Code (other the	an section 501(c	f organization	5277	and state	ments, and	to the best of	f my knowled	nship loe and
described b if "Yes," o N/A Under pen belief, it is	d in section 501(c) of the Complete the following school (a) Name of organization	Code (other the	an section 501(c	f organization	5277	and state	ments, and	to the best of	f my knowled	nship loe and
described b if "Yes," o N/A Under pen behef, d is	d in section 501(c) of the Complete the following school (a) Name of organization	Code (other the	an section 501(c	f organization	5277	and state	ments, and	to the best of	f my knowled	nship loe and
described b if "Yes," of N/A Under pen belief, d is Signa	d in section 501(c) of the Complete the following school (a) Name of organization alties of perjury, I declare that true correct, and complete Declare that	Code (other the	an section 501(c	ding accompanying scapayer or fiduciary) is	5277	and state	ments, and	to the best of	f my knowled	nship loe and
described b if "Yes," of N/A Under pen behef, it is g P r U r s	d in section 501(c) of the Complete the following school (a) Name of organization alties of perjury, I declare that true correct, and complete Deture of officer or thistee	Code (other the	an section 501(c	ding accompanying scapayer or fiduciary) is	5277	and state	ments, and	to the best of thich preparer	my knowled has any kno	ige and Medge Preparer's SSN or PTIN (See Signature on page 28
described b if "Yes," of N/A Under pen behef, it is g Signa n P U	d in section 501(c) of the Complete the following school (a) Name of organization alties of perjury, I declare that true correct, and complete Declare that	Code (other the	an section 501(c	ding accompanying scapayer or fiduciary) is	hedules as based or	and state	ments, and	to the best of thich preparer	my knowled has any kno	nship lge and wledge Preparer's SSN or PTIN
described b if "Yes," of N/A Under pen belief, it is g P V F Signa P U F S Signa R D C S S S S S S S S S S S S S S S S S S	d in section 501(c) of the Complete the following school (a) Name of organization alties of perjury, I declare that true correct, and complete Deture of officer or thistee	I have examine eclaration of pro	an section 501(c (b) Type o d this return, include parer (other than to	ding accompanying scaxpayer or fiduciary) is	hedules as based on	and state n all infor	ments, and mation of v	to the best of thich preparer	my knowled has any kno	ge and Medge Preparer's SSN or PTIN (See Signature on page 28 of the instructions) POO058642
described b if "Yes," of N/A Under pen behef, it is g r y r y r s p e a p a p a a o l	d in section 501(c) of the Complete the following school (a) Name of organization alties of perjury, I declare that true correct, and complete Deture of officer or trustee	I have examine eclaration of pro	an section 501(c) (b) Type of the section sec	f organization forganization ding accompanying scapayer or fiduciary) is	hedules as based on	and state n all infor	ments, and mation of v	to the best of thich preparer	my knowled has any kno	nship Ige and Medge Preparer's SSN or PTIN (See Signature on page 28 of the instructions)

ROSINGERAM ANDREW & MARG ROSINGER FOUNDATION 06-1446387 Federal Statements

FYE: 12/31/2004

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	ก							
			Re	evenue per Books	Ne	t Investment Income	,	Adjusted Net Income
PASS-THROUGH ENTITIES							_	
PASS-THROUGH ENTITIES			\$	24,641	\$		\$	
				89			_	
Total			\$	24,730	\$	0	\$	C
Statement 2 - Fo	<u> </u>			Net		Adjusted		Charitable
Otalement 2 - 1	01111 000-1	i ji ditije	110_					O1 11 11
Description Indirect Accounting Fees	\$	Total 815			\$		\$	Charitable Purpose
Description		Total		Net	_	Adjusted	\$_ \$_ \$_	-
Description Indirect Accounting Fees Total	\$\$	Total 815 815	s_s_	Net Investment	\$_ \$_	Adjusted Net	\$_ \$_ \$_	Purpose
Description Indirect Accounting Fees Total Statemen	\$\$	Total 815 815 990-PF, Pa	s_s_	Net Investment O Line 18 - Ta	\$_ \$_	Adjusted Net 0 Adjusted	\$ s = s = s = s = s = s = s = s = s = s	Purpose 0

ROSINGERAM ANDREW & MARG ROSINGER FOUNDATION 66-1446387 Federal Statements

FYE: 12/31/2004

Statement 4 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year			End of Year		Fair Market Value	
PREPAID FCI	\$	22	\$		\$		
DIVIDENDS RECEIVABLE		19		12		12	
REFUNDABLE CONNECTICUT ESTIMATES							
PAID BY PASS-THROUGH ENTITIES				958		958	
Total	\$	41	\$	970	\$	970	

ROSINGERAM ANDREW & MARG ROSINGER FOUNDATION 66-1446387 Federal Statements

FYE. 12/31/2004

and a		

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager Amount ESTATE OF MARGARET ROSINGER Total 0 Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock Name of Manager Amount NONE Total Form 990-PF, Part XV, Line 2b - Application Format and Required Contents NOT APPLICABLE

Form 990-PF, Part XV, Line 2c - Submission Deadlines

NOT APPLICABLE

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

NOT APPLICABLE

ANDREW & MARGARET ROSINGER FOUNDATION

FORM 990 - PF

PAGE 1 DECEMBER 31, 2004

PART 1

LINE 11 COLUMN A

OTHER INCOME

RENTAL REAL ESTATE INCOME - PASS THRU ENTITIES 24,641

ANNUITIES/ROYALTIES 89

TOTAL 24,730

ANDREW & MARGARET ROSINGER FOUNDATION

FORM 990 - PF

PAYEE

PAGE 1 DECEMBER 31, 2004

CHECK #

400273548

PART 1

DATE

07/16/2004

LINE 25 COLUMN A & D

TALMUDIC INSTITUTE OF CONNECTICUT

08/13/2004 400281695 TALMUDIC INSTITUTE OF CONNECTICUT 100,000.00

136,000 00

AMOUNT

36,000.00

COPY

CONNECTICUT POST

Certificate of Publication

Classified Advertising Department

410 State Street Bindgeport, CT 06604 203-330-6213 800-423-8058, ext 6213 Fax 203-384-1158

10.00
This is to certify that the advertisement of MAndrewand
Margaret prsingly Foundation
was published in the Connecticut Post newspaper, on
Signed
Ad Number 3 69419 Account Telephone Number 203 26/1110
Purchase Order Number
Subscribed and sworn to before me this May of May
Notary Public
Date Commission Expires 09/30/2007
OFFICIAL SEAL Donna L. Robinson Notary Public Connecticut My Commission Expires Sept. 30, 2007

the state of the state of

PUBLIC NOTICE

The Annual Returns of The Andrew and Margaret Rosinger Foundation (990 PF) for the calendar year 2004 may be inspected at its office, Two Corporate Drive, Suite 203, Trumbull, CT 05611-1376 by any citizen upon request through October 15, 2005, dunng regular business hours

Ernest Breiner. Trustee (203) 261-1110

PUBLIC NOTICE

The Annual Return of The Andrew and Margaret Rosinger Foundation (990 PF) for the calendar year 2004 may be inspected at its office, Two Corporate Drive, Suite Trumbuli 06611-1376 by any citizen upon request, 2005, during regular business flours.

Emest Bremer, -Trustee (203) 261-1110



Proof of Publication

CONNECTICUT POST

Ad Number: 868419 Advertiser: ROSINGER FOUNDATION, ANDREW &

Phone: 2032611110 Sys No: 16786 Caller: ROSINGER FOUNDATION, ANDREW &

Invoicing Customer:

Phone: 2032611110 Sys No: 16786 AcctNo: ROSI2032611110 P.O. No:

Name: ROSINGER FOUNDATION, ANDREW & Subscriber:

Address: TWO CORPORATE DRIVE-SUITE 203

TRUMBULL CT 06611376

Order:

Printed By: R209 Date: 05/12/2005 Assigned Sales: R209 AdType: LINER Order Type: NORMAL

Manual Delay: Box No: Call Back: Y

Production

Text Size: 1 x 22.00 ProdType: ENTERPRISE ColorNo: 0 Colors:

Tearsheets: 0 Proofs: 0 Affidavits: 0 Alt Addr: N

NOTES:

Change Reason:

Start: 05/15/2005 End: 05/15/2005 Times: 2

Sort: PUBLICNOTICETHE ANNUAL RETURNS OF THE AN

Insertion

FIRST INSERT: Product: PI Paper: PO Class: 11030; PUBLIC NOTICE - 1 COLUMN

Insertion Dates: 05/15/2005 05/15/2005

Pricing

Price: 53.90 Payment Method: CC Amount Paid: 53.9 Amount Owed: 0

PriceMethod. 0 (0=Normal, 1=User Net, 2=System Gross) Rate Code: LE

For fields listed below 0 = NO 1 = YES

Till Forbid: 0 Mult. Content: 0

Form 8868

(Pev December 2004)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury		► File a separate application for each return			
you are f	ling for an Aut	omatic 3-Month Extension, complete only Part I and check this box		▶ X	
		itional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)			
		ss you have already been granted an automatic 3-month extension on a previously filed Form (3868		
SPartus		3-Month Extension of Time- Only submit original (no copies needed)			
Form 990-T co	orporations re	questing an automatic 6-month extension-check this box and complete Part I only		▶ □	
All other corpor	ations (includii	ng Form 990-C filers) must use Form 7004 to request an extension of time to file income tax re	turns		
Partnerships, F	REMICs, and tr	usts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041			
Electronic Fil	ing (e-file). Fo	rm 8868 can be filed electronically if you want a 3-month automatic extension of time to file one	of the		
returns noted b	elow (6 month	s for corporate Form 990-T filers). However, you cannot file it electronically if you want the add	itional		
(not automatic)	3-month exter	sion, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For m	ore		
details on the e	lectronic filing	of this form, visit www.irs.gov/efile			
Type or	Name of Exempt Organization Employer identification number				
print					
File by the	ANDREW	& MARG ROSINGER FOUNDATION	06-1446387		
due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions				
	49 ALGONQUIN ROAD				
	City, town or FAIRFI	post office, state, and ZIP code. For a foreign address, see instructions ELD			
Check type of	return to be f	led (file a separate application for each return)			
Form 990 Form 990-T (corporation) Form 4720					
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227					
Form 99	0-EZ	Form 990-T (trust other than above)		Form 6069	
X Form 99	0-PF	Form 1041-A	receive,	form 8870	
			OCT OF		
		. N. GIVAGID C. GIVAGID DO	OCT 27'	*9	
he books	are in the care		4000		
.	20		ACS Supp	roal	
Telephone			Clerk .	,	
If the organization does not have an office or place of business in the United States, check this box					
	•	Irn, enter the organization's four digit Group Exemption Number (GEN)			
	•	this box If it is for part of the group, check this box and attach a list with the	1e		
		ers the extension will cover 3-month (6-months for a Form 990-T corporation) extension of time until 8/15/05			
to file the exempt organization return for the organization named above. The extension is for the organization's return for \overline{X} calendar year 2004 or					
► X calendar year 2004 or ► tax year beginning , and ending					
	tax year begini	ing , and ending			
2 If this ta	k year is for les	s than 12 months, check reason Initial return Final return Change ii	n accounting period	t	
3a If this ap	plication is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
•	•	See instructions	2	25	
b If this ag	plication is for	Form 990-PF or 990-T, enter any refundable credits and estimated tax payments			
•	-	year overpayment allowed as a credit	S	0	
		line 3b from line 3a. Include your payment with this form, or, if required, deposit	 -		
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See					
instructi	•	· · · · · · · · · · · · · · · · · · ·	\$	25	
Caution. If you	are going to n	nake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E0			
for payment in:	structions				
For Privacy A	ct and Paperw	ork Reduction Act Notice, see Instructions.	For	m 8868 (Rev 12-2004)	