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## Form 990-PF

Department of the Treasury Internal Revenue Service

### **Return of Private Foundation**

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

Fo	r cal	endar year 2010, or ta	x year beg	inning		, а	nd ending	9				
G	Che	ck all that apply:	Initial	return	Initia	il return of a for	rmer public	c charity		Final re	turn	
		****	Amer	ded return		ddress change		Name	chan	ge		
Na	me of	foundation			=-					yer identification nu	mber	
ΔΝ	UBE	W & MARGARET ROS	INGER FO	LINDATION				i		06-1446	387	
		and street (or P O box numbe			ddress)		Room/s	uite B	Teleph	none number (see pag		tions)
		ONQUIN RD			,				•			
		wn, state, and ZIP code							lf avan	ption application is pe	anding shock horo	▶□
	IRFIE	•			СТ		06825-19			ign organizations, che	-	▶⊟
		ck type of organization:	Section	on 501(c)(3) ev		rivate foundatu		<del></del>		ign organizations mee		
Ë	Sec	ction 4947(a)(1) nonexe	mpt charita	ble trust	Other	taxable private	foundation	n	chec	k here and attach con	nputation	▶□
ᆕ						<u>-</u>		——  E		te foundation status w		. —
•		market value of all asse ear <i>(from Part II, col. (c)</i>		J Accounting Other (s			ı L Acc	rual		section 507(b)(1)(A), c oundation is in a 60-mo		▶
		16) <b>▶</b> \$	, 12 136	(Part I, column	(d) mus	t be on cash bas	sis)	'		section 507(b)(1)(B), c		
Pa	rt I	Analysis of Revenue					<u></u>	<u>I</u>			(d) Disbursem	ents
		amounts in columns (b), (c),	<del>-</del>		.   '-'	Revenue and expenses per	1 ' '	nvestment		(c) Adjusted net	for charitabl	le
		the amounts in column (a) (s			`	books	inc	ome		income	purposes (cash basis oi	nlv\
	1	Contributions with grants of	to recoved (	attach cehodulo)	+				+		(08311 08313 01	··· <b>'</b> /
	2	Contributions, gifts, grants, e Check ► if the foundation										
	3	Interest on savings and t	•			81		۶	1			
	4	Dividends and interest fr	-			36			6			<del>-</del>
Revenue		a Gross rents		•					ol			
		Net rental income or (los	ss)	(	<u> </u>							
	1	Net gain or (loss) from s		not on line 10		0						
		Gross sales price for all asse										
	7	Capital gain net income	(from Part IV	/, line 2)					0			
	8	Net short-term capital ga	ain							0		
	9	Income modifications										
	10 a	Gross sales less returns and	allowances	(	ס							
	ı	Less Cost of goods sol	d		<u> </u>				_			
	(	Gross profit or (loss) (att	ach schedul	e)		0					~	
	11	Other income (attach scl	•			27,061			0	27,061		
	12	Total. Add lines 1 through	gh 11	· · · · · · · · · · · · · · · · · · ·		27,178		1	7	27,061		
Ś	13	Compensation of officers	s, directors, t	rustees, etc		0						
enses	14	Other employee salaries	and wages			····				<del></del>		
ē	ı	Pension plans, employed			ļ				4—	_		
Exp	ı	a Legal fees (attach sched			<b>}</b>	RECEIVE			<u> </u>	0		0
ē	ı	Accounting fees (attach			⊩⊨	2,585			0	0	-	0
and Administrative	ı	Other professional fees	(attach sche	dule)	128	NOV 15 20	111 0		<u> </u>	0		0
štr	17	Interest	44 -44-			<u> 1V日マ 月 あ 71</u> 81			0	0		0
Ë	18 19	Taxes (attach schedule) (see	. •	· ·			S S		0	0		
Έ	20	Depreciation (attach sch Occupancy	edule) and d	epietion		<del>PODEN. (</del>	17		4		,	
A	21	Travel, conferences, and	1 meetings	•					+			
Þ	22	Printing and publications	_			207	-		+		*	
ā	22	Other expenses (attach			-	65			0	0		0
Operating	24	Total operating and ad	· -	expenses.								
ä		Add lines 13 through 23				2,938			0	o		0
oe.	25	Contributions, gifts, gran	its paid			15,000					1	5,000
ō	26	Total expenses and disburs		lines 24 and 25		17,938			0	0		5,000
	27	Subtract line 26 from line		···	1	,000	-		1		<del></del>	
		Excess of revenue over exp		sbursements		9,240						
		Net investment income						1	7			
		Adjusted net income (d								27.061		

NO P I NON DEINNESSO

Б	-4 m	Rolance Shoots Attached schedules and amounts in the description column	Beginning of year	End o	f year
ra	rt II	Balance Sheets should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	4,462	6,866	6,866
	2	Savings and temporary cash investments .			
	3	Accounts receivable			<del></del>
		Less allowance for doubtful accounts ▶ 0	0	0	0
	4	Piedges receivable			
	•	Less allowance for doubtful accounts	0	0	0
	5	Grants receivable	<u>.~</u>		
	6	Receivables due from officers, directors, trustees, and other	<del></del>		
		disqualified persons (attach schedule) (see page 15 of the			
		instructions)	_ 0	0	0
	7	Other notes and loans receivable (attach schedule)			
Ø		Less allowance for doubtful accounts	0	0	0
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges .			
4		a Investments—U S and state government obligations (attach schedule)	0	0	0
		b Investments—corporate stock (attach schedule)	0	0	0
		c Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
	''		0	0	0
	12	2000 3000 3000 3000 3000 3000 3000 3000			
		Investments—mortgage loans .	0	0	0
	13	Investments—other (attach schedule)	<u> </u>		
	14	Land, buildings, and equipment basis	0	0	0
	4-	Less accumulated depreciation (attach schedule)	4,147	5,270	5,270
	15	Other assets (describe See Attached Statement )	4,147	5,270	5,270
	16	Total assets (to be completed by all filers—see the	0.000	40.400	40 406
	4=	instructions. Also, see page 1, item I)	8,609	12,136	12,136
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable .			
itie	19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other habilities (describe				
<u>=</u>			0	0	
<u>.e</u>			0	0	
_	22	Other liabilities (describe See Attached Statement)	5,744	31	
	23	Total liabilities (add lines 17 through 22)	5,744	31	
		Foundations that follow SFAS 117, check here			
nces		and complete lines 24 through 26 and lines 30 and 31.		-	
2	24	Unrestricted			
<u>=</u>	25	Temporarily restricted			
ŭ	26	Permanently restricted			
Net Assets or Fund Balar		Foundations that do not follow SFAS 117, check here		-	
Ē		and complete lines 27 through 31.			
Ξ	27	Capital stock, trust principal, or current funds		o	
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
šet	29	Retained earnings, accumulated income, endowment, or other funds	2,865	12,105	
Ş	30	Total net assets or fund balances (see page 17 of the			
ĭ,		instructions)	2,865	12,105	
ž	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	8,609	12,136	
Pa	t III		-11		
		I net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		-
•		of-year figure reported on prior year's return)	, , , , , , , , , , , , , , , , , , , ,	. 11	2,865
2		er amount from Part I, line 27a		2	9,240
3		▶		3	0
		lines 1, 2, and 3		4	12,105
5		reases not included in line 2 (itemize)		5	0
		I net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30	6	12 105

(a) List and describe t	nd Losses for Tax on Inve he kınd(s) of property sold (e.g., real esta use, or common stock, 200 shs MLC Co	ate,	(b) How acquired P—Purchase D—Donation		e acquired day, yr)	(d) Date sold (mo , day, yr )
1a			2 20,10,1011			
b						
С						
<u>e</u>			L			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	or other basis ense of sale		(h) Gain (e) plus (f)	minus (g)
	0		0			0
	0		0			0
	0 0		0 0			0
e			0			0
	wing gain in column (h) and owned	by the foundat			(I) Gains (Col	
	(j) Adjusted basis	•	ess of col (i)		.,	less than -0-) or
(i) F M V as of 12/31/69	as of 12/31/69		ol (j), if any		Losses (fro	om col (h))
a	0		0			0
b	0		0			0
C	0		0			0
	0		0			0
e	0		0			0
2 Capital gain net income o	r (net capital loss) { If (loss),	lso enter in Pa enter -0- in Pa	art I, line 7	2		0
	n or (loss) as defined in section					
	, line 8, column (c) (see pages	13 and 17 of	the }	_		
instructions) If (loss), ent	er -0- in Part i, line 8 ider Section 4940(e) for Re	· · · · · · · · ·		3		0
	leave this part blank. the section 4942 tax on the dis not qualify under section 4940(			the bas	e period? [	Yes X No
1 Enter the appropriate an	nount in each column for each	year; see page	e 18 of the instruc	tions bef	ore making	any entries.
(a) Base period years	(b) Adjusted qualifying distribution	ns Net value	(c) of noncharitable-use a	ssets		(d) ibution ratio
Calendar year (or tax year beginning 2009	4	5,600	11	,038	(COI (D) UI	vided by col (c)) 3.225222
2008		2,600		,218		1 467279
2007		5,000		,305		1 118032
2006	97	,000	67	,491		1 437229
2005						0 000000
2 Total of line 1, column (d)					2	7 247762
	for the 5-year base period—div oundation has been in existenc				3	1 811941
4 Enter the net value of nor	charitable-use assets for 2010	from Part X, I	ine 5		4	10,217
5 Multiply line 4 by line 3 .				<u>                                     </u>	5	18,513
6 Enter 1% of net investme	nt income (1% of Part I, line 27	b)		.	6	1
<b>7</b> Add lines 5 and 6					7	18,514
	ons from Part XII, line 4 ater than line 7, check the box i				8 t using a 19	15,000 % tax rate. See
the Part VI instructions or	nage 18					

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

If "Yes," complete Part XIV

their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?

8b

9

Х

4a

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

Х

4a

4b

	educational purposes, or for the prevention of cruelty to children or animals?	Yes	X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described	lın			
	Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instruction	tions)?	_	5b	1
	Organizations relying on a current notice regarding disaster assistance check here	•	· 🔲		
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?	Yes	No No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Yes	X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	Ĺ
	If "Yes" to 6b. file Form 8870				Ī

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation (d) Contributions to (e) Expense account. (a) Name and address hours per week (If not paid, enter employee benefit plans other allowances devoted to position -0-) and deferred compensation ALEXANDER BREINER 875 CLEVELAND AVE BRIDGEPORT CT 0660 DEM 0 ALEXANDER MULLER 1178 EAST 32ND ST BROOKLYN NY 11210 DEM .00 0 ERNEST BREINER DEM 49 ALGONQUIN RD FAIRFIELD CT 06825 00 0 ESTATE OF MARGARET ROSINGER DEM 00 0

55 WALLS DR FAIRFIELD CT 06824 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000			<b>&gt;</b>	

X No

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
<u> </u>	
All other program-related investments See page 24 of the instructions	
3	
Total. Add lines 1 through 3	

Form **990-PF** (2010)

Adjusted qualifying distributions. Subtract line 5 from line 4 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

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

b

5

6

Cash distribution test (attach the required schedule)

income Enter 1% of Part I, line 27b (see page 26 of the instructions)

0

15,000

15,000

3b

4

5

Undistributed Income (see page 26 of the instructions) (b) (c) 2010 Corpus Years prior to 2009 2009 Distributable amount for 2010 from Part XI, line 7 509 2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only **b** Total for prior years 20\_\_\_\_\_, 20\_\_\_\_\_, 20 Excess distributions carryover, if any, to 2010 a From 2005 36,920 **b** From 2006 93,714 c From 2007 33,482 31,501 **d** From 2008 e From 2009 34.048 229,665 f Total of lines 3a through e Qualifying distributions for 2010 from Part XII, line 4 > \$ a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) 509 d Applied to 2010 distributable amount 14,491 e Remaining amount distributed out of corpus 0 0 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below: 244,156 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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-see page 27 of the instructions e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount-see page 27 of the instructions f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the 36,920 instructions) Excess distributions carryover to 2011. 207,236 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 93,714 a Excess from 2006 33,482 **b** Excess from 2007 c Excess from 2008 31,501 34,048 d Excess from 2009 14.491 e Excess from 2010

	1 990-PF (2010) ANDREW & MARGARET R				06-144		
Pa	t XIV Private Operating Foundations (s	see page 27 of th	ne instructions a	nd Part VII-A, qu	estion 9)	N/A	
1 a	If the foundation has received a ruling or determination, and the ruling is effective for 2010, ent			<b>▶</b>			
	Check box to indicate whether the foundation is a	private operating foundation described in section			4942(j)(3) or		
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total	
	investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007		
	year listed	0				0	
b	85% of line 2a	0	0	0	0	0	
С	Qualifying distributions from Part XII, line 4 for each year listed	0				0	
đ	Amounts included in line 2c not used directly for active conduct of exempt activities					0	
	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0	
3 a	Complete 3a, b, or c for the alternative test relied upon  "Assets" alternative test—enter						
	(1) Value of all assets					0	
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0	
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0				0	
С	"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)					0	
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0	
	(3) Largest amount of support from an exempt organization					0	
	(4) Gross investment income				· ·	0	
Pa	rt XV Supplementary Information (Co	mplete this part	only if the fou	ndation had \$5.	000 or more in		
	assets at any time during the ye	ar—see page 2	8 of the instruc	tions.)			
1	Information Regarding Foundation Manag			<del></del>		-	
а	List any managers of the foundation who have corbefore the close of any tax year (but only if they have			· · · · · · · · · · · · · · · · · · ·	the foundation		
	FOF MARGARET ROSINGER					<del></del>	
b NO	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the		
2	Information Regarding Contribution, Gran	nt. Gift. Loan. Sch	nolarship, etc., P	rograms:			
	Check here $\blacktriangleright \boxed{X}$ if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, all	contributions to pre akes gifts, grants, et	selected charitable	organizations and do		tions	
a	The name, address, and telephone number of the	person to whom app	olications should be	addressed			
NO	T APPLICABLE						
	The form in which applications should be submitte	d and information ar	nd materials they sh	ould include			
	T APPLICABLE Any submission deadlines		<u>-</u>				
	T APPLICABLE						
	Any restrictions or limitations on awards, such as factors	by geographical area	as, charitable fields,	kinds of institutions,	or other		
NO	T APPLICABLE						

06-1446387 ANDREW & MARGARET ROSINGER FOUNDATION Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to Amount status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid dunng the year 2,500 **CONGREGATION BIKUR CHOLI** 1,500 **EZER MIZION** 10,000 TALMUDIC INSTITUTE 1,000 **HILLEL ACADEMY** 3a 15,000 Total Approved for future payment ▶ 3b 0 Total

Part XVI-A Analysis of Income-Producing Acti Enter gross amounts unless otherwise indicated.	Unrelated busin	ness income	Excluded by section	512, 513, or 514	(e)	
and group amount amous otherwise indicates.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of	
1 Program service revenue					the instructions )	
a	1	0		0	0	
D		0		0	0	
C d	<del></del>	0		0		
u a	<del> </del>	0		0		
f	· · · · ·	0	i	0		
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments .					81	
4 Dividends and interest from securities					36	
5 Net rental income or (loss) from real estate						
a Debt-financed property						
<b>b</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		<del></del>		0		
9 Net income or (loss) from special events				-		
O Gross profit or (loss) from sales of inventory		0		0	27,061	
1 Other revenue a RENTAL REAL ESTATE INCOME - b PASS-THROUGH ENTITY	-	0		0		
c		0		0		
d		0		0	0	
e		0		0	0	
2 Subtotal Add columns (b), (d), and (e)		0		0	27,178	
3 Total. Add line 12, columns (b), (d), and (e)				13	27,178	
See worksheet in line 13 instructions on page 29 to verify calc			<u>.</u> .			
Part XVI-B Relationship of Activities to the Ac						
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions.)						
N/A						
	<del></del>			*****	***	
					<u>.</u>	

٠,											
Form 990	-PF (2010)	AND	REW &	MARGARE	T ROSINGER F	OUNDATION			06-14	146387	Page 13
Part X	VII Info	rmatio	n Rega	arding Tra	nsfers To and	Transactions	and Rela	ationships W	ith Noncha	aritable	
			rganiza				_				
1 Did	the organ	ızatıon	directly	or indirectly	engage in any o	of the following wi	ith any oth	ner organization	n described		Yes No
			ne Code	(other than	section 501(c)(	(3) organizations)	or in sect	ion 527, relatin	g to political		ŀ
org	anizations	?									
<b>a</b> Tra	insfers fror	n the re	porting 1	foundation t	o a noncharitab	le exempt organiz	zation of:				
	Cash	•								1a(1)	X
	Other ass									1a(2)	X
	ner transac									4 5 (4)	
						ion				1b(1) 1b(2)	X
				n a noncnar ment, or oth		rganization				1b(2)	<del>  ^</del>
										1b(4)	$\frac{1}{x}$
	Loans or		-							1b(5)	X
						ng solicitations				1b(6)	X
٠,					•	ts, or paid employ				1c	X
d Ifth	ne answer	to any o	of the ab	nove is "Yes	" complete the	following schedul	le. Columi	n (b) should alv	vavs show th	e fair marl	ket
val	ue of the g	oods, o	ther ass	ets, or serv	ices given by the	e reporting found n column (d) the	ation. If th	ie foundation re	eceived less t	than fair m	arket
val	ue in any ti	ransact	ion or sh	naring arran	gement, show it	n column (d) the v	value of th	ne goods, other	assets, or se	ervices rec	ceivea
(a) Line	no (b) A	mount inv	olved	(c) Name	e of noncharitable ex	empt organization	(d) Des	cription of transfers	transactions, an	d sharing arra	angements
			0								
			0							<del></del>	
		<del></del>	0				<del></del>				
	-		0 0		<u></u>						
			0								
			0	-							
			ō		<u>.                                    </u>	<del></del>	-				
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			0				<u> </u>				
			0							<del></del>	-
			0				<del> </del>			<del></del>	
			0	··			1				
2a le f	he foundat	ion dire	O ectly or it	ndirectly affi	liated with or re	elated to, one or n	nore tax-e	exempt organize	ations		
						ion 501(c)(3)) or i			F	☐ Yes ☐	No
				ng schedule					_		
	·		ganızatıon		1	Type of organization		(c)	Description of re	lationship	
	_				<del>- </del>						
					1		1				
						, including accompany r than taxpayer or fiduo					
Sign	pelier, it is th	ue, come	, and com	ibiere necialar	on or preparer (other	i man taxpayer or nout	naiy) is Dase	a on an information	or willow bichaic	a nasany NIK	,,,icage
Here		$\wedge$		)		1		<b>k</b>			
	Signatur	e of office	or trustee	<del>.                                    </del>	<del></del>		Date	—— <b>▶</b> ⊤	tle		
	-										

Signature of officer or trustee Date Print/Type preparer's name Preparer's signature Paid JAMES M ALBER CPA Preparer Firm's name ► ZIMMER & ZIMMER PC Firm's address ► TWO CORPORATE DR/STE 203, TRUMBULL, CT 06611-1376 **Use Only** 

PTIN Check \_\_\_\_ if self-employed P00058642

Firm's EIN 06-1003117 Phone no (203) 261-1110

Form **990-PF** (2010)

#### ANDREW & MARGARET ROSINGER FOUNDATION FORM 990 - PF DECEMBER 31, 2010 06-1446387

PAGE 2				
PART II		BEGINNING OF YEAR	ENDING OF YEAR	FAIR MARKET VALUE
LINE 15		. D. C.	- Z	
	OTHER ASSETS			
	PREPAID FCI	3	36	36
	DUE FROM RELATED PARTIES	4,144	5,234	5,234
	TOTAL	4,147	5,270	5,270
PAGE 2				
PART II		BEGINNING OF YEAR	ENDING OF YEAR	
LINE 22				
	OTHER LIABILITIES			
	CONNECTICUT TAX REFUND	31	31	
	DUE FROM RELATED PARTIES	5,713	o	
	TOTAL	5,744	31	0

# ANDREW & MARGARET ROSINGER FOUNDATION FORM 990 - PF DECEMBER 31, 2010 06-1446387

PAGE 1			
PART I			
LINE 11			COLUMN A & C
	OTHER INCOME		
		TATE INCOME - PASS THRU ENTITIES	27,061
			·
		TOTAL	27,061
		TOTAL	<del></del>
LINE 18			COLUMN A
LINE 18	TANES		COLOMNA
	TAXE\$		
	FEDERAL INCOME	ETAX	<u> </u>
LINE 23			COLUMN A
	OTHER EXPENSE	s	
		COUNT MAINTENANCE FEE	65
LINE 25			COLUMN A & D
DATE	CHECK #	PAYEE	AMOUNT
01/04/2010	00874-08535	CONGREGATION BIKUR CHOLI	500
11/10/2010	53232-65861	CONGREGATION BIKUR CHOLI	2,000
01/04/2010 07/07/2010	00874-08536 00877-10380	EZER MIZION EZER MIZION	500 500
11/10/2010	53232-65897	EZER MIZION	500
07/07/2010	00077 10277	TALLMUNG INICTITLITE	5,000
07/07/2010 11/10/2010	00877-10377 53232-65863	TALMUDIC INSTITUTE TALMUDIC INSTITUTE	5,000 5,000
07/07/2010	00877-10378	HILLEL ACADEMY	1,000
			•••••
			15,000

## NOTICE

The Annual Returns of The Andrew and Margaret Rosinger Foundation (990 PF) for the calendar year 2010 may be inspected at its office, Two Corporate Drive, Suite 203, Trumbull, CT 06611-1376 by any citizen upon request, through October 15, 2011, during regular business hours.

Ernest Breinder, Trustee (203) 261-1110

## Form 8868

(Rev January 2011)
Department of the Treasury
Internal Revenue Service

## Application for Extension of Time To File and Exempt Organization Return

iearOP No 1545-1709

▶ File a separate application for each return.

<ul> <li>If you are</li> </ul>	e filing for an Automatic 3-Month Extensi e filing for an Additional (Not Automatic) aplete Part II unless you have already be	3-Month I	Extension, complete only Part II (or	n page 2 of this form).	▶ X n 8868.
a corporatio 8868 to requ Return for T	filing (e-file). You can electronically file Find required to file Form 990-T), or an additionable and extension of time to file any of the transfers Associated With Certain Personable. For more details on the electronic filing of	ional (not a forms liste al Benefit (	automatic) 3-month extension of time.  Id in Part I or Part II with the exception  Contracts, which must be sent to the I	. You can electronically n of Form 8870, Inform RS in paper format (se	y file Form nation ee
Part I	Automatic 3-Month Extension of 1		*		
A corporation Part I only .	on required to file Form 990-T and requesti	_	omatic 6-month extension—check this	s box and complete	▶□
	porations (including 1120-C filers), partne ncome tax returns.	rships, RE		· · · · · · · · · · · · · · · · · · ·	
Type or	Name of exempt organization		E	mployer identification r	number
print	ANDREW & MARGARET ROSINGER FO			6-1446387	
File by the due date for	Number, street, and room or suite no. If a P O	box, see ii	nstructions		
filing your	49 ALGONQUIN RD				
return See instructions	City, town or post office, state, and ZIP code FAIRFIELD	For a foreig	n address, see instructions	CT 06825-19	01
Enter the Re	eturn code for the return that this application	on is for (fi	le a separate application for each retu	urn)	. 04
		<u> </u>			
Application	า	Return	Application		Return
Is For		Code	Is For		Code
Form 990		01	Form 990-T (corporation)		07
Form 990-E	BL	02	Form 1041-A		08
Form 990-E	Z	03	Form 4720		09
Form 990-F	PF	04	Form 5227		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephor If the org If this is f for the whole Ist with the I requ until is for X I the	names and EINs of all members the extenest an automatic 3-month (6 months for a	of busines s four digit If it is for p sion is for. corporatio exempt org	Group Exemption Number (GEN) eart of the group, check this box  n required to file Form 990-T) extensi ganization return for the organization  , and ending		
3a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tentative tax, less	s any	
	fundable credits. See instructions.		<u> </u>	3a \$	1
	application is for Form 990-PF, 990-T, 472 ated tax payments made. Include any prior			3b \$	38
c Balan	ce due. Subtract line 3b from line 3a. Incli	ude your p	ayment with this form, if required, by	using	
	S (Electronic Federal Tax Payment System			3c   \$	0
•	ou are going to make an electronic fund w instructions.	vitnarawal	with this Form 8868, see Form 8453-	EO and Form 88/9-EC	,