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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

2014

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calenda	ar year 2014 or tax year beginning , a	and ending				
	ne of four				A Employ	yer Identification number	
		EW & MARGARET ROSINGER				1 4 4 6 2 0 7	
		OATION				1446387	
		street (or P O box number if mail is not delivered to street address)	R	oom/suite	B Telepho	one number (see instructions)	
_		state or province, country, and ZIP or foreign postal code			 		
-		FIELD CT 06825-1	901		C If exem	ption application is pending, cl	heck here
			rn of a former public ch	arıtv	D 1 For	eign organizations, check here	→ □
)oo u	Final return Amended	•	•	2. For	eign organizations meeting the	•
		Address change Name cha				6 test, check here and attach	——————————————————————————————————————
	Shook b				E If prival	e foundation status was termi	
	•		e private foundation			507(b)(1)(A), check here	▶ □
	•		X Cash Acc	rusl	F If the fo	oundation is in a 60-month term	nination
		I — -	Casii Acc	ıdaı		section 507(b)(1)(B), check her	_
	٠.	40 040	ha on cash hasis \				
	<u>ne 16)</u> art i	Analysis of Revenue and Expenses (The total of	(a) Revenue and		<u>'</u> [(d) Disbursements
г.	G1 f 1	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net in		(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions))	books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	56,405				
	2	Check ▶ ☐ if the foundation is not required to attach Sch. B		 			·
	3	Interest on savings and temporary cash investments	32		32		
	4	Dividends and interest from securities	63		63		
	5a-	Gross rents EIVED		<u> </u>			
e	b	Net rental locome or (Toss)		!			
Revenue		Net gain or (loss) from sale of assets no or ine 10		1			
	- 9 5	Scriptors safes price for an assets of line 6a O		 	0		
	1 . 1 -	Capital gain net income (from Part IV, line 2)		<u> </u>		0	
	8	Net-short-term-capital gain					
	9 <u>1,,</u> 10a	Income modifications		<u> </u>			
	b	Less Cost of goods sold		<u> </u>			· · · · · · · · · · · · · · · · · · ·
	C	Gross profit or (loss) (attach schedule)	***************************************				***************************************
	11	Other income (attach schedule) STMT 1	29,405			29,405	
	12	Total. Add lines 1 through 11	85,905		95	29,405	
	13	Compensation of officers, directors, trustees, etc	0				
šės	14	Other employee salaries and wages					
cpenses	15	Pension plans, employee benefits					
_	16a	Legal fees (attach schedule)		<u> </u>			
	b	Accounting fees (attach schedule) STMT 2	1,250				
Ç	С	Other professional fees (attach schedule)		ļ			
ZE	17	Interest 3		 	·		.
	18	Taxes (attach schedule) (see instructions) STMT 3	1	<u> </u>	+		
	19	Depreciation (attach schedule) and depletion					
₽Ē	20	Occupancy	-				
2	21	Travel, conferences, and meetings	116				
	22	Printing and publications		1			
œĒ	23	Other expenses (att. sch) Total operating and administrative expenses.	 				
	24	Add lines 13 through 23	1,367	,	o	اه	0
SCANNED AND BUSHINGS	25	Add lines 13 through 23 Contributions, gifts, grants paid	48,000		-		48,000
Ō	25 26	Total expenses and disbursements. Add lines 24 and 25	49,367		0	0	48,000
_	27	Subtract line 26 from line 12	1 25,307	<u> </u>	<u>`</u>	<u>_</u>	,
	a a	Excess of revenue over expenses and disbursements	36,538		1		
	Ь	Net investment income (if negative, enter -0-)			95		
		Adjusted net income (if negative, enter -0-)				29,405	,

6,311 end-of-year figure reported on prior year's return) 36,538 2 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 3 42,849 4 4 Add lines 1, 2, and 3 5 5 Decreases not included in line 2 (itemize) 42,849 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

Form 990-PF (2014)

Part IV	Capital Gains and	Losses for Tax on Investm	ent Income					
		the kind(s) of property sold (e.g., real estate, use, or common stock, 200 shs MLC Co.)			(b) How acquired P – Purchase D – Donation	, ,	Date acquired no , day, yr)	(d) Date sold (mo , day, yr)
1a N/A								
					 			
_с								
_d								
_ <u>e</u>		_ 						<u> </u>
(e) G	ross sales price	(f) Depreciation allowed (or allowable)	1	•	other basis			in or (loss) (f) minus (g)
_a			ļ. —					
b	·		 			 		
<u> </u>			 			+		
_d			 					_
Complete	only for assets showing dai	n in column (h) and owned by the for	Indation on 12/3	31/69		+		
	V as of 12/31/69	(j) Adjusted basis as of 12/31/69	-		s of col (i)		col (k), but no	ol (h) gain minus ot less than -0-) or from col (h))
		45 01 120 1100	 		<u> </u>	+		
<u>a</u> b			 					
			 			`	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	 			+		
 						+		
3 Net short-t If gain, als Part I, line	o enter in Part I, line 8, colu 8	If (loss), enter -0- in s defined in sections 1222(5) and (6) imn (c) (see instructions). If (loss), er	Part I, line 7	<u>}</u> <u>}</u>		3		
Part V	Qualification Unde	r Section 4940(e) for Redu	ced Tax on l	Net Ir	<u>rvestment Inc</u>	ome _		
(For optional u	se by domestic private four	dations subject to the section 4940(a) tax on net inv	estmer	nt income)			
If section 4940	(d)(2) applies, leave this pa	rt blank.						
		942 tax on the distributable amount		e base	e period?			Yes X No
1 Enter the a	appropriate amount in each	column for each year, see the instru	ctions before m	akıng a	nny entries	-		· · · · · · · · · · · · · · · · · · ·
	(a)	(b)			(c)			(d)
Calenda	Base penod years r year (or tax year beginning in)	Adjusted qualifying distribution	s 1	Net value	of nonchantable-use as:	sets		stnbution ratio) divided by col (c))
	2013	24	,498		5	,165		4.743078
	2012	28	3,199			,102		6.874451
	2011		5,900		8	,038		4.590694
	2010	15	,000		10	,217		1.468141
	2009		600		11	,038		3.225222
2 Total of lin	ie 1, column (d)						2	20.901586
3 Average d	istribution ratio for the 5-yea	ar base period – divide the total on lir	e 2 by 5, or by	the				
number of	years the foundation has b	een in existence if less than 5 years					3	4.180317
4 Enter the r	net value of noncharitable-u	se assets for 2014 from Part X, line	5				4	24,227
5 Multiply lin	e 4 by line 3						_5	101,277
6 Enter 1% o	of net investment income (1	% of Part I, line 27b)					_6	1
7 Add lines	5 and 6						7	101,278
•	ifying distributions from Par			- ·		. 6. "	8	48,000
If line 8 is a	-	7, check the box in Part VI, line 1b,	aria complete th	ıaı part	using a 1% tax rat	e. See tr	ie	

Form 990-PF (2014)

Form	990-PF (2014) ANDREW & MARGARET ROSINGER 06-1446387		E	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			2
	here ▶ ☐ and enter 1% of Part I, line 27b			
С	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 Others enter -0-)			0
3	Add lines 1 and 2			2
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			2
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a			
b	Exempt foreign organizations – tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 10			
d	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments. Add lines 6a through 6d			10
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			8
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 8 Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			l
	published or distributed by the foundation in connection with the activities.			•
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			I
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			I
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			Ī
	on foundation managers > \$			Ī
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			•
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.		,	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			I
-	By language in the governing instrument, or			•
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			ŧ
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)			1
	NONE			Ī
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	8b	х	Ī
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1
•	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"	1		Ī
	complete Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		<u> </u>	T -
	names and addresses	10		x

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

foundation had excess business holdings in 2014.)

Form 990-PF (2014)

X

N/A

3b

4a

orm	990-PF (2014) ANDREW & MAR			.446387			Page 6
Pa	rt VII-B Statements Regardi	ng Activities for Which For	rm 4720 May Be Ro	equired (conti	nued)	······································	
5a	During the year did the foundation pay or i	ncur any amount to		_		- (1
	(1) Carry on propaganda, or otherwise at	tempt to influence legislation (sectio	n 4945(e))?	LJ \	∕es X No		1
	(2) Influence the outcome of any specific	public election (see section 4955), o	or to carry on,	·			I
	directly or indirectly, any voter registra	tion drive?		\ ` \	∕es X No		I
	(3) Provide a grant to an individual for tra	vel, study, or other similar purposes	?		res 🗓 No		Į
	(4) Provide a grant to an organization oth	er than a charitable, etc , organizati	on described in				I
	section 4945(d)(4)(A)? (see instruction				res 🔀 No		
	(5) Provide for any purpose other than re-		, or educational	_			1
	purposes, or for the prevention of crue	-			res 🗓 No		1
b	If any answer is "Yes" to 5a(1)-(5), did an		nder the exceptions desc	cribed in			1
	Regulations section 53 4945 or in a currer				N/A	5b	
	Organizations relying on a current notice r	<u> </u>			▶ □		·
С	If the answer is "Yes" to question 5a(4), do						Ī
-	because it maintained expenditure respon	•		N/A 🗌	res No		1
	If "Yes," attach the statement required by			,			1
6a	Did the foundation, during the year, receiv	•	nav nremilims				1
Va	on a personal benefit contract?	e any lunds, directly of manectly, to	pay premiums		res X No		1
_	•				es <u>sa</u> 110	6b	x
b	Did the foundation, during the year, pay pr	emiums, directly or indirectly, on a p	personal benefit contract	•		00	A
_	If "Yes" to 6b, file Form 8870			г,	, , , ,		I
	At any time during the tax year, was the fo	• • •			res X No		1
	If "Yes," did the foundation receive any pro				N/A	7b	
Pa		icers, Directors, Trustees,	Foundation Mana	gers, nignly i	aid Employee	2 S,	
	and Contractors	1-41					
<u> 1 L</u>	List all officers, directors, trustees, foun	dation managers and their comp	ensation (see instruction	ons).	r 	-	
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exp	ense account,
	(a) Name and a	dress	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances
					compensation		
AL	EXANDER BREINER	BRIDGEPORT					
87	5 CLEVELAND AVE	CT 06604	0.00	0	0		0
AL	EXANDER MULLER	BROOKLYN					
11	78 EAST 32 ND ST	NY 11210	0.00	0	0		0
ER	NEST BREINER	FAIRFIELD					
49	ALGONQUIN RD	CT 06825	0.00	0	0		0
ES	TATE OF MARGARET ROSINGER	FAIRFIELD					
55	WALLS DR	CT 06824	0.00	o	0		0
2	Compensation of five highest-paid em	ployees (other than those include	ed on line 1 – see instri	uctions). If none,	enter		-
	"NONE."	•					
			the Title and oversee		(d) Contributions to		
	(a) Name and address of each employee pa	ad more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense account,
	,,		devoted to position	, ,	plans and deferred compensation	outer	allowances
NC	ONE				<u> </u>		
			!				
				 			
							
							
							
ota	I number of other employees paid over \$50	,000	<u> </u>			<u> </u>	0
					F	om 99	0-PF (2014)

Form 990-PF (20	14) ANDREW & MARGARET ROSINGER	06-1446387	Page 7
Part VIII	Information About Officers, Directors, Trustees, Found Contractors (continued)	Indation Managers, Highly Paid En	
3 Five highe	st-paid independent contractors for professional services (see ins	structions). 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		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct chantable activities during the tax year. Include relevant statistical information their beneficianes served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see ins	tructions)	
	gest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2	_		
	lated investments. See instructions		
3			
Total. Add lines 1	1 through 3		Ì

Form 990-PF (2014)

	•		
	990-PF (2014) ANDREW & MARGARET ROSINGER 06-1446387	£	Page
Pŧ	Minimum Investment Return (All domestic foundations must complete this part. Foreign	iouna	auons,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
_	purposes:	1a	•
a	Average monthly fair market value of securities	1b	<u> </u>
b	Average of monthly cash balances	1c	24,59
C	Fair market value of all other assets (see instructions)	1d	24,59
d	Total (add lines 1a, b, and c)	-iu	24,00
е	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	24,59
3 4	Subtract line 2 from line 1d	3	24,33
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	369
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	24,22
6	Minimum investment return. Enter 5% of line 5	6	1,21
	The XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for		
, ,	and certain foreign organizations check here ▶ and do not complete this part.)	Janaar	10110
1	Minimum investment return from Part X, line 6	1	1,21
2а	Tax on investment income for 2014 from Part VI, line 5		
ь	Income tax for 2014. (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2c	2
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,209
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,209
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,209
Pa	art XII Qualifying Distributions (see instructions)	•	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	48,000
b	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.,		
	purposes	2	
2	Amounte est acids for enguine charitable projects that extinfy the		

Form 990-PF (2014)

48,000

3b

4

6

b

5

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

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

Pai	t XIII Undistributed Income (see instructions)				
		(a)	(b)	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI,	Corpus	Years pnor to 2013	2013	
	line 7		,		1,209
	Undistributed income, if any, as of the end of 2014				-
	Enter amount for 2013 only	·		· · · · · · · · · · · · · · · · · · ·	
b	Total for prior years 20 , 20 , 20				<u> </u>
3	Excess distributions carryover, if any, to 2014				
а	From 2009 34,048				•
þ	From 2010 14,491				
C	From 2011 36,498				
d	From 2012 27,997				
е	From 2013 24,242				
f	Total of lines 3a through e	137,276			
4	Qualifying distributions for 2014 from Part XII,			77. (11. 7.711 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	line 4 ▶ \$ 48,000				
а	Applied to 2013, but not more than line 2a				
	Applied to undistributed income of prior years				
-	(Election required – see instructions)				
_	Treated as distributions out of corpus (Election			****	
·	required – see instructions)				
	•			······································	1,209
	Applied to 2014 distributable amount	46,791			
	Remaining amount distributed out of corpus	40,731			
5	Excess distributions carryover applied to 2014		······································		, , , , , , , , , , , , , , , , , , , ,
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				Ī
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	184,067			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				ŧ
d	Subtract line 6c from line 6b Taxable				
_	amount – see instructions				ŧ
е	Undistributed income for 2013 Subtract line	···			
·	4a from line 2a Taxable amount – see				
	Instructions				
£	Undistributed income for 2014 Subtract lines			,	
T					
	4d and 5 from line 1. This amount must be				0
_	distributed in 2015				<u> </u>
7	Amounts treated as distributions out of corpus				‡
	to satisfy requirements imposed by section				<u> </u>
	170(b)(1)(F) or 4942(g)(3) (Election may be				•
	required—see instructions)				
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)	34,048			
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	150,019			
10	Analysis of line 9.				<u> </u>
а	Excess from 2010 14, 491				ŧ
b	Excess from 2011 36, 498				
c	Excess from 2012 27, 997				!
d	Excess from 2013 24, 242				
	Excess from 2014 46,791				Į.
е	LACCOS HUITZUTY	<u> </u>		L	·

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Page	1	ι

<u>-Pa</u>	rt XIV Private Operating Fou				9)				
1a	If the foundation has received a ruling or d			1					
	foundation, and the ruling is effective for 2014, enter the date of the ruling								
b	Check box to indicate whether the foundation	er the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total			
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011				
	investment return from Part X for								
	each year listed								
b	85% of line 2a								
С	Qualifying distributions from Part XII,								
	line 4 for each year listed								
d	Amounts included in line 2c not used directly								
	for active conduct of exempt activities								
е	Qualifying distributions made directly								
	for active conduct of exempt activities.								
	Subtract line 2d from line 2c								
3	Complete 3a, b, or c for the								
	alternative test relied upon								
а	"Assets" alternative test – enter								
	(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			1					
	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			l . <u>.</u>					
P٤	rt XV Supplementary Inform	nation (Complete	this part only if t	he foundation h	ad \$5,000 or more	in assets at			
	any time during the ye	<u>ear – see instruct</u>	ions.)						
1	Information Regarding Foundation Ma	_							
а	List any managers of the foundation who	nave contributed more	than 2% of the total co	ntributions received by	the foundation				
	before the close of any tax year (but only	-	more than \$5,000) (S	ee section 507(d)(2))		***			
	ESTATE OF MARGARET R					\$31,696			
b	List any managers of the foundation who				ortion of the				
	ownership of a partnership or other entity)	of which the foundatio	n has a 10% or greater	nterest					
	NONE								
2	Information Regarding Contribution, G								
	Check here ► X if the foundation only								
	unsolicited requests for funds If the found		its, etc. (see instruction	s) to individuals or org	janizations under				
	other conditions, complete items 2a, b, c,		41		. dalaa a a a da				
а	The name, address, and telephone numb	er or e-mail address of	the person to whom ap	plications should be a	iddressed.				
	NOT APPLICABLE								
				-1					
b	The form in which applications should be	submitted and informat	ion and materials they	snould include:					
	NOT APPLICABLE			<u> </u>					
С	Any submission deadlines: NOT APPLICABLE								
	Any restrictions or limitations on awards,	uch as hy coographic	al areas, chantable fold	le kinde of institutions	or other				
d	factors	oudi as by geographica	ar areas, Grantable Held	o, kindo di molitulidho	, or other				
	NOT APPLICABLE								

Part XV Supplementary Information (col 3 Grants and Contributions Paid During the	ntinued)			
3 Grants and Contributions Paid During the		ture Payment	 	
. Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	теарын		
a Paid during the year TALMUDIC INSTITUTE				
TALMODIC INSTITUTE				
				39,500
				,
CONGREGATION BIKUR CHOLIM				
				7,500
EZER MIZION				
EZER MIZION				
				1,000
		i		-,
		-		-
		•		
Total_			▶ 3a	48,000
b Approved for future payment N/A				
N/A				
Total			3h	

Part XVI-A Analysis of Income-Producir	ng Activities	. <u> </u>		 	
Enter gross amounts unless otherwise indicated	Unrelat	ed business income	Excluded by	section 512, 513, or 514	(e)
	(a)	(b)	(c)	(d)	Related or exempt
·	Business code	Amount	Exclusion code	Amount	function income
1 Program service revenue.					(See instructions)
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					32
4 Dividends and interest from securities					63
5 Net rental income or (loss) from real estate:					
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b RENTAL REAL ESTATE INCOME	-				
c PASS-THROUGH ENTITIES					29,356
d OTHER PORTFOLIO INCOME					
e PASS-THROUGH ENTITIES					49
12 Subtotal Add columns (b), (d), and (e)			0	0	29,500
13 Total. Add line 12, columns (b), (d), and (e)				13	29,500
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities to	the Accomplishm	ent of Exempt P	urposes		
Line No. Explain below how each activity for which in	ncome is reported in col	umn (e) of Part XVI-A	A contributed in	nportantly to the	
accomplishment of the foundation's exemp)
N/A					
				.	
					
					
			-		
				·	
				·	
					
					
	<u> </u>				

Page 13

Pa		Information Rega Exempt Organiza		insfers To and	Transaction	ons and Relationships Wit	h Noncharitable			
1				in any of the follow	ving with any ot	her organization described			Yes	No
		1(c) of the Code (other				tion 527, relating to political				
_	_		tion to a non	shartable averant	organization of					É
а	(1) Cash	om the reporting founda	ition to a non	chantable exempt	organization of			1a(1)		x
	(2) Other assets							1a(2)		X
b	Other transa									
	(1) Sales of	assets to a noncharita	ble exempt o	rganization				1b(1)		X
	(2) Purchas	es of assets from a no	ncharitable e	xempt organization	ı			1b(2)	,	<u> </u>
	(3) Rental o	f facilities, equipment,	or other asse	ts				1b(3)		X
	(4) Reimbui	sement arrangements						1b(4)		X
	(5) Loans of	r Ioan guarantees						1b(5)		_X_
	(6) Perform	ance of services or me	mbership or t	fundraising solicitat	tions			1b(6)		X
		icilities, equipment, ma						1c		<u> </u>
đ		•	=	-		in (b) should always show the fair r				
		=	_			he foundation received less than fa				
	_					he goods, other assets, or services (d) Description of transfers, t		naamaa	te	
N/2	(a) Line no	(b) Amount involved	(c) Nam	e of nonchantable exemp	ot organization	(d) Description of transfers, t	ransactions, and snaning arra	ıngemen	us	
N/ 2	<u> </u>					<u> </u>				—
				 ,	<u> </u>	 				
			·							
			 							
							 			
						<u> </u>				
	_									
	·									
						<u> </u>				
		<u> </u>	<u> </u>							
	described in If "Yes," com	ation directly or indirect section 501(c) of the C aplete the following sch	ode (other th	nan section 501(c)(3)) or in section	527?		Ye	es X	No
-	N/A	a) Name of organization		(b) Type of o	rganization	(c) Descri	ption of relationship			
	N/A	-								
							 _			—
										
Sign	correct, an					dules and statements, and to the best of my which preparer has any knowledge	May the IRS discumulation with the preparer is (see instructions)?	es כילו se מעטה bel		No
	_	1 10				13/12	Truste			
	Signa	ture of officer or trustee			Dat	Title				
aid		pe preparer's name			Preparer's signati	ure '	Date / 7/3;	./,_	Check self-emp	ıf oloyed
	arer JAMES	M ALBER	1D 6 ==	10.E.				15	<u> </u>	
-	Only Firm's n	TTT-70 C	R & ZI				0.5		642	
-	Firm's a		CORPORA	,	203/		Firm's EIN ▶ 06~			
		TRUME	BULL, C	T 06611	<u> </u>		Phone no 203		1-1. 0-PF	
							F		· • · · · · · ·	(ZU14)

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

Department of the Treasury Internal Revenue Service

Name of the organization

ANDREW & MARGARET ROSINGER

Schedule of Contributors

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

▶ Attach to Form 990. Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

06-1446387 FOUNDATION Organization type (check one) Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % 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, chantable, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

PAGE 1 OF 1

Page 2

Name of organization
ANDREW & MARGARET ROSINGER

Employer identification number 06-1446387

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed					
(a)	(b)	(b) (c)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
1	ESTATE OF MARGARET ROSINGER C/O ALEXANDER BREINER 55 WALLS DR - STE 204 FAIRFIELD CT 06824	s 31,696	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
2	ROSINGER LIMITED PARTNERSHIP 49 ALGONQUIN RD FAIRFIELD CT 06825	s 5,160	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 Noncash (Complete Part II for noncash contributions)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions)			

Order Confirmation

Ad Order Number 0002075548

Ar.

<u>Customer</u>

ZIMMER & ZIMMER, p.c.

Payor Customer ZIMMER & ZIMMER, p.c.

es Rep. ttaniلیٰ

Customer Account

Payor Account

Payor Address

117781

117781

Order Taker dsettani

Customer Address

TWO CORPORATE DRIVE, SUITE 203 TRUMBULL CT 06611 USA

TWO CORPORATE DRIVE, SUITE 2 TRUMBULL CT 06611 USA

Ordered By

JAMES ABER Order Source

Customer Phone 203-261-1110

Payor Phone 203-261-1110

E-mail

0

PO Number annual returns 2015 **Customer Fax** 203-459-1563 **Customer EMail**

Tear Sheets Proofs

0

Affidavits

Special Pricing

None

Promo Type

Order Notes:

Invoice Text:

Blind Box

Materials

1

Payment Method

Net Amount \$116.00

Tax Amount \$0.00

Total Amount \$116.00

Payment Amt \$0.00

Amount Due \$0.00

Ad Number

Ad Type

Ad Size

1.0 X 15 Li

Pick Up Number 0001979845

Inserts

1

0002075548-01 Legal Liners rnal Ad#

Ad Released

Ad Attributes

Color <NONE>

No **Production Method**

Production Notes

AdBooker

Product Run Dates

Sort Text

Run Schedule Invoice Text

Connecticut Post::

Public Notices

Placement/Class

\$81.00

4/29/2015

NOTICETHEANNUAL RETURNS OF THE AND REWAND MARGARETROSINGER FOUNDA

NOTICE The Annual Returns of The Andrew and Margaret Rosinger Fo

Connpost.com::

Public Notices

\$10.00

Cost

4/29/2015

NOTICETHEANNUALRETURNSOFTHEANDREWANDMARG

NOTICE The Annual Returns of The Andrew

Ad Content Proof

NOTICE

The Annual Returns of The Andrew and Margaret Rosinger Foundation (990 PF) for the calendar year 2014 may be inspected at its office, Two Corporate Drive, Suite 203, Trumbull, CT 06611-1376 by any citizen upon request, through October 15, 2015, during regular business hours.

Ernest Breiner, Trustee (203) 261-1110

ROSINGERAM ANDREW & MARGARET ROSINGER
Federal Statements

FYE: 12/31/2014

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<u>n</u>
Other
11-
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Line
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Part
Form 990-PF, Par
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atement
St

per Net Investment Adjusted Net Income Income	29,356 \$ \$ 29,356 49 49	29,405 \$ 0 \$ 29,405
Revenue per ation Books	\$ 29,	\$ 29,
Description	PASS-THROUGH ENTITIES PASS-THROUGH ENTITIES	TOTAL

ss.	
\$	
1,250	
\$	

1,250

INDIRECT ACCOUNTING FEES

TOTAL

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	\$	\$
Adjusted Net	\$	\$
Net Investment	S	\$
Total	\$	\$
Description	FEDERAL INCOME TAXES	TOTAL

ROSINGERAM ANDREW & MARGARET ROSINGER 06-1446387 Federal Statements

06-1446387

FYE: 12/31/2014

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

Beginning of Year	End of Year	Fair Market Value
\$	\$	\$
	42.849	42,849
\$ 6,340	\$ 42,849	\$ 42,849
PF, Part II, Line 22	- Other Liabilities	
Beginning of Year	g End Yea	
\$	\$	
\$	<u>31</u> \$	0
anagers Who Cont	tributed Over 2% o	r \$5,000
	Amount	
	\$ 31,69	6
	\$ 31,69	<u>6</u>
- Managers Who O	own 10% or More S	tock
	Amount	
	\$	_
	\$	<u>0</u> .
Application Forma	t and Required Co	<u>ntents</u>
Line 2c - Submiss	sion Deadlines	
	of Year \$ 4,144 2,196 \$ 6,340 PF, Part II, Line 22 Beginning of Year \$ \$ anagers Who Confidence - Managers Who Confidence Application Forma	S S S S S S S S S S

ROSINGERAM ANDREW 8 06-1446387 FYE: 12/31/2014	MARGARET ROSINGER Federal Statements
<u>Form 990-PF</u>	F, Part XV, Line 2d - Award Restrictions or Limitations
·	Description
NOT APPLICABLE	
-	-

l

ROSINGERAM ANDREW & M/ 06-1446387 FYE: 12/31/2014	ARGARET ROSINGER Federal Statements				
<u>Direct Public Support</u>					
	Cash Noncash				
Contributor	Contribution Contribution				
VARIOUS TOTAL	19,549 0				
	Taxable Interest on Investments				
Description	Unrelated Exclusion Postal US Amount Business Code Code Code Obs (\$ or %)				
PASS-THROUGH ENTITIES TOTAL	\$ 32 \$ 32				
	Taxable Dividends from Securities				
Description	Unrelated Exclusion Postal US Amount Business Code Code Code Obs (\$ or %)				
PASS-THROUGH ENTITIES TOTAL	\$ <u>63</u> \$63				

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Information about Form 8868 and its Instructions is at www.irs.gog/sorm886

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

•	filing for an Additional (Not Automatic) 3-Month Ext lete Part II unless you have already been granted an		*		8868.	-	-
a corporation 8868 to reque Return for Tra instructions) [ing (e-file). You can electronically file Form 8868 if you required to file Form 990-T), or an additional (not autor st an extension of time to file any of the forms listed in insfers Associated With Certain Personal Benefit Control for more details on the electronic filing of this form, vis	matic) 3-mor Part I or Par racts, which it www irs.go	nth extension of time You can ele t II with the exception of Form 88 must be sent to the IRS in paper ov/efile and click on e-file for Chai	ectronically f 70, Informa format (see rities & Non	file Fo	m	
Part 1-13	Automatic 3-Month Extension of Time.					···	
	required to file Form 990-T and requesting an automat	ic 6-month e	extension – check this box and co	mplete			. —
Part I only							▶ ∐
•	prations (including 1120-C filers), partnerships, REMIC	s, and trusts	must use Form 7004 to request a	an extensio	n of til	me	
to file income	tax returns.		E-4				!
Type or Name of exempt organization or other filer, see instructions. Print ANDREW & MARGARET ROSINGER Employee				entific	ation number	r, see instruction (EIN) or	
File by the	Number, street, and room or suite no If a P O box, 49 ALGONQUIN RD	see instructi				mber (SSN)	
due date for filling your return See instructions	City, town or post office, state, and ZIP code For a fine FAIRFIELD CT	J	ess, see instructions				
Enter the Retu	rn code for the return that this application is for (file a s	separate app	lication for each return)				0
Application		Return	Application	Application			Return
s For		Code	is For				Code
orm 990 or	Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-B	<u>L</u>	02	Form 1041-A				08
Form 4720 (individual)	03	Form 4720 (other than individu				09
Form 990-P	F	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
Telephone If the orgal If this is for for the whole galist with the n	ZIMMER & ZIMMER PC TWO CORPORATE DR - ST IT IN THE CARE OF DEPTH OF TWO CORPORATE DR - ST IT IN THE CARE OF DEPTH OF TWO CORPORATE DR - ST IN DEPH OF TWO CORPORATE DR - ST IN DEPH OF TWO CORPORATE DR - ST IN DEPH OF TWO	FAX No the United S oup Exempte the group, ch	on Number (GEN) neck this box	If this i	is	CT	▶ □
until 0 for the or ► 🗶 If the tax	an automatic 3-month (6 months for a corporation req 8/15/15, to file the exempt organization return reganization's return for calendar year 2014 or tax year beginning , and ending year entered in line 1 is for less than 12 months, check	for the orga					
	nange in accounting period plication is for Forms 990-BL, 990-PF, 990-T, 4720, or	6069, enter	the tentative tax, less any				
nonrefundable credits. See instructions 3a				3a	\$	10	
If this ap	plication is for Forms 990-PF, 990-T, 4720, or 6069, er	nter any refu	ndable credits and				
	d tax payments made. Include any prior year overpaym				3ь	\$	0
c Balance	due. Subtract line 3b from line 3a Include your payme	ent with this t	form, if required, by using	J	- 1		

EFTPS (Electronic Federal Tax Payment System) See instructions

10